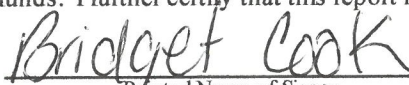
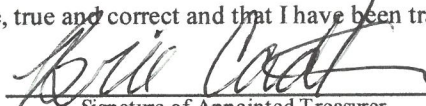


Disclosure Report Cover

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			000-0-0-1	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
3850 HEATHERVIEW DR WINSTON-SALEM, NC 27127			07/06/2026	
			e. Phone Number	
			(336) 955-6383	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2026	02/15/2026	06/30/2026	BRIDGET COOK	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign ☐ Party ☐ Joint Fundraiser ☐ PAC ☐ Referendum ☐ Legal Expense Fund 7. Type of Fund (if applicable, check one) ☐ "Booster Fund" ☐ Building Fund ☐ Presidential Election Year Candidates Fund ☐ NC Public Campaign Financing Fund ☐ Other: _____		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		
8. Number of Fundraisers this Report		10. Special Report Name		
6		FORSYTH COUNTY 07/06/2026 11:00 AM		
3. Account Information		3. 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 DEPOSITS AND WITHDRAWAL	1223			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 1,739.58		\$	
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				
 Printed Name of Signer		 Signature of Appointed Treasurer		07/06/2026 Date
FOR OFFICE USE ONLY				
Date Received:	Employee:	Delivery Method		
_____	_____	☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☒ Electronically Filed		
Date Postmarked:	Employee:			
_____	_____			
Date Scanned:	Employee:			
_____	_____			
Date Data Entered:	Employee:	☐ 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.				

GREENSBORO NC 270
15 JUL 2026 PM 6 L



Attn: T. Sharkey
BOE
201 N. Chestnut St
Winston-Salem, NC 27101

[illegible]