

# 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.

## 1. Committee Information

a. Full Name <u>Legis for Sheriff</u>	c. ID Number <u>5CQ925</u>
b. Mailing Address (include City, State and Zip Code) <u>2631 Crosland Hills Dr</u> <u>Winston-Salem, NC 27106</u>	d. Date Filed <u>05/01/2022</u>
	e. Phone Number <u>336-782-0454</u>

2. Report Year <u>2022</u>	3. Period Start Date (mm/dd/yy) <u>01/01/2022</u>	4. Period End Date (mm/dd/yy) <u>04/30/2022</u>	5. Treasurer Full Name <u>Mark Blotzer</u>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund		<u>2022 AUG 22</u>	
<input type="checkbox"/> Building Fund		<u>ECCE</u>	
<input type="checkbox"/> Other:		<u>11:25</u>	
8. Number of Fundraisers this Report <u>0</u>			

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>First Horizon</u>	a. Financial Institution Full Name	b. Purpose <u>Campaign</u>	b. Purpose
b. Purpose	c. Account Code <u>BDA</u>	c. Account Code	c. Account Code
	d. Period Begin Balance \$ <u>0</u>		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.

Mark Blotzer  
Printed Name of Signer

Mark Blotzer  
Signature of Appointed Treasurer

08/22/2022  
Date

## FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed  <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

**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.