Disclosure Report Cover

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
      The Committee to Elect Keith Miller
   b. Mailing Address (include City, State and Zip Code)
      318 Scotland Drive
      Kings Mountain, NC 28086
   c. ID Number
      6BC9DD
   d. Date Filed
      10/30/2023
   e. Phone Number
      704.477.5354

2. Report Year
   2023

3. Period Start Date (mm/dd/yy)
   09/27/2023

4. Period End Date (mm/dd/yy)
   10/23/2023

5. Treasurer Full Name
   Keith Miller

6. Type of Committee (Check One)
   - Candidate Campaign
   - PAC
   - Independent Expenditure
   - Legal Expense Fund

7. Type of Fund (if applicable, check one)
   - "Booster Fund"
   - Building Fund
   - Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)
   - Municipal
      - Organizational
      - Thirty-five day
      - 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
      Alliance Bank & Trust
   b. Purpose
      All campaign expenses
   c. Account Code
      1
   d. Period Begin Balance
      $ 2558.00

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.

Keith Miller

Printed Name of Signer
Signature of Appointed Treasurer
Date

FOR OFFICE USE ONLY

Date Received: ___________________ Employee: ___________________
Date Postmarked: ___________________ Employee: ___________________
Date Scanned: ___________________ Employee: ___________________
Date Data Entered: ___________________ Employee: ___________________

Delivery Method
- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed
- 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.

CRO-1000
NC State Board of Elections
August 2008