

# 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

5CG975

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

505 Bluffwood Ct  
Kernersville, NC 27284

d. Date Filed

07-07-25

e. Phone Number

336-782-0454

2. Report Year

2025

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

01-01-2025

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

06-30-2025

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

c. Account Code

DDA

d. Period Begin Balance

\$ 11.55

## 11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

33

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

07-07-25

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.