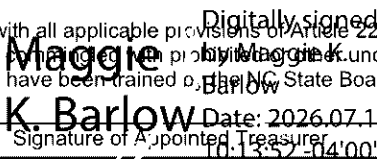


Disclosure Report Cover

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 April Cook for NC		c. ID Number STA-7J3OOC-C-001	
b. Mailing Address (include City, State and Zip Code) PO Box 5034 Concord, NC 28027-1500		d. Date Filed 07/10/2026	
		e. Phone Number (919) 803-2223	
2. Report Year 2026	3. Period Start Date (mm/dd/yy) 02/15/2026	4. Period End Date (mm/dd/yyyy) 06/30/2026	5. Treasurer Full Name Maggie Barlow
6. Type of Committee (Check one) ☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser		9. Type of Report (check only one type of report from one category) 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) ☐ "Booster Fund" ☐ Building Fund ☐ Other:		10. Special Report Name	
8. Number of Fundraisers this Report 2			
11. Account Information			
a. Financial Institution Full Name Wells Fargo			
b. Purpose Receipt and disbursement of campaign funds		c. Account Code 01	
		d. Period Begin Balance \$ 7,227.22	
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are being received or provided from undisclosed 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 K. Barlow Printed Name of Signer  K. Barlow Signature of Appointed Treasurer Date: 2026.07.10 7/10/2026 Date			
FOR OFFICE USE ONLY			
Date Received: _____ Employee: _____		Delivery Method ☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed ☐ Signer has not received mandatory training	
Date Postmarked: _____ Employee: _____			
Date Scanned: _____ Employee: _____			
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.			
CRO-1000		NC State Board of Elections	
		August 2008	