

# 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
WARD FOR THE BOARD	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
2516 REYNOLDS DRIVE GRAHAM, NC 27253	12-19-2025
c. Committee Website (Optional)	f. Phone Number
	336 684 8811

## 2. Candidate Information

a. Full Name	e. Party Affiliation
KYLE ANDREW WARD	UNAFFILIATED
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
2516 REYNOLDS DRIVE GRAHAM, NC 27253	BOARD OF EDUCATION
c. Phone Number	d. Email Address
336 684 8811	coachkward12@gmail.com
<input type="checkbox"/> Email copy of report notices	
g. Next Election Year	
2024	
h. Jurisdiction	

## 3. Treasurer Information

a. Full Name	e. Party Affiliation
EZEKIEL DAVID MAY	RECEIVED
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)
3768 DSCEOLA ROAD ELON, NC 27244	DEC 29 2025
c. Phone Number	d. Email Address
336 350 4070	zlekemay05@gmail.com
<input type="checkbox"/> 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)

a. Full Name	6. Account Information (incl. CRO-3500)		
	a. Financial Institution Full Name		
	TRULIANT FEDERAL CREDIT UNION		
b. Mailing Address (include City, State, and Zip Code)	915 SOUTH MAIN STREET GRAHAM, NC 27253		
c. Phone Number	d. Email Address	b. Account Code	c. Type
		2 1	SAVINGS CHECKING
<input type="checkbox"/> Email copy of report notices			

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.

EZEKIEL DAVID MAY

Printed Name of Treasurer



Signature of Appointed Treasurer

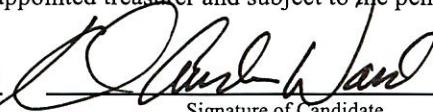
12/28/25

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.

KYLE ANDREW WARD

Printed Name of Candidate



Signature of Candidate

12-29-25

Date





# NORTH CAROLINA

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## 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:

WARD FOR THE BOARD

Treasurer Name:

EZEKIEL DAVID MAY

Treasurer Address:

3768 OSCEOLA ROAD

(include city, state, & zip)

Elon, NC 27244

Treasurer Phone:

(336) 350 - 4070

#### 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.

12-28-2025

Date Signed

Ezekiel David May  
Signature

RECEIVED  
DEC 29 2025



# NORTH CAROLINA

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## 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: KYLE ANDREW WARD

Committee Name: WARD FOR THE BOARD

Treasurer Name: EZEKIEL DAVID MAY

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

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

Level Registered: [State] [County] If county, specify: ALAMANCE BOE

I, KYLE ANDREW WARD, 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).

	<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1.	<u>TRIUNITY Inc.</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:



12-28-2025 **RECEIVED**  
**DEC 29 2025**

Date: