## **Disclosure Report Cover**

Amendment

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					c. ID Number
loum for	Shorif	C			FACONE
b. Mailing Address (include City, St	ate and Zip Code	6)			500925
2631 Crosland Winston-Sal	Hills D	Y			d. Date Filed
Julysolus Cal	Om Al	1 1-10	,		
VVII)STON)-SQI	O11) 10(	2/100	)		e. Phone Number
				-	336-187-0454
2. Report Year 3. Period Star		(yy) 4. Period	End Date (mm/dd/yy)	5. Treasure	r Full Name
The state of the s	3012	10-6	0-2022	Mark	Blotzer
6. Type of Committee (Check Candidate Campaign Par		9. Type of Re	port (check only on	e type of repo	rt from one category)
	ferendum	Municipal	State/County		Referendum
		Organization			Organizational
Legal Expense Fund	nt Fundraiser	Thirty-five da			Pre-referendum
La Logar Expense Pund		Pre-primary	Fire		Final
7. Type of Fund (if applicable	check one)	Pre-election Pre-runoff		ond	Supplemental Final
Booster Fund	, theth one;	Semi-annual	Thi		Annual
Building Fund		Mid Yea	Fou	- 1	Special
		Year En			***
Other:		Final			10. Special Report Name
8. Number of Fundraisers this	Report	Special	Final	r End	
0		Opecia	Special		
11. Account Information			11. Account Inform	nation	
a. Financial Institution Full Name			a. Financial Institution		
First Horizon	$\cap$				· 1994g
b. Purpose	c. Account Cod	le	b. Purpose	le	. Account Code
	TIT	<b>Λ</b>			170 го
Campaign		)F		- 1	T 40
Certificagis	d. Period Begin	Balance		d	. Period Begin Balance
	\$ 1200	0			s O
CERTIFICATION					<b>J</b>
I certify that the Committee or Fur	id is in complia	nce with all appli	cable provisions of Ar	ticle 22A, 22B	& 22D-22M of Chapter 163
of the NC General Statutes and that report is complete, true and correct	t and that I have	commingled with been trained by	prohibited or other no the NC State Board of	n-disclosed fund	ds. I further certify that this
11011			10001	Dioctions.	
MULL BLOTZEN		VVa	IKA KOT -		10-25-2020
Printed Name of Signe	er	Sign	ature of Appointed Treas	urer	Date
FOR OFFICE USE ONLY					
Date Received:		Employ	ee:		ery Method
Date Postmarked:		Employ	ee:	☐ R	ormal Mail egistered Mail
		X3			and Delivered
Date Scanned:		Employe	e:	_ E	lectronically Filed
Date Data Entered:		Employe		- m	igner has not received andatory training
Please Note: This form can	mot be used to	amend commi	ttee information end	as the commi	ittee address trass
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Detailed Summary			Amendment
Use this form to summarize all disclosure reporting forms an	d to total m	onetary information	Yes No
1. Committee Full Name (and Fund if applicable)	2. Type o	f Report	3. ID Number
Leybator Sheritt	130	douater	5CR975
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 120,00	\$ 1211.00
RECEIPTS			1.707
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1890,59	s 1890.59
6) Contributions from Individuals	(CRO-1210)	\$ 1010.00	\$ 1010,00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 1200,00	\$ 1000 00
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	100	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	- 4	\$
11) Other Receipt Sources			9
11a) Interest on Bank Accounts	(CRO-1250)	\$ ()	¢ (O
11b) Contributions from Not-For-Profit Organizations		1/	\$ 0
11c) Outside Sources of Income	(CRO-1250)		\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	sh	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,			\$ Library
EXPENDITURES	rio and rie)	711/1259	3 700059
13) Disbursements	1		
13a) Operating Expenditures	(CRO-1310)	s 2011 411	\$ 21111.04
13b) Contributions to Candidates/Political Committees		\$ (1)	74-111-41
12-) ( !	(CRO-1310)	\$	\$ 0
A) Aggregated New Madia Farmers	(CRO-1315)		\$
5) Loop Beneviments	(CRO-1420)	\$	\$
6) Dofundo/Daimhanna	(CRO-1320)	\$	\$
7) I- 1/- 1 () ( )	(CRO-1510)	\$ 1)	\$
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$ 2441 111	\$ 0000
9) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18	s 4100 20	\$ 7441,44
ADDITIONAL INFORMATION	1	1100,59	13.4100.09
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
1) Outstanding Loans (incl. ones from other campaigns)	CRO-1430)	\$ 1	
2) Debts and Obligations owed by the Committee	CRO-1610)	\$	
1) Dobte and Obligations and I also		\$	
1) Account Therest November 18774	-	\$	
5) Administrative Support	-	\$	\$ ()
TO THE TANK WITH THE TANK WITH	-	\$	1
7) AD TT N. (1) 30	,	\$	\$
3) Contributions to be Refunded S203	-		\$
RO-1100 NC State Board		<u></u>	August 2008

A	ggreg	ated Contr	ributions from	Individuals P	- 1 of L	Amendment Yes					
$\underline{}$	Optional form used to report NC Contributions From Individuals of \$50 or less										
1.	1. Committee Full Name (and Fund if applicable) 2. ID Number										
	Leybafor Sheriff 500925										
3.		utor Informatio	on			JUKIAS					
a.	Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	yy) f. Amount					
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Aggreg	ated Contr	ibutions from	Individuals P	4	Amendment					
Aggregated Contributions from Individuals  Page 2 of Yes No  No  Committee Full Name (and Fig. 1) No.										
1. Commit	1. Committee Full Name (and Fund if applicable)  2. ID Number									
L	Leuna for Sheriff 500935									
	3. Contributor Information									
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Aggreg	Aggregated Contributions from Individuals  Page  Optional form used to report NC Contributions From Individuals of \$50 and the second No.								
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		rom Individua individual contribution		P <sub>{</sub>	der \$50 if form C	Amendment Yes No
1. Con	omittee Full Nar	ne (and Fund if app	licable)	CONTRIBUTIONS UN	ici \$50 ii lotiii C	2. ID Number
	Leubat	arshenff				500925
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10	70000	1 Carlon	/_	c. Employer's Nan	Specific Field	
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Contributions from Individua Use this form to report individual contribution		Pg ontributions and	2 of c	2	Amendment Yes No
1. Committee Full Name (and Fund if appl		Ona ioutions und	iei \$30 ii ioiiii Ci		D Number
Leury for Shopper	-				50002E
3. Contributor Information		Add Re	move		JUNIO S
a. Full Name, Mailing Address & Phone		b. Job Title/Profe	ssion	d. C	omments
(include city, state, & zip)					
Brad Romine		c. Employer's Na	me/Specific Field	1	
Brad Romine Clemmons, NC				e. El	lection Sum to Date
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Contrib	utions from Poli	tical Party Committee	ng _	Amendment
Use this fo	rm to report contribut	ions from a political party	Pg of	Yes No
1. Committ	ee Full Name (and Fun	d if applicable)	2	ID Number
IN	eubators	heriff		10 Number
3. Contribu	tornformation	☐ Add	Remove	
a. Full Name, I	Mailing Address & Phone , state, & zip)			Comments
		14/0va sa		
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341	Reinner .		0.1	Election Sum to Date
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Disburser	ments				Pσ	of <u>5</u>	Amendment  Yes X No
Use this form	to report expenditures	s from the comm	ittee for	operating ex	menses, contrib	utions to c	
committees an	nd coordinated party e	expenditures		open	ponues,		_
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E - Salarios	r - Edmbi	nent	G - POD	itical Party	H* - H	olding Pu	blic Office Expenses

O\* Other

I - Postage

J - Penalties

**K\*** - Office Expenses

Q\* - Donation to Legal Expense Fund

## **Disbursements**

Pg 2 of 5 Amendment No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	full Name (and Fun						2. ID Number
Leu	ba for Si	neriff	the the Benedict of the train	396).1			501925
3. Type of Dish	ursement (Please	e use separate C	RO-131	forms for	each type	of Disburse	ement.)
Operating Exp		ntributions to Candid	lates/Politi	cal Committee	s	Coordina	ted Party Expenditures
4. Payee Inform	AND			Add	Remove		
	lailing Address & Ph	one		b. Coordinat	ted Committ	ee Name	d. Comments
(include city, state,	& zip)						
1 Amaz	con Com			c. Level Regi		cify)	
1 0n/J	ne Order			State		Aunicipality:	e. Election Sum to Date
011-1				/	7	_	\$ 303,28
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. R	equired Remarks
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4. Payee Inform			L	Add	Remove	VIII Y	
(include city, stat	ing Address & Phone			b. Coordinat	ed Committe	ee Name	d. Comments
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nal.	reorder			☐ Federal		ounty:	
Urilir	reurati			State		funicipality:	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. Re	equired Remarks
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4. Payee Inform	nation			Add	Remove		
	ing Address & Phone			b. Coordinate		e Name	d. Comments
(include city, stat	_					- 1 (111111)	w Commons
Dumn	NIDIACO						
	Leonast			c. Level Regis			
1000	reona SI	.10 0-1	07	☐ Federal			
\Wins	ton-Salein	NCZII	U	State	M	unicipality:	e. Election Sum to Date
33	36-734-37	192					\$ 65.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Re	equired Remarks
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5 Total only thi	in De co		-,,	7	φ		. 1100
5. Total only thi						1131.8.71	\$ 468.33
	CRO-1310 Pages						
	line 13a of Detailed Sum						\$ hilitail
	line 13b of Detailed Sum line 13c of Detailed Sum						2441,44
7. Purpose Co		expenditure code			емреници е		
A* - Media	B* - Printin	At the second beautiful as		indraising	D	- To Asset	her Candidate
E - Salaries	F* - Equipa	O .		itical Party			g Public Office Expenses
I - Postage	J - Penaltie			ffice Expens			on to Legal Expense Fund
O* Other	Tr . mr			-			- F
* Codes require	detailed explanation	on in required r	emarks	field (k)	5-TU	3811	Control of the State of the Sta

## Disbursements Pg 3 of 5 Amendment Yes

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  5 CQ 93  3. Type of Disbursement  Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures  4. Payee Information  Add Remove	5
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)  Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures	
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures	
4. Payee Information Add Remove	
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments	
(include city, state, & zip)	
Crown roph	
871 REYNOIG KO	
Winston Scalem, NC 27106 State Municipality: e. Election Sum to Da	ate
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	
DDA Credit 0 08-12-2020 \$169950 Fundlasser Tru	ognies
\$	,
4. Payee Information	
a. Full Name, Mailing Address & Phone  b. Coordinated Committee Name  d. Comments	
(include city, state, & zip)	
Walmart 455 Kester Mill Rd Winston-Salem, NC 27103  C. Level Registered (Specify)  Grounty:  Winston-Salem, NC 27103  C. Level Registered (Specify)  Grounty:  Grounty	
455 Kester Will Red County:	
Municipality: e. Election Sum to Da	ite
100,5	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	
DDA Creant U 09-02-3030\$166.21 Coolening	
\$	
4. Payee Information	
a. Full Name, Mailing Address & Phone  b. Coordinated Committee Name  d. Comments	
(include city, state, & zip)  10 100 mont Rent A Joh Inc.  20100 Griffth Rd.  Winston-Salem NC27103  C. Level Registered (Specify)  Federal County:  Municipality: e. Election Sum to Date County:	to
Winston-Salem NC2/103	ie .
\$321,00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	
DDA (realt 0 19-02-21)3 \$321,00 Port A Jon	
\$	
5. Total only this Page	<del>,</del> —
*110011	
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)	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 Ex I-Postage J-Penalties K*-Office Expenses O*Other  *Codes require detailed explanation in required remarks field (k)	

<b>~</b>					, 1		Amendment		
Disbursem					Pg 🕌	of _	Amendment  Yes No		
Use this form to	report expenditures	from the commit	tee for o	perating exp	penses, contr	ributions	to candidate/political		
	coordinated party ex								
1. Committee I	Full Name (and Fun	d if applicable)					2. ID Number		
	euba tors	Sheritt							
3. Type of Dish		e use separate Ch	7.11.19		C- y-2000 100	Disburs	ement.)		
Operating Exp		ntributions to Candida	ates/Politic			Coordina	ated Party Expenditures		
4. Payee Inform	201. 4 0.1 24			Add	Remove				
	Mailing Address & Ph	one	-5/12	b. Coordinate	ed Committee	Name	d. Comments		
(include city, state,	, & zip)				/				
10006	25				_/				
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1 Danive	25114 4 Pm	1.10 07/0	· - /	Federal	parties.	unty:			
Vilins	Lin-Salem	MUAIIV	2	State	LI Mu	nicipality:			
	356 377-	3800				<u> </u>	\$21,36		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	(mm/dd/yyyy) j. Amount k. Required Remarks					
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					\$				
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	ling Address & Phone			b. Coordinate	ed Committee	Name	d. Comments		
(include city, stat									
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L							\$45,11		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	mm/dd/yyyy)	j. Amount	k. R	Required Remarks		
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(include city, stat	te, & zip)								

dictade city, state	, ec 21p)									
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	OURINI VKW	V	Federal	Stered (Specify)  County:						
I WIIV	Sily	July 17/1	State	Municipa	ality: e. Election Sum to Date					
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	336 377-	3000			_	\$ 31,00				
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	ling Address & Phone			ed Committee Name	d. Comments					
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McDo	molds									
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1 00.00	Villiage Lir Hon-Salem	nkka		Federal	County:					
Wine	for Salem	NC 2710	6	State	Municipa					
						\$ 15,37				
f. Account Code		h. Purpose Code	i. Date (1	mm/dd/yyyy)		k. Required Remarks				
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5. Total only th	nis Page		\$ 83.50							
6. Total of ALI	L 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 Sum	mary Page CRO-11	00 if Coor	dinated Party	Expenditures)					
7. Purpose C	odes (List detailed	expenditure code	in (h.)	above)						
A* - Media			undraising D - To Another Candidate							
	B* - Printin	_			<b>D</b> - To A	Another Candidate				
E - Salaries	B* - Printin F* - Equipm	nent	G - Pol	itical Party	H* - Ho	olding Public Office Expenses				
E - Salaries I - Postage	B* - Printin	nent	G - Pol		H* - Ho					
E - Salaries I - Postage O* Other	B* - Printin F* - Equipn J - Penaltie	<b>nent</b>	G - Pol K* - O	itical Party ffice Expens	H* - Ho	olding Public Office Expenses				
E - Salaries I - Postage O* Other	B* - Printin F* - Equipm	nent s on in required r	G - Pol K* - O	itical Party ffice Expens	H* - Ho	olding Public Office Expenses				

Disbursements					Pg	5	of	5	Amen	 ×	No
CT 41.6		.4			_				44.4	 - Constant	,

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							5CQ925			
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)										
Operating Exp		tributions to Candid	Annual Control of the			MARKET STREET	ted Party Expenditures			
4. Payee Inform	nation			Add	Remove					
a. Full Name, M	failing Address & Ph	one		b. Coordinat	ed Committee Nar	me /	d. Comments			
(include city, state,	, & zip)									
Jimmy Johns 2804 Fairlawn Dr Winston-Salem, NC  c. Level Registered (Specify)  Federal State  County: Municipality: e. Election Sum to Date										
2001										
0004	rairiawn	UV .	Federal State	County Municip	e. Election Sum to Date					
Winsa	ton-Salem,	NC			\$41,21					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	i. Amount	k. R	equired Remarks			
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ויטע	Or CALL		1011	Javo	701	+				
					12					
4. Payee Inform			Ц	Add	Remove	100 P				
a. Full Name, Mail (include city, sta	ling Address & Phone			b. Coordinate	ed Committee Nan	ne /	d. Comments			
(include city, sta	te, & zip)					/				
Ishawr	1 Hallbur	oh		c. Level Regis	stered (Specify)					
2.101	n Haliburi UtGrave,			Federal County:						
I Wain	utitrave,		State	Menicip	e. Election Sum to Date					
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	ing Address & Phone				ed Committee Nan	ne	d. Comments			
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Vinco	1 Vicaino									
1000	l Kreme South Stra	10-101		c. Level Registered (Specify)						
3540	obudh Strai			County:						
Winston-Salem, NC27/03				☐ State	Municip	ality:	e. Election Sum to Date			
0011	wir sacen	1000 // -	•				\$ 27.30			
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					\$		7			
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(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* - Printi F* - Equip	U		ındraising			her Candidate			
E - Salaries	olitical Party H* - Holding Public Office Expenses									
I - Postage										
O* Other  * Codes require detailed explanation in required remarks field (k)										
Cones redmit	c octanion exhibiting	on in required i	CHEMILY	LICIU (K)						