Disclosure Report Cover Use this form for general report and committee information, must be signed and submitted apong with other detailed forms.

1. Committee Information		2010 1111 01 04	
a. Full Name		2018 JUL 24 PM	4:30
E. Leyba for Sh b. Mailing Address (include City, State and Zip Cod	eriff	PECEIVE	
b. Mailing Address (include City, State and Zip Cod	e)		d. Date Filed
2631 Crosland Hill C)r		
Winston Salem, NC	27106		e. Phone Number
2. Report Year 3. Period Start Date (mm/de	I/yy) 4. Period I	End Date (mm/dd/yy) 5. Trea	surer Full Name
2018 04/22/18		30/18 She	annon Blotzer
6. Type of Committee (Check One)		ort (check only one type of	report from one category)
Candidate Campaign Party PAC Referendum	Municipal	State/County	Referendum
PAC Referendum Independent Expenditure Joint Fundraiser	Organizationa		Organizational
Legal Expense Fund	Thirty-five da	_	Pre-referendum
Legal Expense Fund	Pre-election	First Second	Final
7. Type of Fund (if applicable, check one)	Pre-runoff	Third	Supplemental Final
Booster Fund	Semi-annual	Fourth	Special
Building Fund	Mid Yea		opecial
	Year End	d Mid Year	10. Special Report Name
Other:	🔲 Final	Year End	
8. Number of Fundraisers this Report	Special	Final	
Ø		Special	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	e
Suntrust			
b. Purpose c. Account Co		b. Purpose	c. Account Code
for all campaign Leybaz expenses d. Period Begin	2018		
expenses d. Period Begi	in Balance		d. Period Begin Balance
s 74	2.85		\$
CERTIFICATION	10-		φ
I certify that the Committee or Fund is in compli of the NC General Statutes and that no funds are report is complete, true and correct and that I ha	commingled with	prohibited or other non-disclose	ed funds. I further certify that this
Shannon Blotzey Printed Name of Signer	Sha	White the surer	
FOR OFFICE USE ONLY			
Date Received: 72418	_ Employ	vee:	Delivery Method Normal Mail
Date Postmarked:	_ Employ	/ee:	Registered Mail
Date Scanned:	_ Employ	/ee:	Electronically Filed
Date Data Entered:	_ Employ	/ee:	Signer has not received mandatory training
Please Note: This form cannot be used	to amend comm	ittee information such as the	committee address, treasurer,
		information, or account info	
You must amend the Statement			
CRO-1000	NC State Boar	d of Elections	August 2008

Amendment	
Yes	No

Detailed Summary 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	
Eleyba for Sheriff	2nd (anarser		
Start of Election Cycle: January 1, 2018	_	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 142.85	\$	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 60.00	
6) Contributions from Individuals	(CRO-1210)	\$ 800.00	\$ 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)	\$ 61.00	\$	
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,	IId and IIe)	\$ 861.00	\$ 3,447.27	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 1,564.85	\$ 1,397.83	
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	
17) In-Kind Contributions	(CRO-1510)	\$	\$ 1.245.59	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	i, 16 and 17)	\$ 1,564.85	5 \$ 2,704.42	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 39.00	\$ 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)	\$	\$ -	
A REAL PROPERTY OF THE RE	(CRO-1215)	\$	\$	
CRO-1100 NC State Board	d of Elections		August 2008	

		rom Individua		Pg contributions unc	ler \$50 if form C	Amendment Yes No RO 1205 is not used		
1. Con	nmittee Full Nar	ne (and Fund if app	licable)			2. ID Number		
E	Leuba:	for Shen	iff					
3. Con	tributor Inform	ation		Add 🔲 Re	move			
	ame, Mailing Addr	d. Comments						
(include city, state, & zip) transporter								
Employer's Name/Specific Field						-		
-		land Hill f		Havris	Teeter	-		
W	inston Sal	em, NC 27	106	(JUNICS	hest	e. Election Sum to Date		
	1					\$ 100,000		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yy	yy) k. Amount		
	Ley 2018	cash	deposi.	T		\$ 100.00		
						\$		
						\$		
	tributor Inform	and the solution of the soluti			nove			
100 C 100 C 100 C 100 C	ame, Mailing Addro le city, state, & zip)	ess & Phone		b. Job Title/Profes	000	d. Comments		
0	indra Sco	ar lette		car res	Dratun			
-			00	c. Employer's Nam	ne/Specific Field			
5	LO LOU	ntry cure	M	Selfp	mplayed	e. Election Sum to Date		
W	SNC	ntry Club 27104		an. 0	- Junger	\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy			
	Sheriff 2018	check	dorat	ton	04-23-20	x8 \$ 500.00		
						\$		
						\$		
3. Cont	ributor Inform:	ition		Add 🔲 Ren	nove			
1	ame, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes		d. Comments		
and the second se	woi Gall	man		stay at	home mom			
		canypr		c. Employer's Nan	ne/Specific Field			
		1		NL		e. Election Sum to Date		
leu	sisville,	NC 2702	3	NIT	t	\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount		
	Sheriff	check	donatiu	on	04/28/20	18 \$ 200.00		
					- 1 - 1-	\$		
						\$		
4. Tota	al only this Pa	age				\$ 800.00		
and the second se		O-1210 Pages				s 800.00		
(This li	ne must be on line 6	of Detailed Summary Pa	ge CRO-1100)			· au		

CRO-1210

Refunds/Reimbursements To the Committee

of Yes

No No

Pg____

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (a	and Fund if app	licable)	the first the soul		2.1	D Number
E Leyba A	or Shevi	ff				
3. Contributor Informatio	C17.		Add 🗖 Re	move		
a. Full Name, Mailing Address &	2 Phone		d. Type of Comm		g. C	omments
(include city, state, & zip)			Candidate	PAC		
Shon Blotan	-		Referendum			
2,411 0: 10	CL		e. Level Register	County:	h. O	riginal Expenditure Date
Shon Blotzu 2411 Circle Wilmington	>1.		State	Municipality:		3 3 18
Wilmington	NC				i. Or	riginal Expenditure Amt
					\$	61.00
b. Job Title/Profession	c. Employer's Nat	me/Specific Field	f. Purpose			ection Sum to Date
web designer		nglerged	webde	esign	\$	
k. Account Code 1. Form	of Payment	m. In-Kind Desci	ription	n. Date (mm/dd/yy	yy)	o. Amount
Sheriff (check			03/12/2	98	\$ 61.00
3. Contributor Information	Cold II.			move		
a. Full Name, Mailing Address &	Phone		d. Type of Comm		g. C	omments
(include city, state, & zip)		1	Candidate Referendum	PAC Party		
			e. Level Registere		h. O	riginal Expenditure Date
			Federal	County:		
			State	Municipality:		
					i. Or	riginal Expenditure Amt
					\$	
b. Job Title/Profession	c. Employer's Nat	ne/Specific Field	f. Purpose		j. El	ection Sum to Date
					\$	
k. Account Code I. Form	of Payment	m. In-Kind Desci	ription	n. Date (mm/dd/yy	yy)	o. Amount
						\$
3. Contributor Information	n		Add 🗖 Re			
a. Full Name, Mailing Address &	Phone		d. Type of Comm		g. C	omments
(include city, state, & zip)			Candidate	PAC		
			e. Level Registere		1.0	riginal Expenditure Date
			Federal	County:	n. O	riginal Expenditure Date
			State	Municipality:		
					i. Or	riginal Expenditure Amt
					\$	
b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose					j. Election Sum to Date	
					\$	
k. Account Code	of Payment	m. In-Kind Desci	ription	n. Date (mm/dd/yy	(vv)	o. Amount
a recourt code a round				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	201	\$
				1		(1.00
4. Total only this Page					\$	61.00
5. Total of ALL CRO- (This line must be on line 10 of		Page CRO-1100)			\$	61.00
CRO-1240			ard of Elections			December 2007

Disbursements

Pg

Amendment

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures D No

1. Committee	Full Name (and Fu	nd if applicable)			Sector And	
ELe	yba for	Shevit	Ŧ			CHINE AND	2. ID Number
3. Type of Dis	sbursement (Plea	se use separate (RO.13	10 forms for	anal ton Cr		
Operating Ex	and the second se	ontributions to Candi	dates/Pol	tical Committee	and the second s	and the second se	The property of the property o
4. Payee Infor	the second s	Carlo to Current	Garcari On	Add	Remove	Coordinat	ed Party Expenditures
a. Full Name, 1	Mailing Address & F	hone			ted Committee N		
(include city, stat	e, & zip)			b. Cooruma	tea Committee N	ame	d. Comments
Suntru	st						
	Leynolda R	d		c. Level Reg	istered (Specify)	y:	
W-S.N	C'27106			State	Munic	cipality:	e. Election Sum to Date
							\$ 3.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
Shur Floors	cash	K	04	20/2028	\$ 3.00		ter statement-fee
					\$		146
4. Payee Inform			Caller T	Add 🗖	Remove	- Annual Contraction	
	ling Address & Phone			All and a second	ed Committee Na	me	l. Comments
(include city, sta	nte, & zip)						. comments
Poster N	y wall . cor	n					
	ilsuc			- Bernard	stered (Specify)		
COU M	isue	21 1 1 2		Federal	County County	_	
969-GE	dgewarter B	IVd # 86	0	L State	Munici	ipality: e	. Election Sum to Date
forest C	dgewarter B	f04					\$ 7.99
. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)	i Amount	Ik Par	uired Remarks
sheviffzors	card	1			\$ 7.99	R. Ret	ureo Kemarks
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					\$		•
A. Payee Inform					Remove		
(include city, sta	ing Address & Phone			b. Coordinate	d Committee Nar	ne d	. Comments
Office 1	May			a Loval Dagin	1/6		
146 Stra	attors Com	mons Ct		Federal	tered (Specify)		
110 0	11 2710	(226)-7	ni	State			Election Sum to Date
W-SIN	10 27103	(350)-1	14-		Brand Artesticity		
		0171					s 53,00
Account Code	g. Form of Payment	h. Purpose Code	i. Date (i	nm/dd/yyyy) j	j. Amount	k. Requ	uired Remarks
sheriff Zors	Card	K	05/	52/2018	\$ 153.00	1 Fl	Vere
					\$	1	40.3
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and the second se	CRO-1310 Pages		-				163.99
		建設設設設設設設 設設				1.10	
(This line goes in	line 13a of Detailed Sum	mary Page CRO-110	00 if Oper	ating Expenses)	5	5
(This line goes in	line 13b of Detailed Sum line 13c of Detailed Sum	mary rage CRO-110	if Cont	rio to Candidate	es/Political Comn	n)	
					xpenaitures)	Contraction of the local division of the loc	
* - Media	des (List detailed B* - Printin						SHOP DOWNERS BEEN
- Salaries	F* - Equipr	0		ndraising			r Candidate
- Postage	J - Penaltie			tical Party fice Expense	H* - Holding Public Office Expense		
* Other	a renance		• • •	nce Expense	CS Q* - D	onation	to Legal Expense Fund
Codes require	e detailed explanation	on in required re	marks	field (k)	Marine College		
RO-1310				d of Elections	and the state of the second second	and the second second	December 2009

Disbursements

2 Pg Yes Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures of D No

Amendment

5

1. Committee	Full Name (and Fu	nd if applicable)				and and the	2. ID Number
State of the local division of the local div	uba for	Shevi	ff				2. Ho Humper
3. Type of Dis		se use separate C	RO-131	0 forms for	each type of Di	shurse	ment)
Operating Ex	penses Co	ontributions to Candi	dates/Poli	tical Committee			ted Party Expenditures
4. Payee Infor			L.	Add	Remove		
a. Full Name, Mailing Address & Phone b. (include city, state, & zip)					ted Committee Na	me	d. Comments
ALVOUD	12 Adulardi			-			
Al vun	's Adverti	sire Co.		c. Level Regi	stered (Specify)		
3290	Vans Dr			Federal	County	r:	
Burling	Vans Dr ton, NC 272	15		State	Munici		e. Election Sum to Date
C. I. J							\$ 1,137.91
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i Amount	h D.	
Sheriff 2018	card	K			\$ 1,137.9	K. Re	equired Remarks
			0010	Jejario		4	yard signs
4. Payee Inform	nation	1	- Pering		\$		U C
	ing Address & Phone			and the subscription of the local division o	Remove		
(include city, sta				b. Coordinate	ed Committee Nan	ne	d. Comments
		1. others 1		-			
acative	Signs So Silas Cree Nite 100	iunons 1	nc	c. Level Regis	tered (Specify)		
3320	Silas Cree	K provy		Federal	County:		-
. Si	ite 100	(336)77	4-	State	Municip	ality:	e. Election Sum to Date
WIS NO	27103	79	17				\$ 160.13
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i Amount	The Real	quired Remarks
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	00.0	-	0.20	55/140	\$ 160.13	1	Shirts
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4. Payee Inform	ng Address & Phone	Martin Steel		second real second second second second	Remove		Sector State Sector
(include city, stat				b. Coordinated	d Committee Nam	ie d	. Comments
Mac & N	PILE						
11021	Country (c 27/04	1. Avd		c. Level Regist	tered (Specify)		
4926	couring (uer ra		Federal	County:		
NIS NI	C TTING	(336) 52	29-	State	Municipa	ality: e	. Election Sum to Date
wis, N	C 21107	6230	5				\$ 35.82
Account Code	g. Form of Payment	the second statement of the se		nm/dd/yyyy) j	Amount	k Rea	uired Remarks
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10	Cart		090				maniful cypense
Total only thi		2-01-11-12-12-12-12-12-12-12-12-12-12-12-12	Martin Contractor	3	þ		
. Total only thi	-			Line Line			\$ 1,333.86
	CRO-1310 Pages						,
(This line goes in l	ine 13a of Detailed Sum	mary Page CRO-110	0 if Open	ating Expenses,)		s
(This line goes in l	ine 13b of Detailed Sum ine 13c of Detailed Sum	mary Page CRO-110	0 if Cont	rib to Candidate	es/Political Comm)	
	des (List detailed of				xpenauures)	Partie dats	
* - Media	B* - Printin	a a contraction of the code	(n.) a	ndraising	D T	And	Castilat
				tical Party			er Candidate Public Office Expenses
- Postage	J - Penaltie			fice Expense	es O*-Do	natio	to Legal Expense Fund
* Other							
Codes require	detailed explanation						
RO-1310		NC S	tate Board	of Elections			December 2009

Disbursements

3 3 of

Amendment Yes Yes

Pg No No Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures