

# 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.

<b>1. Committee Information</b>			
a. Name of Committee <i>Walverse</i>		d. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>822 West 4th St #417 Winston Salem, NC 27101</i>		e. Date Organized <i>12.16.2025</i>	
c. Committee Website (Optional)		f. Phone Number <i>252 366 6775</i>	
<b>2. Candidate Information</b>			
a. Full Name <i>Mike Kline to be</i>		e. Party Affiliation <i>Republican</i>	
b. Mailing Address (include City, State, and Zip Code) <i>822 West 4th St #417 Winston Salem, NC 27101</i>		f. Office Sought <i>School Board D-1</i>	
c. Phone Number <i>252 366 6775</i>	d. Email Address <i>twenty2526@gmail.com</i>	g. Next Election Year <i>2026</i>	h. Jurisdiction <i>Forsyth County</i>
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name <i>Mike Kline to be</i>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <i>822 West 4th St #417 Winston Salem, NC 27101</i>		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number <i>252 366 6775</i>	d. Email Address <i>twenty2526@gmail.com</i>	c. Phone Number	d. Email Address
<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	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name <i>Wells Fargo</i>	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code <i>3402</i>	c. Type <i>Checking</i>
<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><i>Mike Kline to be</i>      <i>Mike Kline to be</i>      <i>12.10.2025</i>  Printed Name of Treasurer      Signature of Appointed Treasurer      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><i>Mike Kline to be</i>      <i>Mike Kline to be</i>      <i>12.10.2025</i>  Printed Name of Candidate      Signature of Candidate      Date</p>			



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

#### FILED BY:

Committee Name:

Walverse

Treasurer Name:

Mike Kliretobe

Treasurer Address:

822 West 4th St

(include city, state, & zip)

Winston Salem, NC 27101

Treasurer Phone:

252 366 6775

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12.16.2025  
Date Signed

Mike Kliretobe  
Signature



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Mike Klinefelter

Committee Name: Walverse

Treasurer Name: Mike Klinefelter

If Candidate is own treasurer, designate an agent to carry out designations: Patrick Klinefelter

Committee ID #: \_\_\_\_\_

Level Registered: [State] County If county, specify: \_\_\_\_\_

I, Mike Klinefelter hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Return to Donors</u>	<u>100 %</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Mike Klinefelter

Date: 12.16.2025