

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	
April Cook for NC		STA-7J3OOC-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
PO Box 5034 Concord, NC 28027-1500		08/17/2026	
		e. Phone Number	
		(919) 803-2223	
2. Report Year	3. Period Start Date (mm/dd/yy)	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 ☐ Party ☐ PAC ☐ Referendum ☐ Independent Expenditure ☐ Joint Fundraiser ☐ Legal Expense Fund		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	
7. Type of Fund (if applicable, check one)		State/County	
☐ "Booster Fund" ☐ Building Fund ☐ Other:		☐ Organizational ☐ Quarterly ☐ First ☒ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	
8. Number of Fundraisers this Report		10. Special Report Name	
2			
11. Account Information			
a. Financial Institution Full Name			
Wells Fargo			
b. Purpose		c. Account Code	
Receipt and disbursement of campaign funds		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 disclosed which are prohibited or other 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		Maggie K. Barlow	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date: 2026.08.17	
		8/17/2026	
		Date	
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method	
Date Postmarked: _____	Employee: _____	☐ Normal Mail	
Date Scanned: _____	Employee: _____	☐ Registered Mail	
Date Data Entered: _____	Employee: _____	☐ Hand Delivered	
		☐ Electronically Filed	
		☐ Signer has not received mandatory training	
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			