

Statement of Organization - Candidate Committee**Is this statement:**☐ New☒ Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
que for County Commissioner at large			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
3850 Heather View Ln Winston Salem, NC 27127		7/23/2025	
c. Committee Website (Optional)		f. Phone Number	
		336.955.6383	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Quamekia Shavers		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
3850 Heather View Ln Winston Salem, NC 27127		County Commissioner At Large	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336.955.6383	QUE4CCATLARGE@gmail.com	2026	
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Bridget Cook		Quamekia Shavers	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
2397 Mullins Dr Winston Salem, NC 27107		3850 Heather View Ln Winston Salem, NC 27127	
c. Phone Number	d. Email Address	e. Phone Number	d. Email Address
984-365-6273	bridgethrrs@gmail.com	3369556383	QUE4CCATLARGE@gmail.com
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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 and correct.</p> <p> <u>Bridget Cook</u> <u><i>Bridget Cook</i></u> <u>7/23/2025</u> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <p> I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes. </p> <p> <u>Quamekia Shavers</u> <u><i>Quamekia Shavers</i></u> <u>7/23/2025</u> Printed Name of Candidate Signature of Candidate Date </p>			