

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
 Do not use this form to update information.

1. Committee Information									
a. Full Name RUN STEVE RUN		c. ID Number <div style="text-align: center; margin-top: 10px;"> REPORT FILED ELECTRONICALLY SEE STATE WEBSITE FOR COMPLETE REPORT WWW.NCSBE.GOV </div>							
b. Mailing Address (include City, State and Zip Code) 2414 ELIZABETH AVE WINSTON SALEM, NC 27103		d. Date Filed 01/01/2026							
		e. Phone Number <div style="height: 40px; border: 1px solid black; margin-top: 10px;"></div>							
2. Report Year 2025	3. Period Start Date (mm/dd/yy) 11/05/2025	4. Period End Date (mm/dd/yy) 12/31/2025	5. Treasurer Full Name JOE PATTON						
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; padding: 2px;"> Municipal </td> <td style="width: 33.33%; padding: 2px;"> State/County </td> <td style="width: 33.33%; padding: 2px;"> Referendum </td> </tr> <tr> <td style="padding: 2px;"> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td style="padding: 2px;"> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td style="padding: 2px;"> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum							
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7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		10. Special Report Name <div style="height: 40px; border: 1px solid black; margin-top: 10px;"></div>							
8. Number of Fundraisers this Report 0									
3. Account Information		3. Account Information							
a. Financial Institution Full Name TRUIST		a. Financial Institution Full Name <div style="text-align: center; margin-top: 10px;"> 2026 JAH </div>							
b. Purpose CHECKING	c. Account Code 01	b. Purpose <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	c. Account Code <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>						
	d. Period Begin Balance \$		d. Period Begin Balance <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>						
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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 and that I have been trained by the NC State Board									
<div style="text-align: center;"> Joe Patton Printed Name of Signer </div>		<div style="text-align: center;"> Digitally signed by Joe Patton Date: 2026.01.04 13:55:06 -05'00' 01/01/2026 </div>							
Signature of Appointed Treasurer		Date							
FOR OFFICE USE ONLY									
Date Received: _____		Employee: _____							
Date Postmarked: _____		Employee: _____							
Date Scanned: _____		Employee: _____							
Date Data Entered: _____		Employee: _____							
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed									
<input type="checkbox"/> Signer has not received mandatory training									
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.									
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.									

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
RUN STEVE RUN	2025 Year End Semi-Annual	

Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 100.00	\$ 0.00

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals (CRO-1210)	\$ 1,637.33	\$ 1,737.33
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 1,637.33	\$ 1,737.33

EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 144.42	\$ 144.42
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 11.30	\$ 11.30
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)	\$ 587.33	\$ 587.33
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 743.05	\$ 743.05
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 994.28	\$ 994.28

ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00	
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00

Contributions from Individuals

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Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) RUN STEVE RUN		2. ID Number									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip) SEAN ERVIN 1023 ENGLEWOOD DR WINSTON SALEM, NC 27106</td> <td>b. Job Title/Profession INTERNAL MEDICINE</td> <td>d. Comments</td> </tr> <tr> <td>c. Employer's Name/Specific Field BAPTIST MEDICAL CENTER</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date \$ 1,000.00</td> <td></td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip) SEAN ERVIN 1023 ENGLEWOOD DR WINSTON SALEM, NC 27106	b. Job Title/Profession INTERNAL MEDICINE	d. Comments	c. Employer's Name/Specific Field BAPTIST MEDICAL CENTER			e. Election Sum to Date \$ 1,000.00	
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	e. Election Sum to Date \$ 1,000.00										
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description								
<input type="checkbox"/>	01	Check									
<input type="checkbox"/>											
<input type="checkbox"/>											
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip) STEVE FOLMAR 2414 ELIZABETH AVE WINSTON SALEM, NC 27103</td> <td>b. Job Title/Profession ASSOCIATE PROFESSOR OF ANTHROPOLOGY</td> <td>d. Comments</td> </tr> <tr> <td>c. Employer's Name/Specific Field WAKE FOREST UNIVERSITY</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date \$ 737.33</td> <td></td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip) STEVE FOLMAR 2414 ELIZABETH AVE WINSTON SALEM, NC 27103	b. Job Title/Profession ASSOCIATE PROFESSOR OF ANTHROPOLOGY	d. Comments	c. Employer's Name/Specific Field WAKE FOREST UNIVERSITY			e. Election Sum to Date \$ 737.33	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description								
<input type="checkbox"/>	01	In-Kind	ACCOUNTING SERVICES								
<input type="checkbox"/>	01	Credit Card									
<input type="checkbox"/>	01	In-Kind	FILING FEE								
4. Total only this Page <input type="checkbox"/> \$ 1,637.33											
5. Total of ALL CRO-1210 Pages <input type="checkbox"/> \$ 1,637.33 <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>											

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)			2. ID Number			
RUN STEVE RUN						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	01	Draft	C	11/12/2025	\$ 2.30	MERCHANT FEES
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Money Order	C	12/22/2025	\$ 9.00	WEBSITE HOSTING
<input type="checkbox"/> Remove						
4. Total only this Page				\$ 11.30		
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>				\$ 11.30		
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses		
I - Postage		J - Penalties		G - Political Party		
O* - Other				K* - Office Expenses		
				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

Disbursements

Pg. 1 of 1 Amendment
 Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) RUN STEVE RUN		2. ID Number																	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>																			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures																			
4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) FED EXPRESS 104 CAMBRIDGE PLAZA DR WINSTON SALEM, NC 27104		<input type="checkbox"/> Add <input type="checkbox"/> Remove b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments e. Election Sum to Date \$ 144.42																	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)																
01	Debit Card	B	12/22/2025																
			\$																
5. Total only this Page																			
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>																			
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">A* - Media</td> <td style="width: 25%;">B* - Printing</td> <td style="width: 25%;">C* - Fundraising</td> <td style="width: 25%;">D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>Q* - Donation to Legal Expense Fund</td> </tr> <tr> <td colspan="4">O* Other</td> </tr> </table> <p>* Codes require detailed explanation in required remarks field (k)</p>				A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate	E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses	I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund	O* Other			
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O* Other																			

In-Kind ContributionsPg 1 of 1 Yes No**Amendment**

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable) RUN STEVE RUN		2. ID Number																								
3. Contributor Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td style="width: 33%; padding: 5px;">b. Type of Contributor</td> <td style="width: 33%; padding: 5px;">c. Comments</td> </tr> <tr> <td style="padding: 5px;">STEVE FOLMAR 2414 ELIZABETH AVE WINSTON SALEM, NC 27103</td> <td style="padding: 5px;"> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source </td> <td style="padding: 5px;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; padding: 5px;">d. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; padding: 5px;">\$ 737.33</td> </tr> <tr> <td colspan="2"> e. Description ACCOUNTING SERVICES FILING FEE </td> <td> f. Date (mm/dd/yyyy) 11/10/2025 12/02/2025 </td> <td> g. Fair Market Amount \$ 374.00 \$ 213.33 \$ </td> </tr> <tr> <td colspan="2">4. Total only this Page</td> <td colspan="2" style="text-align: right;">\$ 587.33</td> </tr> <tr> <td colspan="2">5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i></td> <td colspan="2" style="text-align: right;">\$ 587.33</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	STEVE FOLMAR 2414 ELIZABETH AVE WINSTON SALEM, NC 27103	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source				d. Election Sum to Date			\$ 737.33	e. Description ACCOUNTING SERVICES FILING FEE		f. Date (mm/dd/yyyy) 11/10/2025 12/02/2025	g. Fair Market Amount \$ 374.00 \$ 213.33 \$	4. Total only this Page		\$ 587.33		5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 587.33	
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CRO-1510

NC State Board of Elections

December 2007