

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	
COMMITTEE TO ELECT KRISTEL SWAYZE			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO BOX 21 CONCORD, NC 28026		12/17/2025	
c. Committee Website (Optional)		f. Phone Number	
		704-425-5398	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
KRISTEL DALTON SWAYZE		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO BOX 21 CONCORD, NC 28026		COUNTY COMMISSIONER	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
704-425-5398	swayzeforcabco@gmail.com	2026	CABARRUS COUNTY
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
TONYA R. GILMORE			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
965 MOUNT PLEASANT ROAD WEST MOUNT PLEASANT, NC 28124			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
704-267-9628	tonya.gilmore07@gmail.com		
Send report notices by email <input checked="" 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	
		UWHARRIE BANK	
b. Mailing Address (include City, State, and Zip Code)		CAMPAIGN ACCOUNT	
c. Phone Number	d. Email Address	b. Account Code	c. Type
		A2025	CHECKING
<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>TONYA R. GILMORE Printed Name of Treasurer</p> <p><i>Tonya R Gilmore</i> Signature of Appointed Treasurer</p> <p>12/23/25 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>KRISTEL DALTON SWAYZE Printed Name of Candidate</p> <p><i>Kristel D. Swayze</i> Signature of Candidate</p> <p>12/23/25 Date</p>			