

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	
Que for County Commissioner At Large		001	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
3850 Heather View Ln Winston Salem, NC 27127 United States		7/7/2025	
		e. Phone Number	
		3369556383	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	June 18, 2025	7/7/2025	Quamekia Shavers
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
2			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Bank of America			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign operations.	1223		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0.00		\$
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 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.			
Quamekia Shavers		7/7/2025	
Printed Name of Signer		Signature of Appointed Treasurer	
FOR OFFICE USE ONLY			
Date Received:	Employee:	Delivery Method	
		<input type="checkbox"/> Normal Mail	
Date Postmarked:	Employee:	<input type="checkbox"/> Registered Mail	
		<input type="checkbox"/> Hand Delivered	
Date Scanned:	Employee:	<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> 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.			

Contributions from Individuals

Pg ____ of ____

Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Que for County Commissioner At Large					001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Steven Muhammd (336) 253-4453 8017 Kilcash Ct. Clemmons, NC 27012				Pharmacist		
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1223	EFT CashApp			\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Jeneria Shepherd 336.448.9989 1880 Cahill Dr Winston Salem, NC 27127 United States				Human Resources		
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 350.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1223	Cash		June 19, 2025	\$ 250.00	
<input type="checkbox"/>	1223	Cash		June 30, 2025	\$ 100.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
James Perry 514 W Banner Ave, WS NC27127, 504-343-5009, james@jameshperry.com				CEO, WS Urban League		
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1223			June 20, 2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 550.00	

Contributions from Individuals

Pg ____ of ____

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Que for County Commissioned At Large				001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Dr. Tony Burton		Owner, My Little Genius			
3890 Thornaby Cir Winston Salem, NC 27107		c. Employer's Name/Specific Field			
TonyB@tlburton.com (336) 918-9351				e. Election Sum to Date \$ 150 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1223	EFT CashApp		7/7/2025	\$ 100.00
<input type="checkbox"/>				6/20/2025	\$ 50.00
<input type="checkbox"/>					\$ 150
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Detra Lewis		Homehealth, CEO			
2084 Townhill Drive Cincinnati, Ohio 45238		c. Employer's Name/Specific Field			
513-225-9609 djett@gatewaytosuccessllc.org				e. Election Sum to Date \$ 250 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1223	EFT CashApp		6/23/2025	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Darlene Steele 336-972-4428					
3950 Patsy Dr. WS 27107		c. Employer's Name/Specific Field			
		Sr. Executive Director Carter G. Woodson School		e. Election Sum to Date \$ 60 ⁰⁰	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1223	EFT CashApp		6/24/2025	\$ 60.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 460 ⁰⁰	
5. Total of ALL CRO-1210 Pages				\$ 460 ⁰⁰	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

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Amendment

☐ Yes

☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Que for County Commissioner At Large					001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Cyena Shavers (704) 754-1019 1331 Filbert Street, Salisbury, NC 28144				Livingstone College		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Academic Coordinator for TRIO Student Support Services		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1223	EFT CashApp		June 27, 2025	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Oumy Mbengue +1 (336) 414-2972 501 N Liberty St Winston Salem, NC 27101 United States				Owner		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Oumy Hair Braiding		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1223	EFT CashApp		June 23, 2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Christopher Young 1610 Hill Ct Winston Salem, NC 27107 3369265910				Waste Management		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Republic Services		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1223	Cash			\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 275.00	