

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

5CQ925

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

505 Bluffwood Ct

d. Date Filed

01-06-2026

Kernersville NC 27284

e. Phone Number

336-782-1054

2. Report Year

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

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

5. Treasurer Full Name

2025 07-01-2025

12-31-2025

Mark Blotzer

6. Type of Committee (Check One)

Candidate Campaign Party
 PAC Referendum
 Independent Expenditure Joint Fundraiser
 Legal Expense Fund

9. Type of Report (check only one type of report from one category)

Municipal	State/County	Referendum
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<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 checked="" type="checkbox"/> Year End	
<input type="checkbox"/> Special	<input type="checkbox"/> Final	
	<input type="checkbox"/> Special	

7. Type of Fund (if applicable, check one)

Booster Fund
 Building Fund
 Other:

8. Number of Fundraisers this Report

10. Special Report Name

2026 JUN 22 PM 12:02
 RECEIVED
 NC STATE BOARD OF ELECTIONS
 FOR OFFICE USE ONLY

11. Account Information

a. Financial Institution Full Name

First Horizon

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

DPA

b. Purpose

c. Account Code

d. Period Begin Balance

\$ 11,55

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

01-06-26

Date

FOR OFFICE USE ONLY

Date Received: _____

Employee: _____

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____

Employee: _____

Signer has not received mandatory training

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.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Levina for Sheriff	Year End	5CQ935
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 11.55	\$
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 15.00
6) Contributions from Individuals	(CRO-1210)	\$ 15.00
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)	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$
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)	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1515.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 0
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0
15) Loan Repayments	(CRO-1420)	\$ 0
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1526.55
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

Aggregated Contributions from Individuals

Page 1 of 1 Yes No

Amendment

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

Contributions from Individuals

Pg 1 of 1 Yes No Amendment

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
<i>Leyba for Sheriff</i>					<i>5CQ925</i>
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		
<i>505 Bluffwood Ct</i> <i>Kernersville, NC 27284</i>			e. Election Sum to Date		
			\$ <i>1500.00</i>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		<i>In-Kind</i>	<i>Filing Fee</i>	<i>12-4-2025</i>	\$ <i>1500.00</i>
<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	
			c. Employer's Name/Specific Field		
<i>REC'D 2026 JAN 2 PM 1000 AM 2026</i> <i>FOR SYLVIA LEE</i> <i>DOA DOG</i>			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"/>					\$ <i>02</i>
<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	
			c. Employer's Name/Specific Field		
<i>REC'D 2026 JAN 2 PM 1000 AM 2026</i> <i>FOR SYLVIA LEE</i> <i>DOA DOG</i>			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					\$ <i>1500.00</i>
5. Total of ALL CRO-1210 Pages					\$ <i>1500.00</i>
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					