

# 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.

<b>1. Committee Information</b>	
<b>a. Full Name</b> RUN STEVE RUN	<b>c. ID Number</b>
<b>b. Mailing Address (include City, State and Zip Code)</b> 2414 ELIZABETH AVE WINSTON SALEM, NC 27103	<b>d. Date Filed</b> 02/15/2026
<b>e. Phone Number</b>	

REPORT FILED  
ELECTRONICALLY  
SEE STATE WEBSITE  
FOR COMPLETE REPORT  
WWW.NCSBE.GOV

<b>2. Report Year</b> 2026	<b>3. Period Start Date (mm/dd/yy)</b> 01/01/2026	<b>4. Period End Date (mm/dd/yy)</b> 02/14/2026	<b>5. Treasurer Full Name</b> JOE PATTON
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>		

<b>3. Account Information</b>		<b>3. Account Information</b>	
<b>a. Financial Institution Full Name</b> TRUIST		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> CHECKING	<b>c. Account Code</b> 01	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b> \$		<b>d. Period Begin Balance</b> \$

**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 other non-disclosed funds. I further certify that this report is complete, true and correct and has been prepared by a person who has been trained by the NC State Board of Elections.

Printed Name of Signer: Joe Patton      Signature of Appointed Treasurer: Joe Patton      Date: 02/15/2026

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

**Delivery Method**

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

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.