	neral report and committee	information, must be	signed and sub	omitted along with	Amendment  Yes  No other detailed forms.
-	to update information				
I. Committee Info	rmation				I my
Full Name	C1				c. ID Number
The Committee to	Elect Keith Miller				6BC9DD
Mailing Address (inc	lude City, State and Zip Code)		TENTE TO		d. Date Filed
318 Scotland Drive					
Kings Mountain, N					10/30/2023
-					e. Phone Number
					704.477.5354
					701.177.3331
. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer F	ull Name
2022	00/27/2022		2/2022	Keith Miller	- Indiana - Indi
2023	09/27/2023	10/2	23/2023		
6. Type of Commit		9. Type of Report			ort from one category)
Candidate Camp	-	Municipal	State/C		Referendum
PAC	Referendum	Organizationa	4	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da	у	Quarterly	Pre-referendum
Legal Expense F	und				
. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
Booster Fund"		Pre-election Pre-runoff		Second	Supplemental Final
Building Fund				Third	Annual
		Semi-annual Mid Yea		Fourth Semi-annual	Special
Other:		Year En		Mid Year	10. Special Report Name
Ouler.		Final	, IH	Year End	
R. Number of Func	Iraisers this Report	Special	١H	Final	CLEVELAND COUNTY OCT 30 '23 AM11:4
				Special	001 00 20 MMIE:4
11. Account Inform	nation		11. Account		
. Financial Institution				titution Full Name	
Alliance Bank & T					A STATE OF THE BUILDING STATE OF THE STATE O
o. Purpose	c. Account Code		b. Purpose		c. Account Code
All campaign		1			
expenses		l			
	d. Period Begin Balan	ce			d. Period Begin Balance
	\$ 200.00				\$
			L		
CERTIFICATION					
the NC General States is complete, true an	tutes and that no funds are cd correct and that I have been	ommingled with pro	hibited or other	non-disclosed fun	2B, & 22D-22M of Chapter 163 of ds. I further certify that this report
Keith Mille	Printed Name of Signer		Signature of Appoir	ated Treasurer	10/30/2023 Date
FOR OFFICE USE	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		agnature of Appoll	itod Fredsulei	Date
		Employee	(R	P	Delivery Method
Date Received:	10-30-23	Employee:	36		Normal Mail
Date Postmarke	ed:	Employee:			Registered Mail
Comment					Hand Delivered
					Electronically Filed
Date Scanned:		Employee:			Signer has not received
Date Scanned:		Employee: 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.

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	
The Committee to Elect Keith Miller	Municipal		6BC9DD	
	Pre-election	Total this	Total this	
Start of Election Cycle: January 1,	2023	Reporting Period	Election Cycle	
4) Cash on Hand at Start		\$ 2558.00	\$ 0	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 2572.75	\$ 4942.75	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$ 200.00	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CR <b>O</b> -1250)	\$	\$	
11b) Contributions from Not-for-Profit Organization	ions <i>(CRO-1250)</i>	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 12	lc, 11d and 11e)	\$ 2572.75	\$ 5142.75	
<b>EXPENDITURES</b>				
13) Disbursements	-			
13a) Operating Expenditures	(CRO-1310)	\$ 1225.60	\$ 1237.60	
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	S CHELAND COINSTU	Y BOE
15) Loan Repayments	(CRO-1420)	\$	\$ CLEVELAND COUNTY \$ DCT 30'23 AM11:	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	l 5, 16 and 17)	\$ 1225.60	\$ 1237.60	
19) Cash on Hand at End (Add lines 4 and 12 together, then sui	btract line 18)	\$ 3905.15	\$ 3905.15	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaig	ns) <i>(CRO-1430)</i>	\$ 200.00		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 1875.00		
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$		
25) Administrative Support	(CRO-1710)	s	\$	
26) Forgiven Loans	(CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	S	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

		n Individuals				Pg	of	2	Yes	⊠No	
	<del></del>	vidual contributions of		or cont	ribution	s under	\$50 if form CR	<del></del>		· · · · · · · · · · · · · · · · · · ·	
1. Comm	uittee Full Name (	and Fund if applica	ble)				<del></del>	2. ID Nu	mber		
The Com	mittee to Elect Ke	ith Miller			<u> </u>	· <u>·</u>		<u> </u>	6BC9DD		
	ibutor Informatio			Add		Rem	ove				
	ne, Mailing Address &	& Phone			Fitte/Prof	ession	× .	d. Commer	ots		
	city, state, & zip)			Veter	inarian			Ì		1	
Roger Do	enaan ce Club Drive			e Empl	lover's No	ma/Sna	cific Field	1		1	
	ountain, NC 28086	5			tic Vet	шоэре	tine rieid	1		- 1	
704-616-		,		110115				e. Election	Sum to Date		
								<b>'\$</b>	1620.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Desc	ription		j. Date (mm/dd/yy	(vy)	k. Amount		
	1	check					10/05/2	023	\$	500.00	
	1	check					10/17/2	2023	\$	500.00	
									\$		
3. Contr	ibutor Informatio	חמ	X	Add		Rem	ove				
	ne, Mailing Address &	& Phone			Title/Prof			d. Commer	ats		
<del></del>	city, state, & zip)			Air T	raffic C	ontrolle	er				
Larry Lir 1556 You	•			- F	lavente M		cific Field	4			
	rk Roau ountain, NC 28080	٠.		n/a, re		ame/spe	eme rieid	-			
704-674-		,		100,1	, m. ca			e, Election Sum to Date			
								\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Desci	ription		j. Date (mm/dd/yy	yy)	k. Amount		
	1	check			_		10/12/2	023	\$	250.00	
									s		
									\$	_	
3. Contr.	ibutor Informatio	on	Ø	Add		Rem	ove				
`	me, Mailing Address	& Phone			Title/Prof			d. Commer	nts		
	city, state, & zip)	<u></u>		Office	e Admir	istratio	n	1		ŀ	
	Lineberger			. E1	loverte Pi		eiga Field	4			
1556 You	rk Road ountain, NC 28086	ς .		n/a, re		ame/Spe	eific Field	٠	LEUELAND	COUNTY 🕸	
704-674-		J		100,10	SITT GOT			e. Election	COUNTY ! 23 AM 11:4		
1010,1				İ				\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	l Kind Desc	ription		j. Date (mm/dd/yy	(yy)	k. Amount		
	, <b>1</b>	check					10/12/2		\$	250.00	
									s		
									\$		
4. Tota	l only this Pag	e						\$		1500.00	
5. Tota	l of ALL CRO	-1210 Pages								2572.75	

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

	<b>-</b>	n Individuals			Pg	of	2	Yes	No No	
		vidual contributions o		or contribution	s unde	r \$50 if form CR			<del> </del>	
1. Comm	ittee Full Name (	and Fund if applical	ole)				2. ID Num	ber	· · · ·	
The Com	mittee to Elect Ke			·	6BC9DD					
	butor Informatio			Add 🗍	Rem	iove		<del></del>	· · · · · · · · · · · · · · · · · · ·	
	ne, Mailing Address &	& Phone		b. Job Title/Prof			d. Comment	\$		
Keith Mi	city, state, & zip)			Financial Adv	/isor					
	and Drive			c. Employer's Na	me/Sne	cific Field	1		1	
	ountain, NC 28086	5		AIM Reinves		<del></del>			1	
704-477-							e. Election S	um to Date		
<u> </u>							\$	1822.75		
f. Prior	g. Account Code	b. Form of Payment	i. In-R	Cind Description		j. Date (mm/dd/yy	/уу):	k. Amount		
	1		hats			09/30/2	023	\$	45.00	
	1		posta	age		10/07/2	2023	\$	974.75	
	1		door	hanger bags	_	10/17/2	//2023 \$ 53.00			
	butor Informatio			Add 🔲	Rem	iove		<u> </u>		
1	re, Mailing Address &	& Phone		b. Job Title/Prof	ession	<del></del>	d. Comments			
theinne	city, state, & zip)			1					ł	
}				e, Employer's Na	me/Spe	ecific Field	-		İ	
]						<u> </u>				
							e, Election S	um to Date		
							\$			
f. Prior	g. Account Code	b. Form of Payment	i. In-F	and Description		j. Date (mm/dd/yy	yy)	k. Amount		
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H ==		<del> </del>	<u> </u>			<u> </u>	<del>-</del>	QCT 30	"23 AM 11:43	
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<u> </u>		<u> </u>	<u></u>					\$		
	butor Informatio			Add 🗍	Rem	nove	T : :		<u> </u>	
	ne, Mailing Address d	& Phone		b. Job Title/Prof	ession		d. Comment	5		
(include	city, state, & zip)			-	,				-	
ļ				c. Employer's Na	me/Spe	ecific Field	:			
							e. Election S	um to Date		
. <u> </u>			1			T	\$			
£ Prior	g. Account Code	h. Form of Payment	i, In-k	Kind Description	-	j. Date (mm/dd/y)	<u>(yy)</u>	k. Amount		
┝╬┈			<del> </del>		-	<u> </u>		\$		
<del>     -</del>	<u> </u>	<u> </u>	<del> </del>					\$		
lacksquare			<u> </u>				<del>,</del>	\$		
<del></del>	only this Pag						\$	· · · · · · · · · · · · · · · · · · ·	1072.75	
5. Total	of ALL CRO	-1210 Pages					<b>s</b>		2572.75	

CRO-1210

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

Disburseme	nts
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Amendment		
Yes Yes	🛛	No

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

	Coordinated party ex		_					( TD ) (	
	Full Name (and Fun					· · · · · · · · · · · · · · · · · · ·		2. ID Number	
<del></del>	to Elect Keith Mille	<del></del>	10.	2 7 7 7 6 6 6 7 7		- D - L		6BC9DD	
3. Type of Dish Operating I				<i>D-1310 forms for each t</i> lates/Political Committees	ype oj			d Donty Companditures	
4. Payee Inform	<del></del>	Contributions to Car		Add T	Rem		oromate	d Party Expenditures	
	•		_	. Coordinated Committee Na		iove	d Co	emments	
	ling Address & Phone		۳	. Cool dinated Continuities is:	ашс		0. 00	MILLIEUS	
(include city, state Alliance Bank	, & zipj	<del> </del>	┨						
1113 Shelby R	nad		<del>ا</del>	. Level Registered (Specify)			┪		
Kings Mountai			١	Federal	Соип	itu'	1		
704-739-5411	11, 110 20000		۱ŧ	State		icipality:	e. Ele	ection Sum to Date	
104-132-3411			۲		112011	(dipadity)			
							\$ 7	73.85	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. An	10unt		quired Remarks	
1	debit	0		09/30/25023	\$7.0	0	bank	cacct. fees	
1	debit	0	_	10/11/2023	\$54.	<b>R</b> 5		k fee	
		<u> </u>		<u> </u>			Chec	cks	
4. Payee Inform	nation ling Address & Phone		_	Add . Coordinated Committee No	Rem	iove	d Co	omments	
	J		۳	· Continuated Committee 141	aiut	<del></del>	0. 00	mmuse 1463	
(include city, state, Community Fir			1				]	1	
KM Herald	or intenta		٦	Level Registered (Specify)			1	1	
502 N. Lafayet	te Street		1	Federal	Coun	itv	1	j	
Shelby, NC 28			۱ř	State		icipality:	e. Ele	ection Sum to Date	
704-484-1047	150		State Monicipanty.						
101 101 2017							\$ 1	189.00	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Au	+		quired Remarks	
1	Check	A		10/20/2023	\$189	9.00	Ad		
					\$				
4 D I-C		<u> </u>		 			<u> </u>		
4. Payee Inform			•	Add	Rem	iove	1.0	CLEVELAND COUNTY BO	
	ing Address & Phone		۲	. Coordinated Committee N	ame	····	u. Co	Omments GCT 30 '23 AM 11:43	
(include city, state,			1				]		
US Postal Serv 115 E, Gold Str			H	. Level Registered (Specify)			1	ì	
Kings Mountai			H	Federal	Cour	star	┨		
Kings Mountai	II, NC 20000			State		icipality:	a Fis	ection Sum to Date	
			-	State	Mun	cipality.	<del>                                     </del>		
							\$ 9	974.75	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. An	nount	k. Re	quired Remarks	
1	credit card	I		10/07/2023	\$974	4.75			
					\$				
	<u>l</u>			<u> </u>	J <u> </u>			1225.60	
5. Total only th	nis Page	- · · · · · · · · · · · · · · · · · · ·					\$	1223,00	
	CRO-1310 Pages								
-	t line 13a of Detailed Sun		-				\$	1225.60	
-	-		-	Contrib to Candidates/Politic		m)	-		
	<del></del>			Coordinated Party Expenditu	ures)		<u> </u>		
	les (List detailed ex				<del></del>	n markanist	/:-	41.4	
A* - Media	B* - Printing	C - Polifi	ara cel	ising	i_L I	) - To Anoth I* - Holding	er Cand , Public	didate c Office Expenses	
I - Postage	F* - Equipment J - Penalties	K* - Offi	ce ]	Expenses	ر السار (	2* - Donatio	o to La	egal Expense Fund	
O* - Other	i	i				<del> </del>			
- Codes requi	re detailed explanat	ion in required r	em	arks heid (k)					

Outstandi	ng Loans
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					Amer	dment		ĺ
utstanding Loans	Pg	1	of	1		Yes [	<b>Ø</b>	No
<del>-</del>	-							

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Na		pplicable)					2. ID Number	
The Committee to Ele	ct Keith Miller						6BC9DD	
2.7.2.2.2.6		٦				D	_ <del></del>	
3. Lender Informatio	der Information Adlame, Mailing Address & Phone			tle/Profession	<u> </u>	Remove	d. Comments	
a. Fon Name, waning Add (include city, state, & zi)		·		ial Advisor			d. Comments	
Keith Miller	<del>,,</del>	·	Investo					
318 Scotland Drive							e. Start Date (mm/dd/yyyy)	
Kings Mountain, NC	28086	ļ	<del></del>	yer's Name/S		Field	07/11/2023	
704-477-5354		[	AIM R	einvestmen	ts, L		f. End Date (mm/dd/yyyy)	
		İ						
							12/31/2023	
g. Rate	h. Security Pledged			i. Original I	.oan A	mount	j. Remaining Loan Balance	
0 %	none			\$ 200.0	0		\$ 200.00	
k. Full Name of Lending I	stitution						1. Loan Number	
not applicable							1	
3. Lender Informatio	n [	Add				Remove		
a. Full Name, Mailing Add			b, Job Ti	tle/Profession	1		d. Comments	
(include city, state, & zi	p)						1	
							e. Start Date (mm/dd/yyyy)	
		ŀ	e. Emplo	yer's Name/S	pecific	Field	Ci Biait Date (ana day)	
			1					
							f. End Date (mm/dd/yyyy)	
g. Rate	b. Security Pledged	[		i. Original I	oan A	mount	j. Remaining Loan Balance	
%			\$				s	
k. Full Name of Lending I	stitution						I. Loan Number	
							1	
2 Yanday Informatio		Add			_	Remove	CLEVELAND COUNTY BO	][
3. Lender Informatio s. Full Name, Mailing Add		_ Acc		tle/Profession	<u> </u>	Kemove	CLEVELAND COUNTY BO d. Comments OCT 30 '23 4 11:43	
(include city, state, & zij		ŀ	0.000 1.	iid i Toression		<del></del>	G Comments	
		}					e. Start Date (mm/dd/yyyy)	
		-	c. Emplo	yer's Name/S	pecific	: Fleld		
							f. End Date (mm/dd/yyyy)	
							a and water (man dwyyyy)	
g. Rate	h. Security Pledged	l	· <del>-</del>	i, Original I	Loan A	mount	J. Remaining Loan Balance	
%				\$			\$	
k. Full Name of Lending I	estitution						L Loan Number	
4. Total only this Pag						· · ·	\$ 200.00	
5. Total of ALL CRO				•				
(This line must be on lin	_	ry Page CRO-	1100)				\$ 200.00	

## Debts and Obligations Owed By the Committee Pg 1 of 1 Amendment I Yes I No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases. 2. 1D Number 1. Committee Full Name (and Fund if applicable) The Committee to Elect Keith Miller 6BC6DD 3. Creditor Information ☐ Add Remove Note: All payments made toward debts should be listed on form CROa. Full Name, Malling Address & Phone 1310 with the payee listed as this creditor. (include city, state, & zip) b. Description of Creditor Regal Graphics 104 East Gold Street Graphic design and printing Kings Mountain, NC 28086 704-739-3838 e, Total Amount Incurred d. Total Amount Paid f. Remaining Balance c. Beginning Balance 0.001 \$ 875.00 \$ 1,000.00 1.875.00 g. Incurred Debts (what the committee received this period) gl. Purchase Place Full Name, Mailing Address & Phone g2. Date (mm/dd/yyyy) g3. Amount (include city, state, & zlp) 100.00 10/20/2023 Regal Graphics g4. Purpose Code g5. Required Remarks 104 East Gold Street Kings Mountain, NC 28086 Ad design Α 704-739-3838 gt. Purchase Place Full Name, Mailing Address & Phone g2. Date (mm/dd/yyyy) g3. Amount (include city, state, & zip) S 800.00 10/11/2023 Regal Graphics g4. Purpose Code g5. Required Remarks 104 East Gold Street Kings Mountain, NC 28086 **Brochures** В 704-739-3838 g1. Purchase Place Full Name, Mailing Address & Phone g2. Date (mm/dd/yyyy) g3. Amount (include city, state, & zip) 100.00\$ 10/23/2023 Regal Graphics g4. Purpose Code g5. Required Remarks 104 East Gold Street Kings Mountain, NC 28086 В Hand held signs 704-739-3838 g2, Date (mm/dd/yyyy) gl. Purchase Place Full Name, Mailing Address & Phone g3. Amount (include city, state, & zip) \$ g4. Purpose Code g5. Required Remarks g2. Date (mm/dd/yyyy) g3. Amount gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) \$ <del>EVELAND CO</del>INTY BOE <del>OCT 30°23 A</del> 11:43 g4. Purpose Code g5. Required Remarks 4. Total only this Page \$ 1,000.00 (This should be the sum of all items 'g3.' from this page) 5. Total of ALL CRO-1610 Pages \$ (This line must be on line 22 of Detailed Summary Page CRO-1100) 6. Pupose Codes (List detailed expenditure code in (g4.) B\* - Printing C\* - Fundraising D - To Another Candidate A\* - Media G - Political Party F\* - Equipment E - Salaries H\* - Holding Public Office Expenses I - Postage J - Penalties K\* - Office Expenses O\* - Other \* Codes require detailed explanation in required remarks field (g5.)