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.

RECEIVED
2018 APR 30 PM 4:37

1. Committee Information

a. Full Name
E Layba For Sheriff

b. Mailing Address (include City, State and Zip Code)
2631 Crosland Hills Dr.
Winston Salem, NC 27106

c. ID Number

d. Date Filed
2/13/18

e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2018	1/1/18	4/21/18	Shannon Blotzer

6. Type of Committee (Check One)

- ☑ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

7. Type of Fund (*if applicable, check one*)

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report (*check only one type of report from one category*)

Municipal
- ☐ Organizational
- ☐ Thirty-five day
- ☐ Pre-primary
- ☐ Pre-election
- ☐ Pre-runoff
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

State/County
- ☑ Organizational
- Quarterly
  - ☐ First
  - ☐ Second
  - ☐ Third
  - ☐ Fourth
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

Referendum
- ☐ Organizational
- ☐ Pre-referendum
- ☐ Final
- ☐ Supplemental Final
- ☐ Annual
- ☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
Suntrust

b. Purpose
For all campaign expenses

c. Account Code
Sheriff 2018

d. Period Begin Balance
$ 41.68

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance
$

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 of Elections.

Printed Name of Signer	Signature of Appointed Treasurer	Date
Shannon Blotzer		4/29/18

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.

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
E Leyba for sheriff	1st Quarter	

Start of Election Cycle: January 1, 2018		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 41.68	$
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 60.00	$ 60.00
6) Contributions from Individuals	*(CRO-1210)*	$ 2,665.87	$ 3387,27
7) Contributions from Political Party Committees	*(CRO-1220)*	$ —	$ —
8) Contributions from Other Political Committees	*(CRO-1230)*	$ —	$ —
9) Loan Proceeds	*(CRO-1410)*	$ —	$ —
10) Refunds/Reimbursements to the Committee	*(CRO-1240)*	$ —	$ —
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$ —	$ —
11b) Contributions from Not-For-Profit Organizations	*(CRO-1250)*	$ —	$ —
11c) Outside Sources of Income	*(CRO-1250)*	$ —	$ —
11d) Legal Expense Fund - Other Sources	*(CRO-1270)*	$ —	$ —
11e) Exempt Purchase Price Sales	*(CRO-1265)*	$ —	$ —
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		$ 2725.87	$ 3447.27
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 1391.83	$ 1391.83
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$ —	$ —
13c) Coordinated Party Expenditures	*(CRO-1310)*	$ —	$ —
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$ —	$ —
15) Loan Repayments	*(CRO-1420)*	$ —	$ —
16) Refunds/Reimbursements from the Committee	*(CRO-1320)*	$ 61.00	$ 61.00
17) In-Kind Contributions	*(CRO-1510)*	$ 565.87	$ 1,245.59
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2024.70	$ 2704.42
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 742.85	$ 742.50
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$ —	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$ —	
22) Debts and Obligations owed by the Committee	*(CRO-1610)*	$ —	
23) Debts and Obligations owed to the Committee	*(CRO-1620)*	$ —	
24) Account Transfers Within the Committee	*(CRO-1720)*	$ —	
25) Administrative Support	*(CRO-1710)*	$ —	$ —
26) Forgiven Loans	*(CRO-1440)*	$ —	$
27) 48-Hour Notice Reports Sum	*(CRO-2220)*	$ —	$ —
28) Contributions to be Refunded	*(CRO-1215)*	$ —	$ —

Aggregated Contributions from Individuals

Page 1 of 1

Amendment ☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable) E. Leyba for Sheriff

2. ID Number

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☑ Add ☐ Remove		check	—	3/23/18	$ 40.00
☑ Add ☐ Remove		cash	–	3/23/18	$ 20.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 60.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 60.00

CRO-1205 NC State Board of Elections April 2007

Contributions from Individuals

Pg 1 of 2

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)	**2. ID Number**
E. Leyba for Sheriff	

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Job Title/Profession**	**d. Comments**	
Lynn Ray 6170 Quinn St Clemmons NC 27012 336-682-4761	Realtor		
	c. Employer's Name/Specific Field	**e. Election Sum to Date**	
	Remax	$ 100.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—		$ 100.00
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Job Title/Profession**	**d. Comments**	
Tom Brock 3250 Coral Garden Ln W/S NC 27106 336-830-8181	Attorney		
	c. Employer's Name/Specific Field	**e. Election Sum to Date**	
	Brock & Scott PLLC	$ 2000.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		check	—	3/16/18	$ 2000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Job Title/Profession**	**d. Comments**	
Ernie Leyba 2631 Crosland Hills Dr W/S NC 27106 336-782-0454	truck driver		
	c. Employer's Name/Specific Field	**e. Election Sum to Date**	
	Harris Teeter	$	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		credit card	website transfer	03/13/2018	$ 8.17
☐		credit card	domain transfer	03/12/2018	$ 21.34
☐		credit card	business cards	03/02/2018	$ 43.99

4. Total only this Page	$ 2173.50
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Pg 2 of 2

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) E. Leyba for Sheriff	2. ID Number

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Ernie Leyba (cont)	b. Job Title/Profession truck driver	d. Comments
	c. Employer's Name/Specific Field Harris Teeter	e. Election Sum to Date $

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		credit card	banners	04/11/2018	$ 189.63
☐		credit card	campaign signs business/postcards	04/12/2018	$ 302.74
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	e. Election Sum to Date $

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	e. Election Sum to Date $

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

4. Total only this Page	$ 492.37
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2665.87

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)
E. Leyba for Sheriff

2. ID Number

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
A1 Van's Advertising Company
3290 Vans Dr
Burlington NC 27215

b. Coordinated Committee Name

c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments

e. Election Sum to Date $ 1,138.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	credit card	B	04/05/2018	$ 1,138.00	yard signs
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Office Max
140 Stratford Commons Ct.
W/S NC 27103
336-774-0171

b. Coordinated Committee Name

c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments

e. Election Sum to Date $ 87.10

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	credit card	B	04/13/2018	$ 87.10	Flyers
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Dollar General
4617 Yadkinville Rd
Pfafftown, NC 27040
336-923-0089

b. Coordinated Committee Name

c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments

e. Election Sum to Date $ 12.60

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	credit card	K	04/15/2018	$ 12.60	balloons & ribbons
				$	

5. Total only this Page $ 1237.70

6. Total of ALL CRO-1310 Pages $

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

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			

*** Codes require detailed explanation in required remarks field (k)**

Disbursements

Pg 2 of 2

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)	2. ID Number

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Creative Signs Solutions Inc 3320 Silas Creek Pkwy Suite 100 W/S NC 27103 336-774-7977	b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	d. Comments e. Election Sum to Date $ 160.13

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Credit card	F	04/20/2018	$ 160.13	T-shirts
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	d. Comments e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	d. Comments e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page	$ 160.13
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 1,397.83

7. Purpose Codes (List detailed expenditure code in (h.) above)

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			

*** Codes require detailed explanation in required remarks field (k).**

Refunds/Reimbursements From the Committee

Pg ____ of ____

Amendment ☐ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)
E Leuba for Sheriff

2. ID Number

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Shan Blotzer
2411 Circle St
Wilmington NC

d. Type of Committee ☑ Candidate ☐ PAC ☐ Referendum ☐ Party

e. Level Registered ☐ Federal ☒ County: ☐ State ☐ Municipality:

f. Purpose Code L

h. Original Receipt Date 3/13/18

i. Original Receipt Amount $ 61.00

j. Election Sum to Date $ 61.00

b. Job Title/Profession Web designer

c. Employer's Name/Specific Field self-employeed

g. Comments

k. Account Code

l. Form of Payment check

m. Required Remarks

n. Date (mm/dd/yyyy)

o. Amount $

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

d. Type of Committee ☐ Candidate ☐ PAC ☐ Referendum ☐ Party

e. Level Registered ☐ Federal ☐ County: ☐ State ☐ Municipality:

f. Purpose Code

h. Original Receipt Date

i. Original Receipt Amount $

j. Election Sum to Date $

b. Job Title/Profession

c. Employer's Name/Specific Field

g. Comments

k. Account Code

l. Form of Payment

m. Required Remarks

n. Date (mm/dd/yyyy)

o. Amount $

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

d. Type of Committee ☐ Candidate ☐ PAC ☐ Referendum ☐ Party

e. Level Registered ☐ Federal ☐ County: ☐ State ☐ Municipality:

f. Purpose Code

h. Original Receipt Date

i. Original Receipt Amount $

j. Election Sum to Date $

b. Job Title/Profession

c. Employer's Name/Specific Field

g. Comments

k. Account Code

l. Form of Payment

m. Required Remarks

n. Date (mm/dd/yyyy)

o. Amount $

4. Total only this Page $ 61.00

5. Total of ALL CRO-1320 Pages $ 61.00
(This line must be on line 16 of Detailed Summary Page CRO-1100)

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind O* Other
*** Codes require detailed explanation in required remarks field (m)**

In-Kind Contributions

Pg 1 of 1

Amendment ☐ Yes ☒ No

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)	**2. ID Number**
E. Leyba For Sheriff	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Type of Contributor**	**c. Comments**
Ernie Leyba 2631 Crosland Hills Dr. W/S NC 27106 336-782-0454	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ ↓

e. Description	**f. Date (mm/dd/yyyy)**	**g. Fair Market Amount**
website transfer	03/13/2018	$ 8.17
domain transfer	03/12/2018	$ 21.34
business cards	03/02/2018	$ 43.99

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Type of Contributor**	**c. Comments**
Ernie Leyba (cont.)	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 1,287.27

e. Description	**f. Date (mm/dd/yyyy)**	**g. Fair Market Amount**
banners	04/11/2018	$ 189.63
campaign signs, business cards & postcards	04/12/2018	$ 302.74
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Type of Contributor**	**c. Comments**
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $

e. Description	**f. Date (mm/dd/yyyy)**	**g. Fair Market Amount**
		$
		$
		$

4. Total only this Page	$ 565.87
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 565.87