

# Statement of Organization - Candidate Committee

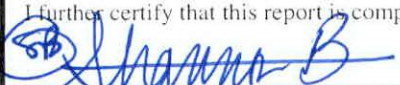
Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amended, only re-submit if applicable).

FORSYTH COUNTY  
OFFICE OF ELECTIONS

Amendment

☒ Yes ☐ No

|                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                          |                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>1. Committee Information</b>                                                                                                                                                                                                                                                                               |                                                 |                                                                                                                          |                                                                                                   |
| a. Full Name<br><b>Leyba for Sheriff</b>                                                                                                                                                                                                                                                                      |                                                 | c. ID Number                                                                                                             |                                                                                                   |
| b. Mailing Address (include City, State and Zip Code)<br><b>2631 Crosland Hill Dr<br/>Winston Salem, NC 27106</b>                                                                                                                                                                                             |                                                 | d. Date Organized                                                                                                        |                                                                                                   |
|                                                                                                                                                                                                                                                                                                               |                                                 | e. Phone Number<br><b>336-782-0454</b>                                                                                   |                                                                                                   |
| <b>2. Candidate Information</b> <input type="checkbox"/> Candidate's Primary Committee                                                                                                                                                                                                                        |                                                 |                                                                                                                          |                                                                                                   |
| a. Full Name<br><b>Ernie Leyba</b>                                                                                                                                                                                                                                                                            |                                                 | e. Candidate ID Number<br><b>8CQ527</b>                                                                                  | f. Party Affiliation<br><b>Republican</b><br><small>(Indicate Non-partisan if applicable)</small> |
| b. Mailing Address (include City, State, and Zip Code)<br><b>2631 Crosland Hill Dr<br/>Winston Salem, NC 27106</b>                                                                                                                                                                                            |                                                 | g. Office Sought<br><b>Sheriff</b>                                                                                       |                                                                                                   |
| c. Phone Number<br><b>336-782-0454</b>                                                                                                                                                                                                                                                                        | d. Email Address<br><b>police-k51@yahoo.com</b> | h. Next Election Year                                                                                                    | i. Jurisdiction                                                                                   |
| <input checked="" type="checkbox"/> Email copy of notices                                                                                                                                                                                                                                                     |                                                 |                                                                                                                          |                                                                                                   |
| <b>3. Treasurer Information</b>                                                                                                                                                                                                                                                                               |                                                 | <b>4. Custodian of Books Information</b>                                                                                 |                                                                                                   |
| a. Full Name<br><b>Shannon Blotzer</b>                                                                                                                                                                                                                                                                        |                                                 | a. Full Name                                                                                                             |                                                                                                   |
| b. Mailing Address (include City, State, and Zip Code)<br><b>2631 Crosland Hill Dr<br/>Winston Salem, NC 27106</b>                                                                                                                                                                                            |                                                 | b. Mailing Address (include City, State, and Zip Code)                                                                   |                                                                                                   |
| c. Phone Number<br><b>919-649-4394</b>                                                                                                                                                                                                                                                                        | d. Email Address<br><b>sblotz@gmail.com</b>     | c. Phone Number                                                                                                          | d. Email Address                                                                                  |
| I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices                                                                                                                                                       |                                                 |                                                                                                                          |                                                                                                   |
| <b>5. Assistant Treasurer Information</b>                                                                                                                                                                                                                                                                     |                                                 | <b>6. Account Information</b> <small>(incl. CRO-3500)</small>                                                            |                                                                                                   |
| a. Full Name                                                                                                                                                                                                                                                                                                  |                                                 | a. Financial Institution Full Name<br><b>Suntrust Bank</b>                                                               |                                                                                                   |
| b. Mailing Address (include City, State, and Zip Code)                                                                                                                                                                                                                                                        |                                                 | b. Purpose<br><b>Campaign Account</b>                                                                                    |                                                                                                   |
| c. Phone Number                                                                                                                                                                                                                                                                                               | d. Email Address                                | c. Account Code<br><b>Leyba 2018</b>                                                                                     | d. Type<br><b>Checking</b>                                                                        |
| <input type="checkbox"/> Email copy of notices                                                                                                                                                                                                                                                                |                                                 |                                                                                                                          |                                                                                                   |
| <b>CERTIFICATION</b>                                                                                                                                                                                                                                                                                          |                                                 |                                                                                                                          |                                                                                                   |
| 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. |                                                 |                                                                                                                          |                                                                                                   |
| <br>Printed Name of Signer<br><b>Shannon Blotzer</b>                                                                                                                                                                       |                                                 | <br>Signature of Appointed Treasurer |                                                                                                   |
|                                                                                                                                                                                                                                                                                                               |                                                 | Date<br><b>7/22/18</b>                                                                                                   |                                                                                                   |