

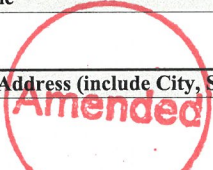
Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> 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>Walverce</i>		d. ID Number	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name <i>Michael Lee Klinefelter</i>		e. Party Affiliation <i>REP</i>	
b. Mailing Address (include City, State, and Zip Code) <i>#129 Winston Salem 822 West 4th St NC 27101</i>		f. Office Sought <i>FC Board of Education District #1</i>	
c. Phone Number <i>352 366-6775</i>	d. Email Address <i>twenty2526@gmail.com</i>	g. Next Election Year <i>2026</i>	h. Jurisdiction
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
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	c. Phone Number	d. Email Address
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)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
<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>			
_____		_____	
Printed Name of Treasurer		Signature of Appointed Treasurer	
_____		_____	
Printed Name of Candidate <i>Michael L Klinefelter</i>		Signature of Candidate <i>Michael L Klinefelter</i>	
		Date <i>4.27.2026</i>	



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