Disclosure Repor	t Cover				Amendment Yes	
Use this form for general	report and committee ir	nformation, must be	signed and sul	bmitted along wif		ns. No
Do not use this form to up	odate information					
1. Committee Information	ON .					
a. Full Name					c. ID Number	
Committee to Re-elect Sh	nearra Miller				SN	MCCS
b. Mailing Address (include Ci	ity, State and Zip Code)				d. Date Filed	
403 W. Mountain Street	.0.0					
Kings Mountain, NC 280	180				e. Phone Number	
					704-7	39-0806
2. Report Year 3. Pe	eriod Start Date (mm/dd	Lyy) 4. Period (mm/dd/yy)	End Date	5. Treasurer I	Full Name	
2020	10/18/20		/31/20	David Brian B	Brooks	
6. Type of Committee (C	heck (Inc.)	9. Type of Report	Chark or	la avecture et es	oort from one catego	
Candidate Campaign		Municipal		County		W. S. Carlotte
PAC	Referendum	Organizational	ı 🛛	Organizational	Organizatio	onal
Independent Expenditure Legal Expense Fund	Joint Fundraiser	Thirty-five day	y	Quarterly	Pre-referen	ıdum
	oplicable check one)	Pre-primary		First	Final	
"Booster Fund"		Pre-election	15	Second	Supplemen	ıtal Final
Building Fund		Pre-runoff		Third	Annual S	3 >
		Semi-annual		Fourth	Special 3	> 0
Other:		Mid Year	l	Semi-annual	Acceptance of the Control of the Con	<u> </u>
Other:		Year End		Mid Year	10. Special Re	poin Name
8. Number of Fundraiser	s this Report	Final Special		Year End Final	w Eg	
		Special		rmai Special		ne Se
11. Account Information			11. Account I	-		Fact.
a. Financial Institution Full Na	CONTRACTOR AND ACCUSED OF TARBLE STANDARD CONTRACTOR AND ACCUSED		V 100 1/00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	itution Full Name	$\frac{1}{2}$	5
Wells Fargo Bank				And the second s	er fan Staden alde de jaar 1900 een de skrip begel S	
b. Purpose	c. Account Code		b. Purpose		c. Account Code	e
Campaign	A1				*	
	d. Period Begin Balance				d. Period Begin	Balance
	\$ 212.00				\$	And the second s
CERTIFICATION	<u> </u>					
I certify that the Committee	e or Fund is in compliar	ice with all applical	hle provisions (of Article 22A 2	D & 22D 22M esc	Vh 162 - 6
the NC General Statutes an	id that no funds are com	mingled with prohi	ibited or other n	ion-disclosed fim	26, & 220-22M 01 C ds. I further certify t	hapter 163 of
is complete, true and correct	ct and that I have been t	rained by the NC S	tate Board of E	lections.	•	and this report
_David Brian Broo	·· ·· · · · · · · · · · · · · · · · ·		5/12	73/1	01/04/2020	
FOR OFFICE USE ONLY	ted Name of Signer	Sig	gnature of Appoint	ed Freasurer	Date	
Date Received:		Employee:			Delivery Method	
Date Postmarked:		Employee:			Normal Ma	Mail
Date Scanned:		Employee:			☐ Hand Deliv	lly Filed
Date Data Entered:		Employee:			☐ Signer has mandatory	not received training
Please Note: This form	cannot be used to amer custodian	nd committee information	nation such as ton, or account i	the committee ad	dress, treasurer, assis	stant treasurer,

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

CRO-1000 NC State Board of Elections August 2008

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	a Taype of Repor		3. ID Number
	2020 Fourth Quar		SMCCS
Start of Election Cycle: January 1,	2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 212.00	\$
RECEIERS; SPACE IN STREET PROPERTY OF SECURITY			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 50.00
6) Contributions from Individuals	(CRO-1210)	\$ 700.00	\$ 2,700.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 50.00
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 Organization	S (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	28 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	ld and 11e)	\$	
EXPLORED PROPERTY AND ADDRESS OF THE PROPERTY			
13) Disbursements 13a) Operating Expenditures			
	(CRO-1310)	\$ 576.62	8 0 2326.62
- Committee		\$	& ≺জ
	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 30.00	\$ 118.00
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract ADDIANCONALIDATEORY ATTON	t line 18)	\$ 355.38	\$ 355.38
20) Non-Monetary Gifts Given to Other Committees	(GPO 1000)	0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1330)	\$	
Debts and Obligations owed By the Committee	(CRO-1430)	\$	
23) Debts and Obligations owed To the Committee		\$	_
24) Account Transfers Within the Committee		\$	_
		\$	3.00
	(CRO-1710)	\$	\$
26) Forgiven Loans		\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded NC State Record of Florida.	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page

1 of

mendment		
Yes	\boxtimes	No

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

3. Ca	ntributor Infor	mation				
a. Amo		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add	A1	Check	Description		
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		om Individuals		Pg		f <u>1</u>	Amendmen Yes	
Use this	form to report me	ndividual contributions of and Fund if applications	over \$50) or contributions und	ler \$50 if form CF	RO 1205 is no 2. ID Nun		
	ttee to re-elect She		U.S.			22: IV Sun	mber SMCCS	
	ributor Informat		II	Add Ren	move			
a. Full Na	ame, Mailing Address		<u> </u>	b. Job Title/Profession		d. Comment	ts .	
	le city, state, & zip) LRA MILLER			DIRECTOR	Section 2017		STARTER DE LA COLLEGIO	Mark Street Control of the Control
	EST MOUNTAIN	STREET		c. Employer's Name/Sp				
KINGS	MOUNTAIN, NO	C 28086		CLEVELAND CO COUNCIL		1		
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f. Prior	g. Account Code		i. In-K	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
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	me, Mailing Address e city, state, & zip)	& Phone	BODES	b. Job Title/Profession		d. Comments	S	
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			Ī	c. Employer's Name/Spe	ecific Field			
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	•					e. Election Sur	m to Date	
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tions of the same of the same of	only this Page					\$		700.00
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(1/m) and	Musi ve vii une v.v.j. 1	Jetauea Summary Page UKI	<i>0-1100)</i> **					

Amendment

Disbursements	Pg	1	of	2	Amendment Yes		No
Use this form to report expenditures from the committee for; operating excommittees and coordinated party expenditures.					_		***************************************
1. Committee Full Name (and Fund if applicable)					2. ID Numbe	r	
Committee to re-elect Shearra Miller					SMC		Name of Street

	Full Name (and Fure-elect Shearra Mil							2. ID Number SMCCS
3. Type of Dis	bursement (<u>Pl</u>	ease use separate (CRO-1	310 forms f	or each	tyne of Disbursei	nant)	SINCES
Operating	g Expenses	Contributions to Ca	andidate	s/Political Com	mittees	Particular Control of the Control of		ed Party Expenditures
4. Payee Infor	mation		Add			Remove		of they Experiences
a. Full Name, Ma	ailing Address & Phone		b. C	oordinated Co	mmittee l		d. Co	omments
(include city, state) 21)			A CONTRACTOR OF THE PROPERTY O		TO SERVE TO THE STATE OF A SHOULD BE A SERVE OF THE SERVE
JustYardSigns	.com							
			c. Le	evel Registered	(Specify)	1		
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				State		Municipality:	e. Ele	ection Sum to Date
							\$ 1	1,605.00
f. Account Code	g. Form of Payment	h. Purpose Code	<u> </u>	Date (mm/dd/y	vvvv)	j. Amount		quired Remarks
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include city, state, Bridgett McCur			4					TO PROPERTY
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East Flat Rock,			c. Leve	el Registered (S	Specify)		54.1	~\$
	110 20,20		- 님	Federal State	片	County:	101	
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. Total only thi	is Page						•	50000
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(This line goes in	line 13a of Detailed Sum	mary Page CRO-1100	if Oper	ating Expenses))			
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- Vieura - Salaries	F* - Equipment	C* - Fundr G - Politica				D - To Another		
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Coues require	e detailed explanatio	on in required ref	narks	field (k)				

Diah					Amendment		
Disbursements	Pσ	2	of	2	☐ Yes		No
Use this form to report expenditures from the committee for; operating ex	nencec	contri	ibutions to		didata/nalitical	느	110
of the second state of the second sec	DCHSCS.	COHILI	DULIONS 10	Can	moaie/pompcai		

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

	Full Name (and Fur re-elect Shearra Mille	And the Property of the Control of t			2. ID Number
			ROJSIV forms for each	ivne of Diskursen	SMCCS
Operating	Expenses		ndidates/Political Committees		ordinated Party Expenditures
4. Payee Infor	mation.			Remove	Samuel Fully Depondrules
a. Full Name, Ma	iling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, stat	e, & zip)			<u>ermann at jank beginn et til samt s</u> ament	
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				\$	
5. Total only th					\$ 9.96
	CRO-1310 Pages				7.50
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E - Salaries	F* - Equipment	C* - Fundr G - Politica		D - To Another	Candidate Public Office Expenses
- Postage	J - Penalties	K* - Office		Q* - Donation	to Legal Expense Fund
O* - Other		et for the topological			
"Codes requir	e detailed explanatio	n in required rei	narks field (k)		

Aggregated	Non-Media	Expenditures
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Page _ 1 of _ 1

Amendm	ent	and and the second seco
☐ Yes	X	No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

COMMITTEE TO BE ELECT OUT A DRAWN TO					2. ID Number	
COMMITTEE TO RE-ELECT SHEARRA MILLER			SMCCS			
3. Payee Information					_	
a. Amend Add	b. Account Code	c. Form of Payment	d. Purpose Code	e; Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Remove Add	A1	AUTO DEDUCT	0	10/28/2020	\$ 10.00	MONTHLY SERVICE FEE
Remove	A1	AUTO DEDUCT	0	11/30/2020	\$ 10.00	MONTHLY SERVICE FEE
☐ Add☐ Remove	. A1	AUTO DEDUCT	0	12/28/2020	\$ 10.00	MONTHLY SERVICE FEE
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I - Postage	J - Pei	nalties	K* - Office E		olding Public Off onations to Legal	ICE Expenses Expense Fund
O* - Othe	r					PAPEUSC I MIM
* Codes require detailed explanation in required remarks field (g)						