

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

Leyba for Sheriff

c. ID Number

5C8925

b. Mailing Address (include City, State and Zip Code)

2631 Crosland Hills Dr
Winston-Salem, NC 27106

d. Date Filed

e. Phone Number

336-782-0454

2. Report Year

2022

3. Period Start Date (mm/dd/yy)

07-01-2022

4. Period End Date (mm/dd/yy)

10-31-2022

5. Treasurer Full Name

Mark 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

First Horizon

b. Purpose

Campaign

c. Account Code

DDA

d. Period Begin Balance

\$ 120.00

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.

Mark Blotzer

Printed Name of Signer

Mark Blotzer

Signature of Appointed Treasurer

10-25-2022

Date

FOR OFFICE USE ONLY

Date Received:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

☐ 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)

Leybator Sheriff

2. Type of Report

3rd Quarter

3. ID Number

5CB975

Start of Election Cycle: January 1, _____

Total this
Reporting Period

Total this
Election Cycle

4) Cash on Hand at Start

\$ 120.00

\$ 120.00

RECEIPTS

5) Aggregated Contributions from Individuals

(CRO-1205)

\$ 1890.59

\$ 1890.59

6) Contributions from Individuals

(CRO-1210)

\$ 1010.00

\$ 1010.00

7) Contributions from Political Party Committees

(CRO-1220)

\$ 1200.00

\$ 1200.00

8) Contributions from Other Political Committees

(CRO-1230)

\$ 0

\$ 0

9) Loan Proceeds

(CRO-1410)

\$ 0

\$ 0

10) Refunds/Reimbursements to the Committee

(CRO-1240)

\$ 0

\$ 0

11) Other Receipt Sources

11a) Interest on Bank Accounts

(CRO-1250)

\$ 0

\$ 0

11b) Contributions from Not-For-Profit Organizations

(CRO-1250)

\$ 0

\$ 0

11c) Outside Sources of Income

(CRO-1250)

\$ 0

\$ 0

11d) Legal Expense Fund - Other Sources

(CRO-1270)

\$ 0

\$ 0

11e) Exempt Purchase Price Sales

(CRO-1265)

\$ 0

\$ 0

12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)

\$ 4100.59

\$ 4100.59

EXPENDITURES

13) Disbursements

13a) Operating Expenditures

(CRO-1310)

\$ 2441.44

\$ 2441.44

13b) Contributions to Candidates/Political Committees

(CRO-1310)

\$ 0

\$ 0

13c) Coordinated Party Expenditures

(CRO-1310)

\$ 0

\$ 0

14) Aggregated Non-Media Expenditures

(CRO-1315)

\$ 0

\$ 0

15) Loan Repayments

(CRO-1420)

\$ 0

\$ 0

16) Refunds/Reimbursements from the Committee

(CRO-1320)

\$ 0

\$ 0

17) In-Kind Contributions

(CRO-1510)

\$ 0

\$ 0

18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)

\$ 2441.44

\$ 2441.44

19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)

\$ 4100.59

\$ 4100.59

ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees

(CRO-1330)

\$ 0

21) Outstanding Loans (incl. ones from other campaigns)

(CRO-1430)

\$ 0

22) Debts and Obligations owed by the Committee

(CRO-1610)

\$ 0

23) Debts and Obligations owed to the Committee

(CRO-1620)

\$ 0

24) Account Transfers Within the Committee

(CRO-1720)

\$ 0

25) Administrative Support

(CRO-1710)

\$ 0

26) Forgiven Loans

(CRO-1440)

\$ 0

27) 48-Hour Notice Reports Sum

(CRO-2220)

\$ 0

28) Contributions to be Refunded

(CRO-1215)

\$ 0

\$ 0

CRO-1100

NC State Board of Elections

August 2008

Aggregated Contributions from Individuals

Page 1 of 4

Amendment

Yes

☐ No

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

[illegible]

☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)

2. ID Number

Leyba for Sheriff

500925

3. Contributor Information

[illegible]

4. Total only this Page

5. Total of ALL CRO-1205 Pages

(This line must be on line 5 of Detailed Summary Page CRO-1100)

\$ 460.00

\$ 1890.59

Aggregated Contributions from Individuals

Page 3 of 4 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Leuba for Sheriff				509925	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	DDA	Cash	_____	09-03-2022	\$ 20.00
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					DDA
<input type="checkbox"/> Remove	\$				
<input type="checkbox"/> Add	\$				
<input type="checkbox"/> Remove	\$				
<input type="checkbox"/> Add	\$				
<input type="checkbox"/> Remove	\$				
<input type="checkbox"/> Add	\$				
<input type="checkbox"/> Remove	\$				
<input type="checkbox"/> Add	\$				
<input type="checkbox"/> Remove	\$				
<input type="checkbox"/> Add	\$				
<input type="checkbox"/> Remove	\$				
<input type="checkbox"/> Add	\$				
<input type="checkbox"/> Remove	\$				
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 20.00
5. Total of ALL CRO-1205 Pages					\$ 1890.59

CRO-1205

NC State Board of Elections

April 2007

Aggregated Contributions from Individuals

Page 4 of 4

Amendment
☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable) <u>Leyba for Sheriff</u>				2. ID Number <u>500925</u>	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	<u>DDA</u>	<u>Credit</u>	<u>_____</u>	<u>09-03-2022</u>	\$ <u>28.54</u>
<input type="checkbox"/> Remove				<u>04-16-2022</u>	\$ <u>50.00</u>
<input type="checkbox"/> Add				<u>09-16-2022</u>	\$
<input type="checkbox"/> Remove				<u>09-07-2022</u>	\$
<input type="checkbox"/> Add				<u>09-07-2022</u>	\$
<input type="checkbox"/> Remove				<u>09-18-2022</u>	\$
<input type="checkbox"/> Add				<u>09-18-2022</u>	\$
<input type="checkbox"/> Remove				<u>09-17-2022</u>	\$
<input type="checkbox"/> Add				<u>09-17-2022</u>	\$
<input type="checkbox"/> Remove				<u>09-16-2022</u>	\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove				<u>09-16-2022</u>	\$
<input type="checkbox"/> Add				<u>09-20-2022</u>	\$
<input type="checkbox"/> Remove				<u>09-28-2022</u>	\$
<input type="checkbox"/> Add				<u>10-03-2022</u>	\$ <u>50.00</u>
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add		\$			
<input type="checkbox"/> Remove		\$			
<input type="checkbox"/> Add		\$			
<input type="checkbox"/> Remove		\$			
<input type="checkbox"/> Add		\$			
<input type="checkbox"/> Remove		\$			
<input type="checkbox"/> Add		\$			
<input type="checkbox"/> Remove		\$			
<input type="checkbox"/> Add	<u>DDA</u>	<u>Cash</u>	<u>_____</u>		\$
<input type="checkbox"/> Remove					\$
4. Total only this Page				\$ <u>778.54</u>	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)				\$ <u>1890.59</u>	

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	
Leyba for Sheriff				5CQ925	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
William Myron 365-Brookton Dr Winston-Salem NC 27012			Retired / Self Employed		
			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
<input type="checkbox"/>	DDA	Check		07-05-2007	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Marisol Reteria Winston-Salem, NC			Realtor		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Keller Williams		\$ 60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	DDA	Cash		08-10-2007	\$ 50.00
<input type="checkbox"/>	DDA	Cash		08-11-2007	\$ 10.00
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Tom Brock 3750 Coral Garden Ln. Winston-Salem, NC 27106			Attorney		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Brock & Scott		\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	DDA	Check		08-18-2007	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 810.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1010.00

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) Leyba for Sheriff					2. ID Number 508925	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Brad Romine Clemmons, NC				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date \$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DDA	Cash		09-02-2022	\$ 50.00	
<input type="checkbox"/>	DDA	Cash		09-13-2022	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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 \$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DDA	Cash		09-12-2022	\$ 50.00	
<input type="checkbox"/>	DDA	Cash		09-13-2022	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1010.00	

Contributions from Political Party Committees

Use this form to report contributions from a political party

Pg 1 of 1

Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)

Keyba for Sheriff

2. ID Number

3. Contributor Information

☐ Add ☐ Remove

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

FC Republican Women
241 Kernner St
Kernersville, NC 27284

b. Comments

c. Election Sum to Date

\$ 300.00

d. Account Code

e. Form of Payment

f. In-Kind Description

g. Date (mm/dd/yyyy)

h. Amount

DDA

check

08-18-2007

\$ 50.00

DDA

check

08-18-2007

\$ 150.00

\$

3. Contributor Information

☐ Add ☐ Remove

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

FC Republican Party -
300 Jonestown Rd Suite 10
Winston-Salem, NC 27103

b. Comments

c. Election Sum to Date

\$ 1,000.00

d. Account Code

e. Form of Payment

f. In-Kind Description

g. Date (mm/dd/yyyy)

h. Amount

DDA

check

09-20-2007

\$ 1,000.00

\$

\$

3. Contributor Information

☐ Add ☐ Remove

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

b. Comments

c. Election Sum to Date

\$

d. Account Code

e. Form of Payment

f. In-Kind Description

g. Date (mm/dd/yyyy)

h. Amount

\$

\$

\$

4. Total only this Page

\$ 300.00

5. Total of ALL CRO-1220 Pages

(This line must be on line 7 of Detailed Summary Page CRO-1100)

\$ 1,300.00

CRO-1220

NC State Board of Elections

April 2007

Disbursements

Pg 1 of 5 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	
Leyba for Sheriff							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Lowes 935 Hanes Mall Blvd Winston-Salem, NC 27103				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 30.11	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
DDA	Credit	0	07-18-2007	\$ 30.11	Banner Polls		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Lowes 935 Hanes Mall Blvd Winston-Salem, NC 27103				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 80.57	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
DDA	Credit	0	10-04-2007	\$ 46.47	Banner Pole Ties		
DDA	Credit	0	10-07-2007	\$ 34.15	Sign Holders/Stakes		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Vista Print On Line Order				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 297.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
DDA	Credit	0	07-20-2007	\$ 189.34	Bus Cards/Post Cards		
DDA	Credit	0	08-15-2007	\$ 108.31	Mag Post Cards		
5. Total only this Page						\$ 408.33	
6. Total of ALL CRO-1310 Pages						\$ 2441.44	
(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 5 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	
Leyba for Sheriff				5C09125	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Amazon.com On Line Order			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 303.28
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DDA	Credit	0	08-01-2022	\$ 121.43	Banners
DDA	Credit	0	09-16-2022	\$ 181.85	Booth Canopy
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Walmart.com On Line Order			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 120.05
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DDA	Credit	0	08-22-2022	\$ 120.05	Campaign Shirts
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Dummy Place 1022 Leona St Winston-Salem, NC 27107 336-734-3792			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 65.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DDA	Credit	0	08-29-2022	\$ 65.00	Printing
5. Total only this Page					\$ 488.33
6. Total of ALL CRO-1310 Pages					\$ 2441.44
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 3 of 5 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) <u>Leyba for Sheriff</u>						2. ID Number <u>5CQ925</u>	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>Crown Trophy</u> <u>2871 Reynold Rd</u> <u>Winston-Salem, NC 27106</u>				b. Coordinated Committee Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code <u>DDA</u>	g. Form of Payment <u>Credit</u>	h. Purpose Code <u>0</u>	i. Date (mm/dd/yyyy) <u>08-12-2022</u>	j. Amount <u>\$ 699.50</u>	k. Required Remarks <u>Fundraiser Trophies</u>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>Walmart</u> <u>455 Kester Mill Rd</u> <u>Winston-Salem, NC 27103</u>				b. Coordinated Committee Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <u>166.77</u>	
f. Account Code <u>DDA</u>	g. Form of Payment <u>Credit</u>	h. Purpose Code <u>0</u>	i. Date (mm/dd/yyyy) <u>09-02-2022</u>	j. Amount <u>\$ 166.77</u>	k. Required Remarks <u>Catering</u>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>Piedmont Rent A Jon Inc.</u> <u>29160 Griffith Rd.</u> <u>Winston-Salem, NC 27103</u> <u>336-768-2222</u>				b. Coordinated Committee Name <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <u>321.00</u>	
f. Account Code <u>DDA</u>	g. Form of Payment <u>Credit</u>	h. Purpose Code <u>0</u>	i. Date (mm/dd/yyyy) <u>09-02-2022</u>	j. Amount <u>\$ 321.00</u>	k. Required Remarks <u>Port A-Jon</u>		
5. Total only this Page						\$ <u>1186.77</u>	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ <u>2441.44</u>	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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 4 of 5 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	
Leyba for Sheriff					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Lowes University Pkwy Winston-Salem, NC 27105 336-377-3800					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 21.36
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DDA	Credit	D	09-18-2022	\$ 21.36	Metal Stakes
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Cost Co 1085 Hanes Mall Blvd Winston-Salem, NC 27103					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 45.77
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DDA	Credit	D	09-02-2022	\$ 45.77	Batteries/Trash Bag
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
McDonalds 2060 Village Link Rd Winston-Salem, NC 27106					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 15.37
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DDA	Credit	D	09-03-2022	\$ 15.37	Catering
				\$	
5. Total only this Page					\$ 82.50
6. Total of ALL CRO-1310 Pages					\$ 2441.44
(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	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 5 of 5 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) Leyba for Sheriff						2. ID Number 5CQ925	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jimmy Johns 2804 Fairlawn Dr Winston-Salem, NC				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 467.21	
f. Account Code DDA	g. Form of Payment Credit	h. Purpose Code 0	i. Date (mm/dd/yyyy) 09-03-2008	j. Amount \$ 467.21		k. Required Remarks	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Shawn Haliburton Walnut Grove, NC				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 202.00	
f. Account Code DDA	g. Form of Payment Cash	h. Purpose Code 0	i. Date (mm/dd/yyyy) 09-24-2008	j. Amount \$ 202.00		k. Required Remarks	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Krispy Kreme 2595 South Stratford Rd Winston-Salem, NC 27103				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 27.30	
f. Account Code DDA	g. Form of Payment Credit	h. Purpose Code 0	i. Date (mm/dd/yyyy) 10-03-2008	j. Amount \$ 27.30		k. Required Remarks Catering	
5. Total only this Page						\$ 275.51	
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)						\$ 544.44	
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)							