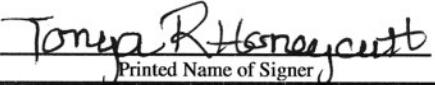
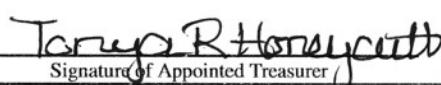


# Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

<b>1. Committee Information</b>							
a. Full Name COMMITTEE TO ELECT KRISTEL SWAYZE		c. ID Number					
b. Mailing Address (include City, State and Zip Code) PO BOX 21 CONCORD, NC 28026		d. Date Filed 12/17/2025					
		e. Phone Number 704-425-5398					
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name				
2025	12/17/2025	12/27/2025	TONYA R. GILMORE				
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report</b> (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		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <b>Semi-annual</b> <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>State/County</b> <input checked="" type="checkbox"/> Organizational <b>Quarterly</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <b>Semi-annual</b> <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>Referendum</b> <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	
<b>7. Type of Fund</b> (if applicable, check one)						<b>10. Special Report Name</b>	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: _____							
<b>8. Number of Fundraisers this Report</b>		N/A					
<b>11. Account Information</b>				<b>11. Account Information</b>			
a. Financial Institution Full Name UWCHARIE BANK		a. Financial Institution Full Name RECEIVED IN-PERSON					
b. Purpose	c. Account Code	b. Purpose	DEC 23 2025	c. Account Code			
CAMPAIGN ACCOUNT	A2025	d. Period Begin Balance  \$ 0.00	CABARRUS COUNTY BOARD OF ELECTIONS	d. Period Begin Balance  \$			
<b>CERTIFICATION</b>							
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.							
 Printed Name of Signer		 Signature of Appointed Treasurer		Date 12/23/25			
<b>FOR OFFICE USE ONLY</b>							
Date Received:	12-23-25	Employee:	WAN	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed			
Date Postmarked:		Employee:					
Date Scanned:	12-27-25	Employee:	WAN				
Date Data Entered:		Employee:		<input type="checkbox"/> Signer has not received mandatory training			
<b>Please Note:</b> 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.							

## Detailed Summary

Amendment  
 Yes    No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
COMMITTEE TO ELECT KRISTEL SWAYZE	10-DAY REPORT	
Start of Election Cycle: January 1, 2025		Total this Reporting Period
4) Cash on Hand at Start		\$ 0.00
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$
6) Contributions from Individuals	(CRO-1210)	\$ 503 <sup>18</sup>
7) Contributions from Political Party Committees	(CRO-1220)	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$
9) Loan Proceeds	(CRO-1410)	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$
11c) Outside Sources of Income	(CRO-1250)	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 503 <sup>18</sup>
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$
15) Loan Repayments	(CRO-1420)	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$
17) In-Kind Contributions	(CRO-1510)	\$ 503.18
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 503.18
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$
24) Account Transfers Within the Committee	(CRO-1720)	\$
25) Administrative Support	(CRO-1710)	\$
26) Forgiven Loans	(CRO-1440)	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$
28) Contributions to be Refunded	(CRO-1215)	\$

## Contributions from Individuals

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	
COMMITTEE TO ELECT KESTEL SWAYZE					
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	
KESTEL DALTON SWAYZE PO BOX 21 CONCORD, NC 28026			OWNER		
			c. Employer's Name/Specific Field		
			KS IMAGE SOLUTIONS		
			e. Election Sum to Date		
			\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		IN-KIND	GODADDY - WEBSTORE DOMAIN	12/12/2025	\$ 72.74
<input type="checkbox"/>		IN-KIND	USPS - PO BOX	12/12/2025	\$ 96.00
<input type="checkbox"/>		IN-KIND	CANDIDATE FILES CABCO-BDE	12/17/2025	\$ 139.44
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	
KESTEL DALTON SWAYZE CONTINUED			OWNER		
			c. Employer's Name/Specific Field		
			KS IMAGE SOLUTIONS		
			e. Election Sum to Date		
			\$ 503.18		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		IN-KIND	YARD STENS	12/17/2025	\$ 195.00
<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	
			c. Employer's Name/Specific Field		
			e. Election Sum to Date		
			\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 503.18	
5. Total of ALL CRO-1210 Pages				\$ 503.18	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					

## In-Kind Contributions

Amendment  
 Yes  No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
COMITTEE TO ELECT KRISTEL SWAYZE			
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>		<b>b. Type of Contributor</b> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>  <b>d. Election Sum to Date</b> \$
KRISTEL DALTON SWAYZE PO BOX 21 CONCORD, NC 28026			
<b>e. Description</b> GODADDY - WEBSITE DOMAINS USPS - POST OFFICE BOX CABARRUS COUNTY BOE - CANDIDATE FILING FEE		<b>f. Date (mm/dd/yyyy)</b> 12/12/2025 12/12/2025 12/17/2025	<b>g. Fair Market Amount</b> \$ 72.74 \$ 96.00 \$ 139.44
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>		<b>b. Type of Contributor</b> <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>  <b>d. Election Sum to Date</b> \$ 503.18
KRISTEL DALTON SWAYZE - CONTINUED			
<b>e. Description</b> YARD SIGNS		<b>f. Date (mm/dd/yyyy)</b> 12/17/2025	<b>g. Fair Market Amount</b> \$ 195.00
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>		<b>b. Type of Contributor</b> <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>  <b>d. Election Sum to Date</b> \$
N/A			
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>4. Total only this Page</b>		\$ 503.18	
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 503.18	