FORSYTH COUNTY BOARD OF ELECTIONS

2018 JUL 24 PM 1:30

RECEIVED

Statement of Organization - Candidate Committee

Amendment ☑ Yes ☐ No

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 applicable, only re-submit if applicable).

1. Committee Information

a. Full Name	c. ID Number
E Leyba for Sheriff	
b. Mailing Address (include City, State and Zip Code)	**d. Date Organized**
2631 Crosland Hill Dr Winston Salem, NC 27106	
	e. Phone Number
	336-782-0454

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Ernie Leyba	8CQ527	Republican (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	**g. Office Sought**	
2631 Crosland Hill Dr Winston Salem, NC 27106	Sheriff	
c. Phone Number / **d. Email Address**	**h. Next Election Year**	**i. Jurisdiction**
336-782-0454 / police-k51@yahoo.com		

☑ Email copy of notices

3. Treasurer Information

a. Full Name	
Shannon Blotzer	
b. Mailing Address (include City, State, and Zip Code)	
2631 Crosland Hill Dr Winston Salem, NC 27106	
c. Phone Number / **d. Email Address**	
919-649-4394 / slblotz@gmail.com	

I prefer to receive notices by email ☑ Yes ☐ No

4. Custodian of Books Information

Amended

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number / **d. Email Address**	

☐ Email copy of notices

5. Assistant Treasurer Information

☐ Add ☐ Remove

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number / **d. Email Address**	

☐ Email copy of notices

6. Account Information (incl. CRO-3500)

☐ Add ☐ Remove

a. Financial Institution Full Name	
Suntrust Bank	
b. Purpose	
Campaign Account	
c. Account Code	**d. Type**
Leyba 2018	Checking

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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
Shannon Blotzer	Shannon Blotzer	7/22/18