

48-Hour Notice

Page 1 of 10

Amendment

☒ Yes

☐ No

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipts of contributions.

The 48 - Hour reporting period begins the day after the last day of the 1st Qtr-Plus reports period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election.

All 48 Hour-In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information		
a. Full Name		c. ID Number
EARLS FOR JUSTICE		STA-I2K60N-C-001
b. Mailing Address (include City, State and Zip Code)		d. Report Date
1001 WADE AVENUE STE 323 RALEIGH, NC 27605		03/17/2026 07:47 AM
		e. Phone Number
		(919) 803-2223

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
JOSHUA BOGER 22 LIBERTY DR PH BOSTON, MA 02210			
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3)		☐ Individual (if checked, must specify b2 and b3)	
☐ Political Party		☐ Political Party	
☐ Other Political Committee (if checked, must specify b1)		☐ Other Political Committee (if checked, must specify b1)	
☐ Not-for-Profit (if checked, must specify b4)		☐ Not-for-Profit (if checked, must specify b4)	
☐ Other Source: _____		☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____		☐ Federal ☐ County: _____	
☐ State ☐ Municipality: _____		☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
NONE			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
NOT EMPLOYED	CREDIT CARD		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/28/2026	\$ 1,037.50		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 1,037.50		\$

3. Total Contributions THIS Page (sum all the '2f' entries on this page)	\$ 1,037.50
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$ 29,845.27

CERTIFICATION	
I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.	
MAGGIE BARLOW Printed Name of Signer	 Signature of Appointed Treasurer
	3-17-26 Date

48-Hour Notice

Page 2 of 10

Amendment

☒ Yes☐ No

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipts of contributions.

The 48 - Hour reporting period begins the day after the last day of the 1st Qtr-Plus reports period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election.

All 48 Hour-In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
EARLS FOR JUSTICE		STA-I2K60N-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
1001 WADE AVENUE STE 323 RALEIGH, NC 27605		03/17/2026 07:47 AM	
		e. Phone Number	
		(919) 803-2223	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
DOUG ABRAMS 1526 GLENWOOD AVE RALEIGH, NC 27608			
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____		☐ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____		☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
ATTORNEY			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
ABRAMS & ABRAMS, P.A.	CREDIT CARD		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/27/2026	\$ 3,800.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$ 6,800.00		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 3,800.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	

CERTIFICATION

I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.

MAGGIE BARLOW

Printed Name of Signer

Signature of Appointed Treasurer

Date

48-Hour Notice

Page 3 of 10

Amendment

☒ Yes☐ No

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipts of contributions.

The 48 - Hour reporting period begins the day after the last day of the 1st Qtr-Plus reports period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election.

All 48 Hour-In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
EARLS FOR JUSTICE		STA-I2K60N-C-001	
b. Mailing Address (Include City, State and Zip Code)		d. Report Date	
1001 WADE AVENUE STE 323 RALEIGH, NC 27605		03/17/2026 07:47 AM	
		e. Phone Number	
		(919) 803-2223	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (Include city, state, and zip)		a. Full Name, Mailing Address & Phone (Include city, state, and zip)	
WILLIAM BARBER 1003 SANDTRAP WAY DURHAM, NC 27703			
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____		☐ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____		☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
ENERGY FINANCE			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
CGC	CREDIT CARD		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/28/2026	\$ 1,037.50		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 1,037.50		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 1,037.50	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
MAGGIE BARLOW Printed Name of Signer		_____ Signature of Appointed Treasurer	
		_____ Date	

48-Hour Notice

Page 4 of 10

Amendment

☒ Yes

☐ No

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipts of contributions.

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This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information

a. Full Name	c. ID Number
EARLS FOR JUSTICE	STA-I2K60N-C-001
b. Mailing Address (Include City, State and Zip Code)	d. Report Date
1001 WADE AVENUE STE 323	03/17/2026 07:47 AM
RALEIGH, NC 27605	e. Phone Number
	(919) 803-2223

2. Contribution Information

a. Full Name, Mailing Address & Phone (Include city, state, and zip)	☐ Add ☐ Remove	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	☐ Add ☐ Remove
TERESA Q. VAN DUYN 27 BUSBEE RD ASHEVILLE, NC 28803			
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____		☐ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____		☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
RETIRED			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
NOT EMPLOYED	CREDIT CARD		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/27/2026	\$ 1,000.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$ 5,645.76		\$

3. Total Contributions THIS Page (sum all the '2f' entries on this page)	\$ 1,000.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.

MAGGIE BARLOW

Printed Name of Signer

Signature of Appointed Treasurer

Date

48-Hour Notice

Page 5 of 10

Amendment

☒ Yes☐ No

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1. Committee Information			
a. Full Name		c. ID Number	
EARLS FOR JUSTICE		STA-I2K60N-C-001	
b. Mailing Address (Include City, State and Zip Code)		d. Report Date	
1001 WADE AVENUE STE 323 RALEIGH, NC 27605		03/17/2026 07:47 AM	
		e. Phone Number	
		(919) 803-2223	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (Include city, state, and zip)		☐ Add ☐ Remove	a. Full Name, Mailing Address & Phone (Include city, state, and zip)
JOHN CAMPBELL 331 W BARBEE CHAPEL RD CHAPEL HILL, NC 27517			
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____		☐ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____		☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
INVESTOR			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
SELF EMPLOYED	CREDIT CARD		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
03/01/2026	\$ 4,372.77		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 5,000.00		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 4,372.77	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
MAGGIE BARLOW Printed Name of Signer		_____ Signature of Appointed Treasurer	
		_____ Date	

48-Hour Notice

Page 6 of 10

Amendment

☒ Yes

☐ No

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipts of contributions.

The 48 - Hour reporting period begins the day after the last day of the 1st Qtr-Plus reports period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election.

All 48 Hour-In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information		
a. Full Name		c. ID Number
EARLS FOR JUSTICE		STA-I2K60N-C-001
b. Mailing Address (include City, State and Zip Code)		d. Report Date
1001 WADE AVENUE STE 323		03/17/2026 07:47 AM
RALEIGH, NC 27605		e. Phone Number
		(919) 803-2223

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	☐ Add ☐ Remove
MARTHA J. TALLEY 3700 MASSACHUSETTS AVE NW APT 506 WASHINGTON, DC 20016-5808			
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3)		☐ Individual (if checked, must specify b2 and b3)	
☐ Political Party		☐ Political Party	
☐ Other Political Committee (if checked, must specify b1)		☐ Other Political Committee (if checked, must specify b1)	
☐ Not-for-Profit (if checked, must specify b4)		☐ Not-for-Profit (if checked, must specify b4)	
☐ Other Source: _____		☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____		☐ Federal ☐ County: _____	
☐ State ☐ Municipality: _____		☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
NONE			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
NOT EMPLOYED	CHECK		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/27/2026	\$ 3,000.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$ 5,000.00		\$

3. Total Contributions THIS Page (sum all the '2f' entries on this page)	\$ 3,000.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$

CERTIFICATION		
I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.		
MAGGIE BARLOW		
Printed Name of Signer	Signature of Appointed Treasurer	Date

48-Hour Notice

Page 7 of 10

Amendment

☒ Yes

☐ No

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The 48 - Hour reporting period begins the day after the last day of the 1st Qtr-Plus reports period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election.

All 48 Hour-In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
EARLS FOR JUSTICE		STA-I2K60N-C-001	
b. Mailing Address (Include City, State and Zip Code)		d. Report Date	
1001 WADE AVENUE STE 323 RALEIGH, NC 27605		03/17/2026 07:47 AM	
		e. Phone Number	
		(919) 803-2223	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (Include city, state, and zip)		a. Full Name, Mailing Address & Phone (Include city, state, and zip)	
KEN EUDY 1026 MANOR WAY DURHAM, NC 27701			
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____		☐ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____		☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
NONE			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
NOT EMPLOYED	CREDIT CARD		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
03/01/2026	\$ 5,800.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 6,800.00		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 5,800.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
MAGGIE BARLOW			
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	

48-Hour Notice

Page 8 of 10

Amendment

☒ Yes

☐ No

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1. Committee Information

a. Full Name	c. ID Number
EARLS FOR JUSTICE	STA-I2K60N-C-001
b. Mailing Address (Include City, State and Zip Code)	d. Report Date
1001 WADE AVENUE STE 323 RALEIGH, NC 27605	03/17/2026 07:47 AM
	e. Phone Number
	(919) 803-2223

2. Contribution Information

a. Full Name, Mailing Address & Phone (Include city, state, and zip)	☐ Add ☐ Remove	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	☐ Add ☐ Remove
KATIE KINGSBERY 7417 WINGFOOT DR RALEIGH, NC 27615			
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3)		☐ Individual (if checked, must specify b2 and b3)	
☐ Political Party		☐ Political Party	
☐ Other Political Committee (if checked, must specify b1)		☐ Other Political Committee (if checked, must specify b1)	
☐ Not-for-Profit (if checked, must specify b4)		☐ Not-for-Profit (if checked, must specify b4)	
☐ Other Source: _____		☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____		☐ Federal ☐ County: _____	
☐ State ☐ Municipality: _____		☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
NONE			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
NOT EMPLOYED	CREDIT CARD		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/27/2026	\$ 2,593.75		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$ 2,593.75		\$

3. Total Contributions THIS Page (sum all the '2f' entries on this page)	\$ 2,593.75
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.

MAGGIE BARLOW

Printed Name of Signer

Signature of Appointed Treasurer

Date

48-Hour Notice

Page 9 of 10

Amendment

☒ Yes☐ No

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipts of contributions.

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This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
EARLS FOR JUSTICE		STA-I2K60N-C-001	
b. Mailing Address (Include City, State and Zip Code)		d. Report Date	
1001 WADE AVENUE STE 323 RALEIGH, NC 27605		03/17/2026 07:47 AM	
		e. Phone Number	
		(919) 803-2223	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (Include city, state, and zip)		a. Full Name, Mailing Address & Phone (Include city, state, and zip)	
ANN CAMPBELL 331 W BARBEE CHAPEL RD CHAPEL HILL, NC 27517			
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____		☐ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____		☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
INVESTOR			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
SELF EMPLOYED	CREDIT CARD		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
03/01/2026	\$ 2,699.33		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 5,000.00		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 2,699.33	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
MAGGIE BARLOW			
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	

In-Kind Contributions

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Amendment

☒ Yes☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
EARLS FOR JUSTICE		STA-I2K60N-C-001	
3. Contributor Information		☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Type of Contributor	c. Comments	
ANN CAMPBELL 331 W BARBEE CHAPEL RD CHAPEL HILL, NC 27517 +1 (919) 539-4416	☒ Individual		
	☐ Candidate		
	☐ Party		
	☐ PAC		
☐ Referendum	d. Election Sum to Date		
☐ Other Receipt Source	\$ 5,000.00		
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
VENUE RENTAL, BEVERAGES FOR EVENT AND TIPS TO	02/28/2026	\$ 2,300.67	
		\$	
		\$	
3. Contributor Information		☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Type of Contributor	c. Comments	
NINA SZLOSBERG-LANDIS 2710 ROSEDALE AVE RALEIGH, NC 27607 +1 (919) 971-6657	☒ Individual		
	☐ Candidate		
	☐ Party		
	☐ PAC		
☐ Referendum	d. Election Sum to Date		
☐ Other Receipt Source	\$ 2,703.75		
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
FOOD, DRINKS, SERVICE FEES AND SUPPLIES FOR	02/28/2026	\$ 2,203.75	
		\$	
		\$	

4. Total only this Page	\$ 4,504.42
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	\$ 4,504.42