

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 <i>Committee To Elect Tonya McDaniel</i>	d. ID Number
b. Mailing Address (include City, State and Zip Code) <i>Post Office Box 21142 W/S, NC 27120</i>	e. Date Organized <i>12</i>
c. Committee Website (Optional) <i>vote4mcdaniel.com</i>	f. Phone Number <i>(336) 926-8945</i>

2. Candidate Information

a. Full Name <i>Tonya D. McDaniel</i>	e. Party Affiliation <i>Democrat</i>
b. Mailing Address (include City, State, and Zip Code) <i>Post Office Box 21142 W/S, NC 27120</i>	f. Office Sought <i>County Commissioner</i>
c. Phone Number <i>(336) 926-8945</i>	d. Email Address <i>tonyadmcdaniel@gmail.com</i>
g. Next Election Year <i>2026</i>	h. Jurisdiction <i>District A</i>
<input type="checkbox"/> Email copy of report notices	

3. Treasurer Information

a. Full Name <i>Crayla Council</i>	a. Full Name
b. Mailing Address (include City, State, and Zip Code) <i>Post Office Box 21142 W/S NC 27120</i>	b. Mailing Address (include City, State and Zip Code)
c. Phone Number <i>(336) 745-7716</i>	d. Email Address <i>craylamcdaniel@gmail.com</i>
<input checked="" type="checkbox"/> 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)

a. Full Name	a. Full Name
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name <i>Mechanics Farmers</i>
b. Account Code
c. Type <i>Checking</i>

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.

Crayla Council
Printed Name of Treasurer

Crayla Council
Signature of Appointed Treasurer

1/13/2026
Date

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.

Tonya D. McDaniel
Printed Name of Candidate

Tonya D. McDaniel
Signature of Candidate

1/13/2026
Date