

Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

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. Date Filed	
1001 WADE AVENUE STE 323 RALEIGH, NC 27605			07/10/2026	
			e. Phone Number	
			(919) 803-2223	
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name	
2026	02/15/2026	06/30/2026	MAGGIE BARLOW	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special State/County ☐ Organizational ☐ Quarterly ☐ First ☒ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special		
7. Type of Fund (if applicable, check one)		10. Special Report		
☐ Booster Fund ☐ Building Fund ☐ Other:		SECOND QUARTER		
8. Number of Fundraisers this Report				
28				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
WELLS FARGO		AMALGAMATED BANK		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
	1		2	
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 1,896,122.93		\$ 12,267.00	
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 17A, 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 and correct and that I have been trained by the NC State Board of Elections.				
MAGGIE BARLOW Printed Name of Signer		Maggie K. Barlow Digitally signed by Date: 2026.07.10 15:20:39 -04'00'		
Assistant Treasurer		Signature of Appointed Treasurer		
		7/10/2026 Date		
FOR OFFICE USE ONLY				
Date Received: _____	Employee: _____	Delivery Method		
Date Postmarked: _____	Employee: _____	☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed		
Date Scanned: _____	Employee: _____	☐ Signer has not received mandatory training		
Date Data Entered: _____	Employee: _____			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				