

# 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
Run Steve Run	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
PO Box 25194 Winston Salem, NC 27114	10/31/2025
c. Committee Website (Optional)	f. Phone Number
	919-349-3911

## 2. Candidate Information

a. Full Name	e. Party Affiliation		
Steve Folmar	Democrat		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
PO Box 25194 Winston Salem, NC 27114	Board of Education		
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
336-724-9522	folmarsj@wfu.edu	2026	2
<input type="checkbox"/> Email copy of report notices			

## 3. Treasurer Information

a. Full Name	a. Full Name		
Joe Patton			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
10633 Summerton Dr Raleigh, NC 27614			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-349-3911	jp.ccs@yahoo.com		
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. Financial Institution Full Name		
	Truist		
b. Mailing Address (include City, State, and Zip Code)			
Amended			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		01	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.

Joe Patton

Joe Patton

Patton

Date: 2026.01.05 15:07:38  
-05'00'

1/5/2026

Printed Name of Treasurer

Signature of Appointed Treasurer

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.

Printed Name of Candidate

Signature of Candidate

Date

CRO-2100A

NC State Board of Elections

November 2019