Amendment	

Disclosure Report Cover Do not use this form to update information.

1. Committee Information		A THE REAL PROPERTY OF THE PARTY OF THE PART			
a. Full Name	- 00 20	100 1411	c. ID Number		
Leyba for Sher	1 1 3	1 <u>92 JAN - 9</u> PM 3:00	500925		
b. Mailing Address (include City, State and Zip Cod	le)	TEACH-HS	d. Date Filed		
			01-05-2023 e. Phone Number		
2. Report Year 3. Period Start Date (mm/d	d/vv) 4. Period	End Date (mm/dd/m) 5 T	Peacurer Full Nome		
		End Date (nanomyy) 5. 11			
6. Type of Committee (Check One)	9. Type of Rep	port (check only one type	of report from one category)		
Candidate Campaign Party	Municipal	State/County	Referendum		
PAC Referendum	Organization:	- · · · · · · · · · · · · · · · · · · ·	Organizational		
Independent Expenditure Dioint Fundraiser	Thirty-five da	ay Quarterly	Pre-referendum		
Legal Expense Fund	Pre-primary	First	Final		
There a filler of the second second second	Pre-election	Second Second	Supplemental Final		
7. Type of Fund (if applicable, check one) Booster Fund	Pre-runoff	Third	Annual		
	Semi-annual	Fourth	Special		
Building Fund	Mid Yea				
Other:	Year End	d Mid Year	10. Special Report Name		
	Final	Year End			
8. Number of Fundraisers this Report	Special	Final			
0		Special			
11. Account Information		11. Account Information			
a. Financial Institution Full Name		a. Financial Institution Full N			
First Horizon					
b. Purpose c. Account Co	nde	b. Purpose	c. Account Code		
DI	A				
d. Period Begi	in Balance	1	d. Period Begin Balance		
(amovian \$ 1770	915				
CERTIFICATION	1.0		\$		
<u> </u>					
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 have	commingled with	prohibited or other non-discle	osed funds. I further certify that this		
Mork Blotzer Printed Name of Signer	<u>MCU</u> Sigr	KBAtz	<u>01-01-0003</u>		
FOR OFFICE USE ONLY		The field of the state	Date		
Date Received:	_ Employ	ee:	Delivery Method		
Date Postmarked:	_ Employe	ee:	Registered Mail		
Date Scanned:	_ Employe	ee:	Electronically Filed		
Date Data Entered:	_ Employe		Signer has not received mandatory training		
Please Note: This form cannot be used t	to amend commi	ttee information such as the	e committee address, treasurer		
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.					
	and of ocorro				
You must amend the Statement	of Organization	(CRO-2100A-E) to make a	committee changes		

Detailed Summary			Amendment Yes X No
Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	to total mo		ID Number
Leyba for Sheriff	44	1. Maded	500925
Start of Election Cycle: January 1,	- 2	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1779,15	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ ()	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$	\$
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)	\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ ()	\$ 0
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)	\$	s D
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	lld and lle)		\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 732,83	\$ 1732,83
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 0
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)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ ()	\$ 1
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15			\$ 1733,83
19) Cash on Hand at End (Add lines 4 and 12 together, then sub			\$ 46.32
ADDITIONAL INFORMATION		- 1001	
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)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$ ()	\$ 0
CRO-1100 NC State Board	d of Elections	and the second sec	August 2008

# Aggregated Contributions from Individuals

Page \_\_\_\_

of

Amendment Ves 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										
Leubafor Shenti 500925										
3. Contribu	utor Information	n								
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount					
Add										
Remove					\$					
Add Remove					\$					
Add										
Remove					\$					
Add Remove					\$					
Add										
Remove					\$					
Add					\$					
Add					Ψ					
Remove					\$					
Add					¢					
Remove					\$					
Add Remove					\$					
Add										
Remove					\$					
Add					\$					
Add					÷					
Remove					\$					
Add					ф.					
Remove					\$					
Add Remove					\$					
Add										
Remove					\$					
Add					\$					
Add					÷					
Remove					\$					
Add					\$					
Remove					\$					
Add Remove					\$					
Add										
Remove					\$					
Add Demonstrate					\$					
Remove Add										
Remove					\$					
Add					\$					
Remove	1 41 5				Ф <u>(</u>					
	nly this Page			\$	-0-					
	ALL CRO-1			\$	-1)-					
(This line mu	ist be on line 5 of De	etailed Summary Page C	RO-1100)							

Pg	of

Amendment

Yes

K No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1 Com	mittee Full No.	mai riddar contributi	Backley	onurou	10118 0		T	A REAL PROPERTY AND ADDRESS OF TAXABLE PARTY.	
1. Committee Full Name (and Fund if applicable)								2. ID Number	
	Legina	tasna	111				1	5012925	
	tributor Inform			Add	120000	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)					itle/Pr	ofession	d. (	Comments	
(inclue	ie city, state, & zip	)							
				c. Empl	overigi	Name/Specific Field			
				C. Dillin	ojel 31	amospecific rieiu	-		
								lection Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption		j. Date (mm/dd/yy		k. Amount	
						J	537	\$	
					- 10- 70			μΨ 	
								\$	
								\$	
	ributor Inform	ARX ADD		Add		Remove			
	ame, Mailing Addr			b. Job T	itle/Pro	ofession	d. C	Comments	
(Incine	e city, state, & zip)			-					
				c. Emple	wer's N	Jama/Specific Field			
				c. Employer's Name/Specific Field					
							e. E	lection Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	t To What Describe						
-	g. Account Coue	n. Form of rayment	i. In-Kind Descrip	nion	_	j. Date (mm/dd/yy)	yy)	k. Amount	
								\$	
								\$	
								\$	
3. Cont	ributor Inform	ation		Add		Remove			
	ame, Mailing Addr	ess & Phone		b. Job T	itle/Pro	fession	d. C	omments	
(includ	e city, state, & zip)								
				e Emple	vor'e N	amo/Spanific Field			
				c. Employer's Name/Specific Field					
							e. El	lection Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	ry)	k. Amount	
								\$	
								\$	
								\$	
4. Tota	al only this P	age					\$		
		RO-1210 Pages					\$	$\bigcirc$	
(This li	(This line must be on line 6 of Detailed Summary Page CRO-1100)								

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

Amendment

	coordinated party e							
1. Committee	Full Name (and Fur	d if applicable)		and the second second			2. ID Number	
Ley	bafors	beniff'					502925	
3. Type of Dis		e use separate C	and the second se	the second s	and the same that the second second second	of Disbur	<u>sement.)</u>	
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures								
4. Payee Inform				1	Remove			
[4] A. M.	Aailing Address & Ph	ione		b. Coordinat	ed Committ	ee Name	d. Comments	
(include city, state		19 19				/		
(2011 ' 5335 Ro	Postal Binhoad Villa Salem, WC BIS-BIZI	gebr		c. Level Regi	1 million	rify) County:	-	
Windon	-Salem, WC	17106		State		Aunicipality	: e. Election Sum to Date	
336	815-8121	-					\$ 98,50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k.	Required Remarks	
DDA	Credit	0		3-2027			Empain Sticker	
DDA	Credit		10-23	3-2022	Contraction of Contra	0 (	Copies BIKt white 50	
4. Payee Inform				Add 🔲	Remove	and the second		
a. Full Name, Mai (include city, sta	ling Address & Phone			b. Coordinat	ed Committ	ee Name	d. Comments	
Camin /	Postal Sobinnoad Vill n-Salen, NC					/		
600	mining	NAR Dr		c. Level Regi				
5305 F	Chargen Vin	ALC .		Federal		County:		
Ulineto	n-Salen, NC	,41100		L State	LN	Iunicipality	: e. Election Sum to Date	
33	6-B15-B121			/			\$ 42,50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k.	Required Remarks	
DDA	Credit	0	10-2	3-2027	\$ 42.	50 (	Copies BIK- White	
					\$			
4. Payee Inform				Add 🔲	Remove *			
and the second	ling Address & Phone			b Coordinate	ed Committe	ee Name	d. Comments	
(include city, sta	ite, & zip)					/		
Dollar	Tree,			c. Level Regi	tound (C.	10.1		
4874	Reynolda fol wn-salem, k			Federal		lounty:	-	
MOIT I	na Salan	10 MIDL-	2102	State	Solution	funicipality:	e. Election Sum to Date	
		JC ATTUO	SIUS	-/-	Annual 1			
the second se	36-293-010	7		/			\$ 9,36	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. 1	Required Remarks	
DDA	Credit	0	11-0	8-2027	\$936		unnies	
			1	4	\$		e ppine s	
5. Total only th	nie Done				-		\$ 150 36	
						Sector 1	\$ 150,36	
able and say a grad	L CRO-1310 Pages							
	line 13a of Detailed Sur				-		\$	
	r line 13b of Detailed Sur r line 13c of Detailed Sur		*				1732,82	
No. of Concession, Name	the second s	and the second s		A DESCRIPTION OF THE OWNER OF THE	Expenditure	7S)	1 144-11	
the second s	odes (List detailed					24		
A* - Media E - Salaries	B* - Printi E* Equin		- 1 - D - 1	indraising			other Candidate	
I - Salaries	F* - Equip J - Penalti			itical Party ffice Expen			ing Public Office Expenses	
O* Other	J - FCHAIU	63	W. • O	nice Expen	363 Q	r" - nona	tion to Legal Expense Fund	
	re detailed explanat	ion in required	remarke	field (k)	, and erics.	The series		
CRO-1310				rd of Elections			December 2009	

## **Disbursements**

Pg <u>2</u> <u>3</u> 🛛 Yes 🚺 No of Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political ittees and o oordinated party expenditures

Amendment

	Full Name (and Fun					I	2. ID Number	
Leybo	forShar	f	<u></u>				500925	
3. Type of Dish	oursement (Please	use separate Ci	RO-1310	forms for e	ach type of Dis	bursen	nent.)	
3. Type of Disbursement       (Please use separate CRO-1310 forms for each type of Disbursement.)         Departing Expenses       Contributions to Candidates/Political Committees       Coordinated Party Expenditures								
4. Payee Inform	nation			Add	Remove		CASING AND AND	
a. Full Name, M	failing Address & Ph	one		h, Coordinate	ed Committee Nam	ie / o	l. Comments	
(include city, state	, & zip)	<u> </u>				/		
Tommy				c. Level Regis	stered (Specify)			
2604	Zairlauon Or	1		Federal State	County: Municip	alitar L	e. Election Sum to Date	
Winsto	n-Salen, MC			- Otac	- Manicip	ally.	\$ Blo, "	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
DDA	Credit	0	11-		\$ 86.11	0	tening	
		_			\$		U	
4. Payee Inform				Add 🗖	Remove	14-14		
A second s	ling Address & Phone			b. Coordinate	d Committee Nam	e d	l. Comments	
(include city, sta	te, & zip)							
Hamis	TEPTER							
5265	Dobiohmatil	Ilan Nr		Theorem is a second sec	tered (Specify)			
0.000	RUSINIALIU	maye or		Federal	County:	-11-	THE ALL OF A THE	
Ulinsi	Teefa Robin hart U ton-Salen, 1 336-933-9	)C		State	Municip:	anty: e	Election Sum to Date	
	336-623-1	1441		/			\$4.67	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Rec	uired Remarks	
DDA	Credit	0	11-04		\$ 4,67	Co	itering	
					\$		1	
4. Payee Inform	nation	C. Dr. State		Add	Remove	0.023		
a. Full Name, Mail	ling Address & Phone				d Committee Nam	e d	. Comments	
(include city, sta	te, & zip)							
TENGSR	couchoose.							
	es Mall Circ	6			tered (Specify)			
i loo mar	estrui cic	1 0		(maximum)	County:			
WINSTO	n-Schen, N	C27103		L State	Municipa	ality: e	Election Sum to Date	
33	6-768-724	8					\$ 223.09	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	nm/dd/yyyy)	j. Amount	k. Rec	uired Remarks	
DUA	Chedit	2	11-6	2-2022	\$ 146,50	Ca	dering	
DUA	Credit	D	11-12	7-2022	\$ 76,52	Ca	terina	
5. Total only th	is Page						\$313.82	
6. Total of ALI	CRO-1310 Pages	and the set of	10.		1	100		
where with these ?.	line 13a of Detailed Sun	mary Page CRO-1	100 if One	rating Expense	(a)			
	line 13b of Detailed Sun					:)	\$ 1770 02	
	line 13c of Detailed Sum						1732,83	
7. Purpose C	odes (List detailed	expenditure cod	e in (h.)	above)				
A* - Media	B* - Printi			undraising	<b>D</b> - To	Anoth	er Candidate	
E - Salaries	F* - Equip	0		itical Party			Public Office Expenses	
I - Postage	J - Penalti			ffice Expens			n to Legal Expense Fund	
O* Other								
	re detailed explanati	TABLE IN THE REAL PROPERTY OF	and the second s	and the second s	i.			
CRO-1310		NC	State Boa	rd of Elections			December 2009	

December 2009

## **Disbursements**

Pg <u>3</u> of <u>3</u> Yes Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

Amendment

	coordinated party ex ull Name (and Fun	the state of the s		-		10.100.0	mus h au
1. Commutee r	un ranne (ann 1 an	N applicable)				2. ID N	umber
Leuna	tarsherit	F	00 101			50	6925
3. Type of Dish	and the second	e use separate Cl		and the second se		A second s	
Operating Exp	No. of Concession, Name of Street, or other Designation, or other	ntributions to Candid	ates/Politi			ordinated Party E	expenditures
4. Payee Inform	lailing Address & Ph	0.000		Add	Remove	110	
(include city, state,	· · · · · · · · · · · · · · · · · · ·	lone		D. Coordinat	ed Committee Nam	e d. Comm	ients
Ham16- 5365 AC	binhood Villa	gen		c. Level Regi	stered (Specify)		
Winstor	binshood Villa	<b>J C</b>		State	Municipa		n Sum to Date
	-923-2441					\$4	67
	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required R	emarks
DDA	Credit	$\left( \right)$	11-0	8-2022	\$ 4 67	Caterin	0
	Cr cana	10	140		\$	Congering	<u></u>
A Damas Inform	- 48		-	A.2.3. [77]			
4. Payee Inform	ing Address & Phone			Add	Remove	l. c	
(include city, sta				o. Coordinat	ed Committee Nam	e d. Comm	ents
March	tipplicing.						
VUISA	aver noing			c. Level Regi	stered (Specify)		
2954 E	Elder In			Federal	County:		
Direction	la alla an	-		State	Municipa	lity: e. Electio	n Sum to Date
EUrini	Hon, NC 272	15				\$ 13	54,26
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required R	emarks
DNA	Credit	$\left( \right)$	11-21	-2022	\$ 125476	Ama	in Sins
	Lateret		11 11		\$	Carlingan	y' sign
4. Payee Inform	nation	College and the		Add	Remove	Circles Sec.	
	ing Address & Phone	and the state of the second			ed Committee Name	d. Comm	ents
(include city, sta	te, & zip)						
					stered (Specify)		
				Federal	County:		
				L State	Municipa	lity: e. Electio	n Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required R	emarks
			1		\$		
	1				\$		
5. Total only th	is Page		S6. 11			\$ 135	59.43
(This line goes in (This line goes in	CRO-1310 Pages line 13a of Detailed Sur line 13b of Detailed Sur line 13c of Detailed Sur line 13c of Detailed Sur	nmary Page CRO-1 nmary Page CRO-1	100 if Con	trib to Candide	ates/Political Comm	\$	37,83
7. Purpose C	odes (List detailed	expenditure cod	e in (h.)	above)		Set Series	
A* - Media	B* - Printi			undraising	<b>D</b> - To	Another Can	lidate
E - Salaries	F* - Equip	0		litical Party			c Office Expenses
I - Postage O* Other	J - Penalt	ies	K* - 0	ffice Expen			egal Expense Fund
	e detailed explanat	ion in maninal	romoster	field (1-)			
Couce requit	e octaneo capiallat	on micquired	Constant of	AICHA (IK)		The Part of the second	

CRO-1310