Jse this form for g	Report Cover general report and committee m to update information	e informat	ion, must be si	gned and sul	bmitted along with	Yes No nother detailed forms.	
. Committee Inf							
. Full Name				Alban		c. ID Number	
Shearra Miller for	City Council		W = 1				
o. Mailing Address (i	nclude City, State and Zip Code)					d. Date Filed	
403 W. Mountain						10-30-2023	
Kings Mountain,	NC 28086					e. Phone Number	
2. Report Year	3. Period Start Date (mr	n/dd/yy)	4. Period En	nd Date	5. Treasurer F	ull Name	
2023	9-29-2023		10-23	-2023	Randy C. Patte	erson	
. Type of Comm	ittee (Check One)	9. Tv	pe of Report	(check o	nly one type of rep	ort from one category)	
Candidate Can		Munici			County	Referendum	
PAC	Referendum		Organizational		Organizational	Organizational	
Independent	Joint Fundraiser		Thirty-five day		Quarterly	Pre-referendum	
Expenditure Legal Expense		1-			Ç		
7. Type of Fund	(if applicable, check one)		Pre-primary		First	☐ Final	
"Booster Fund			Pre-election	IH	Second	Supplemental Final	
Building Fund			Pre-runoff	IH	Third	Annual	
Duriding I did			Semi-annual	lΗ	Fourth	Special	
			Mid Year	-	Semi-annual		
Other:			Year End		Mid Year	10. Special Report Name	
			Final		Year End		
8. Number of Fu	ndraisers this Report		Special		Final		
		7			Special		
1. Account Info	rmation			11 Account	Information		
. Financial Institution		-1200	_		stitution Full Name		
Wells Fargo							
o. Purpose	c. Account Code			b. Purpose		c. Account Code	
						CLEVELAND GOUN	
	d. Period Begin Bala	nce				d. Period Begin Balance 3 AM 1	
	<b>\$</b> 3061.00					\$	
he NC General St s complete, true a	ommittee or Fund is in com tatutes and that no funds are and correct and that I have be	comming	led with prohil	oited or other	non-disclosed fur	2B, & 22D-22M of Chapter 163 of ods. I further certify that this report	
Randy C Patterson  Printed Name of Signer			- Jan	nature of Appoi	allers -	10-27-2023	
	Printed Name of Signer		, S18	nature of Appoi	nted Treasurer	Date	

**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.

Employee:

Employee:

Employee:

Date Postmarked:

Date Data Entered:

Date Scanned:

Normal Mail Registered Mail

Hand Delivered Electronically Filed

Signer has not received mandatory training

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

Amendment  $\boxtimes$ Yes No

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	Type of Report		3. ID Number
	Pre Election Repor		
Start of Election Cycle: January 1,	2023	Total this Reporting Perio	Total this  Election Cycle
4) Cash on Hand at Start		\$ 3060.71	\$
REGEIMS	na esta i		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 400.00	\$
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 Organization	ns <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, 11c,	11d and 11e)	\$ 400.00	\$
EXPENDITURES.			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2896.13	\$
13b) Contributions to Candidates/Political Committee	ees <i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$ CLEUFLAND COUR
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	s OCT 30'23 AM1
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	<del>_</del>	\$ 2896.13	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	•	\$ 564.58	\$
ADDITIONALINFORMATION		<u> </u>	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	s) <i>(CRO-1430)</i>	\$	is to
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	, ,,,
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
	(CRO-1710)	\$	\$
		\$	\$
26) Forgiven Loans	(CRO-1440)		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		n Individuals			Pg	_1 of	1	Yes Yes	No No		
		vidual contributions o		or contribu	itions under	\$50 if form CR			<del></del> -	1	
I. Comm	ittee Full Name (	and Fund if applicab	ole)	<u> </u>			2. ID Num	ber			
Shearra M	liller for City Cou	neil									
	butor Informatio	<del></del>		Add [	Rem	ove					
	e, Mailing Address &	Phone	b. Job Title/Profession			d. Comments					
	city, state, & zip) Mary Dilling	a <u>a real des</u>		Retired							
PO Box 5				c. Employe	r's Name/Spec	cific Field					
Kings Mountain, NC 28086				N/A							
<u> </u>			ļ			e. Election Sum to Date			į		
							\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descripti	ion	j. Date (mm/dd/yy	yy) <u>.</u>	k. Amount			
		Check				10-23-20	023	\$	200.00		
								\$			
	-							\$			
3. Contri	butor Informatio	n		Add [	Rem	ove				ĺ	
a. Full Nam	e, Mailing Address &	2 Phone		b. Job Title	/Profession	a a	d. Comments			i	
	city, state, & zip)			Retired							
	Mary Herndon			<u> </u>							
501 Garri				N/A	Employer's Name/Specific Field			1			
Kings Mo	ountain, NC 28086	,		N/A			e. Election Sum to Date				
							\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-K	L Lind Descript	ion	∘j. Date (mm/dd/yy	<u>(                                    </u>	k. Amount	<del></del>	1	
		Check			·	10-23-2		\$	100.00		
								\$			
								\$			
3. Contri	butor Informatio	מי		Add [	Rem	ove	_				
a. Full Nam	e, Mailing Address é	k Phone		b. Job Title	c/Profession	· · · · · · · · · · · · · · · · · · ·	d. Comments	3		ı	
	city, state, & zip)	<u> </u>		Insuranc	e		]				
_	lorrie Hamrick rimont Ave			o Enuntore	nta Namalena	eiGa Viald			n ራርሀ ነጻነገ	เลย	
	untain, NC 28086	<b>;</b>			Employer's Name/Specific Field Hamrick Insurance			CLEVELAND COUNTY BO GCT 30'23 AM11 47		47	
Time of the				Trainfox moderates			e. Election Sum to Date			İ	
							\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Cind Descript	ion	j. Date (mm/dd/yy	уу)	k: Amount			
		Check				10-23-2	023	\$_	100.00		
								\$	1		
					,			\$			
4. Total	only this Pag	e		. <del> </del>		4	\$		400.00	]	
5. Total	of ALL CRO	-1210 Pages					\$		400.00		
(This line	e must be on line 6 of	Detailed Summary Page C	RO-1100	9) .					100.00	ĺ	

CRO-1210

Amendment

Disbursem		£	Pg				
Jse this form to committees and	coordinated party ex	from the committe penditures.	ee for, operating expenses,	contributions to	canoidate/pointcal		
	full Name (and Fun				2. ID Number		
	for City Council		·				
3. Type of Disb	ursement <i>(Plea</i>	se use separate C	RO-1310 forms for each t	pe of Disburse	ment.)		
Operating I	Expenses	Contributions to Can	ndidates/Political Committees		Coordinated Party Expenditures		
1. Payee Inform	nation		Add 🔲	Remove			
ı. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	me	d. Comments		
include city, state,							
Go Big Printing	g				-		
PO Box 248			c. Level Registered (Specify)	<del>-</del> -	<u> </u>		
Shelby, NC 28	150		Federal	County:	e. Election Sum to Date		
			State	Municipality:			
	<del>-</del>			r	\$		
. Account Code	g. Form of Payment	h. Purpose Code	I. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Card	A	10-2-2023	\$266.61	Campaign Banner		
				\$			
4. Payee Inform	nation		Add	Remove			
ı. Full Name, Mail	ling Address & Phone		b. Coordinated Committee Na	ıme	d. Comments		
PS Print PO Box 860663 Minneapolis, MN 55486			c. Level Registered (Specify)  Federal State	County: Municipality:	CLEVELAND COUNTY OCT 30 '23 AM11' e. Election Sum to Date \$		
		L		<del></del>			
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Card	A	10-3-2023	\$1016.83	Mailing		
				\$			
4. Payee Inform	nation		Add	Remove			
ı, Full Name, Mail	ling Address & Phone		b. Coordinated Committee N	tme	d. Comments		
include city, state	, & zip)				Social Media		
Facebook					_		
			c. Level Registered (Specify)		<u>-</u>		
			Federal L	County:			
			State	Municipality:	e. Election Sum to Date		
		T	1		\$		
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Online	A	10-5-2023	\$75.00	Social Media		
				\$			
5. Total only th	is Page				\$ 1356.44		
	L CRO-1310 Pages						
	-	• –	00 if Operating Expenses)		<b> </b> \$		
(This line goes it	n line I3b of Detailed Sur	nmary Page CRO-110	10 if Contrib to Candidates/Politic	cal Comm)	\*		

7. Purpose Codes (List detailed expenditure code in (h.) above)

J - Penalties

A\* - Media B\* - Printing E - Salaries F\* - Equipme

B\* - Printing C\* - Fundraising F\* - Equipment G - Political Party

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

G - Political Party

K\* - Office Expenses

D - To Another Candidate

H\* - Holding Public Office Expenses Q\* - Donation to Legal Expense Fund

I - Postage O\* - Other

\* Codes require detailed explanation in required remarks field (k)

Disbursem	ents			Pg	2 of	3	Amendment Yes	No.		
Use this form to			ee :	for; operating expenses,						
1. Committee F	ull Name (and Fun	d if applicable)					2. ID Number			
Shearra Miller f	for City Council									
3. Type of Disb	ursement (Plea	ise use separate C	RO	0-1310 forms for each t	ype of Disburse	ment.)	* · · · · · · · · · · · · · · · · · · ·			
Operating E	Expenses	Contributions to Car	ndid	lates/Political Committees		Coordinate	d Party Expenditures			
4. Payee Inforn	oation			∖dd □	Remove	. /				
a. Full Name, Maili	ing Address & Phone	······· <del>··</del> -	l b	. Coordinated Committee N	ame =	d. Co	mments	9 · · · · · · · · · · · · · · · · · · ·		
(include city, state,	7	·			<del></del> -					
Facebook			L					I		
			C	Level Registered (Specify)				i		
			Federal County:							
			State Municipality			e. Election Sum to Date				
						\$				
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks			
	Online	A		10-10-2023	\$41.62	Soci	al Media			
					\$					
4. Payee Inform	nation		1	Add 🔲	Remove					
a. Full Name, Mail	ing Address & Phone	îa. V	Ь	. Coordinated Committee N	ame.	d. Co	ninients			
(include city, state,	& zip)	y 35								
Facebook			L							
			C	. Level Registered (Specify)	<sup>4</sup> a					
			ال	Federal	County:					
				State	Municipality:	c. Ele	ection Sum to Date	<u> </u>		
						\$				
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	J. Amount		quired Remarks			
	Online	A		10-10-2023	\$24.13	Soci	al Media			
		L			\$					
4. Payce Inforn	nation		1	Add 🔲	Remove					
	ing Address & Phone	9 5	L	. Coordinated Committee N	ame	d. Co	mments			
(include city, state,	& zip)	, 4 <sup>2</sup> ,	4							
Stannp, Inc.	_		-				CLEVELAND OCT 30 '2	COUNTY		
1000 N. West St.			c	. Level Registered (Specify)		_	OCT 30 '2	3 AM 11		
Suite 1200 #193			إإ	Federal	County:					
Wilmington, Dl	E, 19801		Ц	State	Municipality:	e. Ele	ection Sum to Date			
						\$				
f. Account Code 🕟	g. Form of Payment	h. Purpose Code	<u>.</u>	i. Date (mm/dd/yyyy)	J. Amount	k. Re	equired Remarks 💮	J		
	Card	A		10-16-2023	\$1173.94					
					\$					
5. Total only th	is Page	*				\$	1239.69	]		

6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) B\* - Printing C\* - Fundraising D - To Another Candidate A^ - Media F\* - Equipment G - Political Party H\* - Holding Public Office Expenses E - Salaries K\* - Office Expenses I - Postage J - Penalties Q\* - Donation to Legal Expense Fund O\* - Other .\* Codes require detailed explanation in required remarks field (k)

Disburseme Use this form to committees and	ents report expenditures coordinated party ex	from the committe	ee for, operating e	Pg xpenses,		Amendment  Yes No  candidate/political		
	ull Name (and Fun		,		· •	2. ID Number		
Shearra Miller f	or City Council		_					
3. Type of Disb	ursement <i>(Plea</i>	se use separate C	RO-1310 forms fo	r each t	pe of Disburser	nent)		
Operating E	xpenses	Contributions to Can	didates/Political Comr	nittees		coordinated Party Expenditures		
4. Payce Inform	ation		Add		Remove	• ** · · · · · · · · · · · · · · · · · ·		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Con	nmittee Na	me	d. Comments		
(include city, state,	& zip)							
Facebook								
			c. Level Registered	(Specify)				
			Federal		County:			
			State		Municipality:	e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	1. Date (mm/dd/)	(צענו	j. Amount	k. Required Remarks		
	Online	A	10-16-2023		\$125.00	Social Media		
				•	\$			
4. Pavee Inform	ation		Add		Remove			
a. Full Name, Maili	ng Address & Phone	A	b. Coordinated Con	nmittee N	ıme	d. Comments		
(include city, state,	•			•				
Facebook			1			1		
			c. Level Registered	(Specify)	~	7		
			Federal County:			¬		
			☐ State		Municipality:	e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/)	yyyy)	j. Amount	k. Required Remarks		
	Online	Α	10-20-2023		\$175.00	Social Media		
					\$			
4. Payee Inform	l sation		Add		Remove			
	ing Address & Phone	· · · · · · · · · · · · · · · · · · ·	b. Coordinated Committee Name			d. Comments		
(Include city, state,	<u>&amp; 210)</u>				<u>.                                      </u>	_		
			c. Level Registered (Specify)			CLEVELAND COUNTY B		
			Federal Federal	닏	County:	OCT 30 '23 AM11:47		
			L State		Municipality:	e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	(YYY)	j. Amount	k. Required Remarks		
					\$			
					\$			
5. Total only th	-		<del>-</del>			\$ 300.00		
(This line goes in	CRO-1310 Pages line 13a of Detailed Sur				· · · · · · · · · · · · · · · · · · ·	\$ 2896.13		
	line 13b of Detailed Sur line 13c of Detailed Sur		•					
	es (List detailed ex			,	<del>u fo</del>	<del>'</del>		
A* - Media	B* - Printing	C* - Fund		<del></del>	D - To Anol	ther Candidate		
E - Salaries	F* - Equipment	G - Politic	cal Party		H* - Holdir	ng Public Office Expenses		
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses		Q* - Donat	ion to Legal Expense Fund		

Codes require detailed explanation in required remarks field (k).