## STATE ETHICS COMMISSION



2024 STATEMENT OF ECONOMIC INTEREST

## **ELECTRONIC FILING**

# This entire form must be completed to fulfill your ethics filing obligation.

| Filer's Name (First, Middle, Last)                              |                                |                       |   |            |  |  |
|---|--------------------------------|-----------------------|---|------------|--|--|
| Prefix  | First Name                     | Middle Name           | Last Name   | Suffix     |  |  |
| Hon.  | Dale                           | R                     | Folwell   |            |  |  |
| Current   | Employer                       |                       | Job Title   |            |  |  |
| Departm   | ent of State Treasurer         |                       | Treasurer   |            |  |  |
| Nature o  | or Type of Business            |                       |   |            |  |  |
| Treasure  | er of North Carolina           |                       |   |            |  |  |
|   |                                | Reason For Filing (   | Complete all that apply.)   |            |  |  |
| Are you<br>elected o  | a <b>CANDIDATE</b> for office? | 🛛 Yes 🗌 No            | If yes, for what position are you seeking election?<br>name of office seeking in box below.)                    | (Specify   |  |  |
| Do you o<br>position?   | currently hold this            | 🗆 Yes 🛛 No            | Governor  |            |  |  |
| State Go  | overnment Job (Specify         | agency and position.) | Board/Commission (List complete names of all State boards<br>on which you are serving or are being considered.) |            |  |  |
| State Tre   | easurer, Department of         | - Treasurer           | ABLE Program Board of Trustees  |            |  |  |
|   |                                |                       | Banking Commission  |            |  |  |
|   |                                |                       | Capital Facilities Finance Agency   |            |  |  |
|   |                                |                       | Community Colleges, State Board of  |            |  |  |
|   |                                |                       | Education, Board of   |            |  |  |
|   |                                |                       | Health Plan Board, State  |            |  |  |
|   |                                |                       | Housing Finance Agency  |            |  |  |
|   |                                |                       | Housing Partnership   |            |  |  |
|   |                                |                       | Local Government Commission   |            |  |  |
|   |                                |                       | Local Governmental Employees' Retirement System   |            |  |  |
|   |                                |                       | Teachers' & State Employees' Retirement System  |            |  |  |
| Judicial Officer or Judicial Officer Appointee(Specify office.) |                                |                       | Legislator or Appointee to Legislative Office(Specif Senate.)   | y House or |  |  |
|   |                                |                       |   |            |  |  |
| A. Do a   | any immediate family           | members reside in you | r household?  |            |  |  |

On this form, "immediate family" includes your spouse (unless legally separated) and unemancipated children (minors under 18 years of age). It also includes members of your extended family (your and your spouse's children, grandchildren, parents, grandparents, and siblings, and the spouses of each of those persons) **who reside in your household.** 

List the full name of **all adults** and **emancipated minors** in your household. Minors are children under 18. They are emancipated by marriage, enlistment in the US military, or court order for emancipation.

| Full names of Adults and<br>Emancipated Minors | Relationship | Employer  | Job Title | Nature of Business    |
|--|--------------|-----------|-----------|-----------------------|
| Synthia Folwell                                | Spouse       | Old Salem | Docent    | Historical-Non-Profit |

| B. List only the initia   |   | -         | -                |                    |                              | or is a child | l under 18 years old.            |
|---|---|-----------|------------------|--------------------|------------------------------|---------------|----------------------------------|
| Initials of<br>Unemancipated<br>Minors  | Relationship  |           | Employer         |                    | Job T                        | ïtle          | Nature of Business               |
|   |   |           |                  |                    |                              |               |                                  |
| Property Interests  | 5   |           |                  |                    |                              |               |                                  |
| A. have an owner  | <ol> <li>As of December 31, 2023, did you or any members of your immediate family:         <ul> <li>A. have an ownership interest in North Carolina real estate (including your residence) with a market value of \$10,000 or more?</li> <li>Xes</li> <li>No</li> </ul> </li> </ol> |           |                  |                    |                              |               |                                  |
| Owner of Real E   | state % (   | Ownersh   | nip Interest     | Loca               | tion by City                 | L             | ocation by County                |
| (Self plus Spouse)  | 100.0   | 0%        |                  | Winston-S          | Salem                        | Fors          | yth                              |
| (Self plus Spouse)  | 100.0   | 0%        |                  | Winston Salem (X2) |                              | Fors          | yth                              |
| Synthia Folwell (Spouse) 100.   |   | 0%        | Pfafftown        |                    | Fors                         | Forsyth       |                                  |
| Synthia Folwell (Spou   | se) 100.0   | 0%        | Sugar Mountain   |                    | Aver                         | у             |                                  |
| B. lease or rent<br>\$10,000 or mo<br>□ Yes ⊠ No  |   | sonal pro | operty to or fro | m the Stat         | e of North Ca                | rolina with   | a market value of                |
| Name of Lessor Name of Lessee (Renter)  |   |           |                  |                    | Estate, Loca<br>ity & County |               | f Personal Property,<br>Describe |
| 2. At any time during 2022 or 2023, did you or any members of your immediate family sell or buy personal property worth \$10,000 or more to or from the State of North Carolina?         □ Yes       ⊠ No |   |           |                  |                    |                              |               |                                  |
| Name of Pu  | rchaser   |           | Name of          | Seller             |                              | Тур           | e of Property                    |
|   |   |           |                  |                    |                              |               |                                  |

| Financial Interests  |   |  |  |  |  |
|--|---|--|--|--|--|
| 3. As of December 31, 2023, did you or any members of your immediate family own any of the following financial interests valued at \$10,000 or more? List each company individually.   |   |  |  |  |  |
| A. Stock in a publicly owned company?  |   |  |  |  |  |
| 🛛 Yes 🗌 No   |   |  |  |  |  |
| ► Include stocks held individually of in a portfolio managed   | by a financial services company   |  |  |  |  |
| Do <u>not</u> list interests in a widely held investment fund (i<br>pension or deferred compensation plans) if:<br>1. the fund is publicly traded or its assets are widely div<br>2. neither you nor an immediate family member are able                                     |   |  |  |  |  |
| Owner of Interest  | Full Name of Company or ticker symbol   |  |  |  |  |
| Dale R Folwell (Self)  | General Electric  |  |  |  |  |
| Dale R Folwell (Self)  | Republic First BankCorp   |  |  |  |  |
| Dale R Folwell (Self)  | Imperial Metals Corportation  |  |  |  |  |
| Dale R Folwell (Self)  | Digital Bridge  |  |  |  |  |
| Synthia Folwell (Spouse)   | Apple   |  |  |  |  |
| Synthia Folwell (Spouse)   | General Electric  |  |  |  |  |
| Synthia Folwell (Spouse)   | Kraft Heinz   |  |  |  |  |
| B. Stock options in a company or business?   |   |  |  |  |  |
| □ Yes 🖾 No   |   |  |  |  |  |
| Owner of Stock Option  | Full Name of Company (Do not use a ticker symbol)   |  |  |  |  |
|  |   |  |  |  |  |
|  | as entity? These include interests in sole proprietorships, ited liability companies, limited liability partnerships, and |  |  |  |  |
| Owner of Interest  | Name of Company or Business Entity  |  |  |  |  |
|  |   |  |  |  |  |
| C (1). For each company or business entity identified in question 3.C. (the "Primary Company"), please list the names of <i>any other</i> companies or business entities in which the Primary Company owns securities or equity interests valued at over \$10,000, if known. |   |  |  |  |  |
| Non-Publicly Owned Company or Business Entity<br>(the Primary Company)   | Other Companies in which the Primary Company<br>Owns Security or Equity Interests   |  |  |  |  |
| None or Not Known  |   |  |  |  |  |
| C (2). If you know that any entity listed in 3.C or 3.C(1) contracts with the State of North Carolina, or is re  | above has any material business dealings or business gulated by the State, briefly describe that business activity.       |  |  |  |  |
| Name of Company or Business Entity   | Description of Business Activity with the State   |  |  |  |  |
| None or Not Known  |   |  |  |  |  |

| 4. As of December 31, 2023, were you or any members of your immediate family the beneficiaries of a vested trust with a value of \$10,000 or more that you created, established, or controlled? |  |                             |   |  |  |  |
|---|--|-----------------------------|---|--|--|--|
| Do not list assets held in blind trusts. <u>See 2024 SEI Helpful Tips for the definition of "Vested Trust" and "Blind Trust."</u><br><u>https://ethics.nc.gov/seis</u>                          |  |                             |   |  |  |  |
| 🗆 Yes 🛛 No  |  |                             |   |  |  |  |
| Name and Address of Trus  | Name and Address of Trustee         Description of the Trust         Your Relationship to the Trust  |                             |   |  |  |  |
|   |  |                             |   |  |  |  |
| the mortgage on your prim   |  | ples include credit card d  | es of \$10,000 or more, excluding<br>ebts, auto loans, student loans, |  |  |  |
| 🗆 Yes 🛛 No  |  |                             |   |  |  |  |
| Name of D   | Debtor   |                             | mercial Bank, credit union,<br>dual, etc.)                            |  |  |  |
|   |  |                             |   |  |  |  |
| immediate family during 20<br>honoraria, interest, dividenc<br>federal tax returns. <b>You m</b>  | 6. List each source of income ( <i>not</i> specific amounts) of more than \$5,000 received by you or any members of your immediate family during 2023. Include salary, wages, state/local government retirement income, professional fees, honoraria, interest, dividends, rental income, business income, and other types required to be reported on State and federal tax returns. You must disclose your receipt of salary or wages from any governmental or private entity, including those already listed in response to other SEI questions. |                             |   |  |  |  |
| ► Capital gains   | ► Federal government   | retirement                  |   |  |  |  |
| <ul> <li>Military retirement</li> </ul>   | -  | ment, survivors, or disabil | ity benefits  |  |  |  |
| Recipient of Income   | Name of Person or Entity<br>from Which Income Was<br>Received  | Type of<br>Business/Indust  | Type of Income  |  |  |  |
| Dale R Folwell (Self)   | State of NC  | State Government            | Salary  |  |  |  |
| Synthia Folwell (Spouse)  | Muddy Sneakers   | Education                   | Wages   |  |  |  |
| Synthia Folwell (Spouse)  | Old Salem  | Historic Non-Profit         | Wages   |  |  |  |
| L   | 1  | 1                           | 1   |  |  |  |

### Professional and Civic Relationships

- 7(a). During 2023, were you or any members of your immediate family a director, officer, governing board member, employee, independent contractor, or registered lobbyist of a nonprofit corporation or organization operating in North Carolina primarily for religious, charitable, scientific, literary, public health and safety, or educational purposes?
  - $\boxtimes$  Yes  $\square$  No If "No," proceed to question 8.
- ► Do NOT list State boards or entities, or entities created by local governments.
- ► Do NOT list organizations of which you are a mere member.

| Name of Person           | Position     | Name of Nonprofit<br>Corporation or Organization | Nature or<br>Purpose of Organization |
|--------------------------|--------------|--|--------------------------------------|
| Synthia Folwell (Spouse) | Board Member | UNC-G Board of Visitors                          | Educational                          |
| Synthia Folwell (Spouse) | Employee     | Muddy Sneakers                                   | Educational                          |

7(b). If the nonprofit corporations or organizations listed above do business with the State of North Carolina or receive State funds, briefly describe the nature of that business, if known or with due diligence could reasonably be known.

| Name of Nonprofit Corporation or Organization | Describe State Business  |
|---|--|
| Muddy Sneakers                                | Muddy Sneakers, is an outdoor science education program that serves fifth-grade students attending public schools across the state of North Carolina |
| UNC-G Board of Visitors                       | Non-Paid Board Member for UNC-G Board of Visitors.   |

8. During 2023, were you or any members of your immediate family a director, officer, or governing board member of any society, organization, or advocacy group with an interest in matters over which your agency or board may have jurisdiction?

 $\Box$  Yes  $\boxtimes$  No  $\Box$  Legislator/Judicial Officer -You are not required to complete this question if you are filing solely because you are a legislator or judicial officer or as a candidate or appointee to those offices.

► Do not list organizations of which you are only a member and do not serve in a leadership role.

| Name of Person | Name of Society, Organization,<br>or Advocacy Group | Leadership Position<br>(Director, Officer, Board Member) |
|----------------|---|--|
|                |   |  |

| 9(a). List the name of each for p<br>director, officer, partner, p  |                       |            |                            | nmediate family was an employee, 2023.                            |  |
|---|-----------------------|------------|----------------------------|---|--|
| Name of Person  | Relationship to F     | iler       | Name of Company            | Role of Person  |  |
| No Business Associations  |                       |            |                            |   |  |
|   |                       |            |                            | gs or business contracts with the briefly describe that activity. |  |
| Name of Company or  | Business Entity       |            | Description of Busir       | ness Activity with the State                                      |  |
| None or Not Known   |                       |            |                            |   |  |
| 10. Are you a practicing attorney   | /?                    |            |                            |   |  |
| 🗌 Yes 🛛 No 🗌 Judicia  | al Officer/State Atto | orney/In   | House/Employee Attorney    |   |  |
| If "Yes", check each category of legal fees of more than \$10,000   |                       | n in whicl | h you or the law firm with | which you are affiliated has earned                               |  |
| □ Administrative  | □ Admiralty           |            | Corporate                  | Criminal  |  |
| Decedent's Estates  | Environment           | al         | □ Insurance                | Labor   |  |
| Local Government  | 🗌 Real Propert        | У          |                            | □ Tax   |  |
| Tort litigation (including Distribution D |                       |            | $\Box$ Other category no   | t listed  |  |
| 11. During 2023, were you a licensed professional (other than an attorney) or did you provide consulting services individually or as a member of a professional association for which you charged or were paid over \$10,000?   |                       |            |                            |   |  |
| 🗌 Yes 🛛 No  |                       |            |                            |   |  |
| Type of Busines   | s                     |            | Nature of Serv             | ices Rendered   |  |
|   |                       |            |                            |   |  |

12. Are you or your employer, or any members of your immediate family, or their employers currently:

- licensed by the State board or agency with which you are or will be associated or
- regulated by the State board or agency with which you are or will be associated or
- in a business relationship with the State board or agency with which you are or will be associated?

 $\Box$  Yes  $\boxtimes$  No  $\Box$  Legislator/Judicial Officer - You are not required to complete this question if you are filing solely because you are a legislator or judicial officer or as a candidate or appointee to those offices.

| Name of Per   | son              | Name of Emp                          | oloyer             | Type of Relationship      |                              |  |
|---|------------------|--------------------------------------|--------------------|---------------------------|------------------------------|--|
|   |                  | (if applicat                         | ole)               | (Licensing,               | Regulatory, Business         |  |
|   |                  |                                      |                    |                           |                              |  |
| 13. Have you or a mer<br>months preceding y   |                  | immediate family been ro<br>is form? | egistered as a lo  | obbyist or lobb           | yist principal within the    |  |
| 🗆 Yes 🛛 No  |                  |                                      |                    |                           |                              |  |
| Name of Lobb  | oyist            | Lobbyist's Prir                      | ncipal             | Date of<br>Registratio    | Registration<br>n Expiration |  |
|   |                  |                                      |                    |                           |                              |  |
| Other Disclosures   |                  | ·                                    | •                  |                           | ·                            |  |
| 14. During 2023, after y  | ou were appo     | inted, employed, or filed            | or were nominat    | ed as a candida           | ate, did you                 |  |
| <ul> <li>receive any "gift(s</li> </ul>   | s)" exceeding s  | \$200 per quarter from a p           | person or group of | of persons actir          | ng together,                 |  |
| <ul> <li>when both you an</li> </ul>  | d those perso    | n(s) were outside North C            | Carolina,          |                           |                              |  |
| under circumstan  | ces that would   | lead a reasonable persor             | n to conclude the  | e gifts were give         | en for lobbying?             |  |
|   |                  |                                      |                    |                           |                              |  |
| To answer Yes, al   | l three conditio | ons must apply                       |                    |                           |                              |  |
| 🗌 Yes 🛛 No  |                  |                                      |                    |                           |                              |  |
| Do not report gifts given by the provide the provident of the provident | ven by membe     | ers of your extended fami            | ly.                |                           |                              |  |
| ▶ Do not report gifts yo  | ou have previo   | usly reported on the "Exp            | ense Report for    | Exempted Pers             | ons."                        |  |
| Date Item Received     Name and Address of Donor(s)   |                  | Describe Iter                        | m Received         | Estimated Market<br>Value |                              |  |
|   |                  |                                      |                    |                           |                              |  |

15. During 2023, after you were appointed, employed, or filed or were nominated as a candidate, did you

- accept a "scholarship" exceeding \$200 related to your public position from a person or group of persons acting together,
- when those person(s) were outside North Carolina?

To answer Yes, both conditions must apply

A "scholarship" is a grant-in-aid, either direct or indirect, to attend a conference, meeting, or similar event, including tuition, travel, lodging, meals, and other similar expenses.

 $\boxtimes$  Yes  $\square$  No  $\square$  Judicial Officer - You are not required to complete this question if you are filing solely because you are a legislator or judicial officer or as a candidate or appointee to those offices.

- ▶ Do not report gifts you have previously reported on the "Expense Report for Exempted Persons."
- Legislators are not required to report scholarships paid by a nonpartisan legislative organization of which the legislator or the General Assembly is a member, participant, or affiliate.

| State Treasurer, Department of |  |   |                           |  |  |
|--------------------------------|--|---|---------------------------|--|--|
| Date of<br>Scholarship         | Name and Address of Donor(s)   | Describe Event  | Estimated Market<br>Value |  |  |
| 08/27/2023                     | State Financial Officers Foundation<br>13851 W. 63rd Street Suite 400<br>Shawnee, KS 66216 | SFOF National Meeting   | \$1,392.32                |  |  |
| 04/24/2023                     | State Financial Officers Foundation<br>13851 W. 63rd Street Suite 400<br>Shawnee, KS 66216 | SFOF National Meeting   | \$1,424.00                |  |  |
| 09/05/2023                     | ValueEdge Advisors, LLC<br>111 Commerical Street, Suite 302<br>Portland, MA 04101          | Attended the 2023 ValueEdge<br>Advisors, LLC Public Funds Forum | \$800.00                  |  |  |

16. Have you been appointed or considered for appointment to a covered board by the Governor or another Council of State member?

Secretary of State

Commissioner of Labor

Superintendent of Public Instruction

#### Council of State members are:

► Governor

- Lt. GovernorState Treasurer
- State Auditor

Attorney General

- ► Commissioner of Agriculture
- ► Commissioner of Insurance
- 🗌 Yes 🛛 No

If "Yes," list all contributions you made in 2023 with a cumulative total of more than \$1,000 to the Council of State member who appointed you. Do not include contributions from immediate family members.

Contributions are defined broadly in N.C.G.S. 163-278.6(6) and include "any advance, conveyance, deposit, distribution, transfer of funds, loan, payment, gift, pledge or subscription of money or anything of value whatsoever."

| Date | Amount | Contributed to |
|------|--------|----------------|
|      |        |                |

| 17. Are you an appointee or prospe  | ctive appointee as: |                             |                             |                                 |
|---|---------------------|-----------------------------|-----------------------------|---------------------------------|
| <ul> <li>a. the head of a principal state department (e.g., cabinet secretary) appointed by the Governor; or</li> <li>b. a North Carolina Supreme Court Justice, Court of Appeals, Superior or District Court Judge; or</li> </ul>  |                     |                             |                             |                                 |
| <ul> <li>c. a member of any of the following boards:</li> <li>ABC Commission</li> <li>Coastal Resources Commission</li> <li>State Board of Education</li> <li>State Board of Elections</li> <li>Division of Employment Security</li> <li>Environmental Management Commission</li> <li>Industrial Commission</li> <li>Human Resources Commission</li> </ul>  |                     |                             |                             | ⊠ No<br>D,″ proceed to<br>n 18. |
| <ul> <li>Rules Review Commission</li> <li>Board of Transportation</li> <li>Utilities Commission</li> <li>Wildlife Resources Commission</li> </ul>   |                     |                             |                             |                                 |
| d. If yes, were you appointed or are you being considered for appointment to that<br>position by a Council of State member?   |                     |                             | ☐ Yes<br>If "No<br>question |                                 |
| <ul> <li>e. If yes, you must indicate whether during 2023 you engaged in any of the following activities with respect to or on behalf of the candidate or campaign committee of the Council of State member who appointed you:</li> <li>i. Collected contributions from multiple contributors, took possession of such multiple contributions, and transferred or delivered those collected contributions to the candidate or committee?</li> </ul> |                     |                             | 🗆 Yes                       | □ No                            |
| ii. Hosted a fundraiser at your residence or place of business?   |                     |                             | 🗆 Yes                       | 🗆 No                            |
| iii. Volunteered for campaign-related activities, including phone banks, event<br>assistance, mailings, canvassing, surveying, or any other activity that advances<br>the campaign of a candidate?  |                     |                             | 🗌 Yes                       | 🗆 No                            |
| <ul> <li>18. Have you ever been convicted of a felony for which you have not received either: (i) a pardon; or (ii) an order of expungement?</li> <li>Yes X No</li> </ul>   |                     |                             |                             |                                 |
| Offense   | Date of Conviction  | <b>County of Conviction</b> | State                       | e of Conviction                 |
|   |                     |                             |                             |                                 |
| <ul> <li>19. Are you aware of any other information that <i>you believe</i> may assist the Ethics Commission in advising you concerning your compliance with the State Government Ethics Act?</li> <li>□ Yes</li></ul>  |                     |                             |                             |                                 |
|   |                     |                             |                             |                                 |

#### Affirmation

The information provided in this Statement of Economic Interest and any attachments are true, complete, and accurate to the best of my knowledge and belief.

I have not transferred, and will not transfer, any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest.

I understand that my Statement of Economic Interest and any attachments except for the Confidential Form regarding Unemancipated Children are public records.

I have read and understand the following statutes:

N.C.G.S. § 138A-26. Concealing or failing to disclose material information.

A filing person who knowingly conceals or knowingly fails to disclose information that is required to be disclosed on a statement of economic interest . . . shall be guilty of a Class 1 misdemeanor and subject to disciplinary action under G.S. 138A-45.

N.C.G.S. § 138A-27. Penalty for false information.

A filing person who provides false information on a statement of economic interest . . . knowing that the information is false is guilty of a Class H felony and shall be subject to disciplinary action under G.S. 138A-45.

#### I affirm under penalty of perjury that the foregoing is true and correct.

Filed Electronically

Signature

01/23/2024 Date

Dale R Folwell

**Printed Name**