

# 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<br>Run Steve Run                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      | d. ID Number                                          |                      |
| b. Mailing Address (include City, State and Zip Code)<br>2414 Elizabeth Ave Winston Salem, NC 27103                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | e. Date Organized<br>10/31/2025                       |                      |
| c. Committee Website (Optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | f. Phone Number<br>919-349-3911                       |                      |
| <b>2. Candidate Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                       |                      |
| a. Full Name<br>Steve Folmar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | e. Party Affiliation<br>Democrat                      |                      |
| b. Mailing Address (include City, State, and Zip Code)<br>2414 Elizabeth Ave.<br>Winston Salem, NC 27103                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      | f. Office Sought<br>Board of Education                |                      |
| c. Phone Number<br>336-724-9522                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | d. Email Address<br>folmarsj@wfu.edu | g. Next Election Year<br>2026                         | h. Jurisdiction<br>2 |
| <input checked="" type="checkbox"/> Email copy of report notices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                       |                      |
| <b>3. Treasurer Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | <b>4. Assistant Treasurer Information</b>             |                      |
| a. Full Name<br>Joe Patton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | a. Full Name                                          |                      |
| b. Mailing Address (include City, State, and Zip Code)<br>10633 Summerton Dr<br>Raleigh, NC 27614                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | b. Mailing Address (include City, State and Zip Code) |                      |
| c. Phone Number<br>919-349-3911                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | d. Email Address<br>jp.ccs@yahoo.com | c. Phone Number                                       | d. Email Address     |
| Send report notices by email <input checked="" 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<br>Truist          |                      |
| b. Mailing Address (include City, State, and Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                       |                      |
| c. Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | d. Email Address                     | b. Account Code<br>01                                 | c. Type<br>Checking  |
| <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 restricted funds. I further certify that this report is complete, true and correct.</p> <p>Joe Patton<br/>Printed Name of Treasurer</p> <p>Joe Patton<br/>Signature of Appointed Treasurer<br/>Date: 2025.10.31 13:17:48 -04'00'</p> <p>Steve Folmar<br/>Printed Name of Candidate</p> <p>Steve Folmar<br/>Signature of Candidate<br/>Date: 2025.10.31 13:19:15 -04'00'</p> |                                      |                                                       |                      |