

Disclosure Report Cover

Amendment	
☐ Yes	☒ No

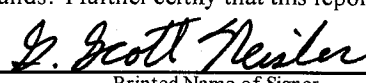
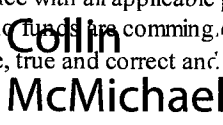
Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information	
a. Full Name	c. ID Number
SCOTT NEISLER FOR CITY COUNCIL	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
PO BOX 97275 RALEIGH, NC 27624	10/27/2025
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2025	09/24/2025	10/20/2025	COLLIN MCMICHAEL

6. Type of Committee (Check One)		7. Type of Report (Check One)		8. Type of Report (Check One)
☒ Candidate Campaign	☐ Party	Municipal	State/County	Referendum
☐ Joint Fundraiser	☐ PAC	☐ Organizational	☐ Organizational	☐ Organizational
☐ Referendum	☐ Legal Expense Fund	☐ Thirty-five day	☐ Quarterly	☐ Pre-referendum
9. Type of Fund		☐ Pre-primary	☐ First	☐ Final
☐ "Booster Fund"	☒ Pre-election	☐ Second	☐ Supplemental Final	☐ Annual
☐ Building Fund	☐ Pre-runoff	☐ Third	☐ Special	
☐ Presidential Election Year Candidates Fund	☐ Semi-annual	☐ Fourth		
☐ NC Public Campaign Financing Fund	☐ Mid Year	☐ Semi-annual		
☐ Other:	☐ Year End	☐ Mid Year		
	☐ Final	☐ Year End		
	☐ Special	☐ Final		
		☐ Special		
10. Number of Amendments to this Report		11. Special Report Name		
0				

12. Account Information for		13. Account Information for	
a. Financial Institution Full Name	a. Financial Institution Full Name	b. Purpose	c. Account Code
TRUIST BANK		CHECKING	01
			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.			
		10/27/2025	10/27/2025
Printed Name of Signer	Signature of Appointed Treasurer	Date	Date

FOR OFFICE USE ONLY			
Date Received:	<u>10-27-25</u>	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.

Detailed Summary

Amendment	
☐ Yes	☒ No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
SCOTT NEISLER FOR CITY COUNCIL		2025 Pre-Election			
Start of Election Cycle: January 1, 2024		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 11,400.00		\$ 14,357.27	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund- Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 11,400.00		\$ 14,357.27	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 6,800.00		\$ 6,800.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 2,957.27	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6,800.00		\$ 9,757.27	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,600.00		\$ 4,600.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Contributions from Individuals

Pg 1 of 5

Amendment

☐ Yes ☒ No

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 individual name if applicable)						2. ID Number
SCOTT NEISLER FOR CITY COUNCIL						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HOLLY M BLACK 116 MONTA VISTA DR KINGS MOUNTAIN, NC 28086			ENERGY SERVICE ENG & COMP SPECIALIST			
			c. Employer's Name/Specific Field			
			CITY OF KINGS MOUNTAIN			
			e. Election Sum to Date			
			\$		250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		10/09/2025	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHIRLEY BRUTKO 504 DEERFIELD DR P O BOX 968 KINGS MOUNTAIN, NC 28086			RETIRED ELECTRIC SUPERINTENDENT			
			c. Employer's Name/Specific Field			
			RETIRED CITY OF ABLEMARLE			
			e. Election Sum to Date			
			\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		10/09/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GINA R COLLIAS 315 GARRISON DR KINGS MOUNTAIN, NC 28086			REAL ESTATE BROKER			
			c. Employer's Name/Specific Field			
			SG6 ENTERPRISES LLC			
			e. Election Sum to Date			
			\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		10/09/2025	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 450.00	
5. Total of All CRO-1205 Pages (This line must equal line 5 of General Contributions Page CRO-110)					\$ 11,400.00	

Contributions from Individuals

Pg 2 of 5

Amendment

☐ Yes ☒ No

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 Address (if not on file)						2. ID Number	
SCOTT NEISLER FOR CITY COUNCIL							
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LARRY D DOOLEY 14 HERITAGE LN SHELBY, NC 28150				RETIRED VP			
				c. Employer's Name/Specific Field			
				RETIRED FOX DISTRIBUTING INC		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐	01	Check		10/09/2025	\$ 100.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JAMIE S GOLDSTEIN 3130 JASMINE COURT DELRAY BEACH, FL 33483				BUSINESS OWNER			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED UNABLE TO OBTAIN		e. Election Sum to Date	
						\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐	01	Check		10/09/2025	\$ 6,800.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
R DEAN HARRELL 2400 BEULAH CHURCH RD MATTHEWS, NC 28104				DEVELOPER			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED UNABLE TO OBTAIN		e. Election Sum to Date	
						\$ 1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐	01	Check		10/09/2025	\$ 1,500.00		
☐					\$		
☐					\$		
4. Total only this Page						\$ 8,400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of 6 of all forms for CRO-1210)						\$ 11,400.00	

Contributions from Individuals

Pg 3 of 5

Amendment

☐ Yes ☒ No

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 State if applicable) SCOTT NEISLER FOR CITY COUNCIL						ID Number
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JENNIFER FITE HORD 332 YARBRO RD KINGS MOUNTAIN, NC 28086			AGENT			
			c. Employer's Name/Specific Field			
			HORD INSURANCE		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		10/09/2025	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
G K HOWARD JR 707 HUNTINGTOWNE DR KINGS MOUNTAIN, NC 28086			DENTIST			
			c. Employer's Name/Specific Field			
			G K HOWARD JR DDS		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		10/09/2025	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHRIS JOLLY NC						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		10/09/2025	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages					\$ 11,400.00	

Contributions from Individuals

Pg 4 of 5

Amendment

☐ Yes ☒ No

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) SCOTT NEISLER FOR CITY COUNCIL						ID Number	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARK MARTYAK 201 BATTERY POINT PL CARY, NC 27513				EVP			
				c. Employer's Name/Specific Field			
				POWER SECURE INC			
				e. Election Sum to Date			
				\$		1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐	01	Check		10/09/2025	\$ 1,000.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
C ANDREW NEISLER JR 701 LITTLE CREEK DR KINGS MOUNTAIN, NC 28086				ATTORNEY/PARTNER			
				c. Employer's Name/Specific Field			
				CLONINGER & NEISLER			
				e. Election Sum to Date			
				\$		250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐	01	Check		10/09/2025	\$ 250.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
H PARKS NEISLER JR 109 MONTCLIFF RD KINGS MOUNTAIN, NC 28086				TEXTILE SALES			
				c. Employer's Name/Specific Field			
				DICEY FABRICS			
				e. Election Sum to Date			
				\$		250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐	01	Check		10/09/2025	\$ 250.00		
☐					\$		
☐					\$		
4. Total only this Page						\$ 1,500.00	
5. Total of ALL CRO-1210 Pages						\$ 11,400.00	
(This line must be on line 6 of a printed summary form CRO-1210)							

Contributions from Individuals

Pg 5 of 5

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (if blank, leave blank)					2. ID Number	
SCOTT NEISLER FOR CITY COUNCIL						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
C POOLE 105 PERSIMMON CREEK RD KINGS MOUNTAIN, NC 28086						
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		10/09/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CHARLES D YELTON 714 WILLIAMS ST KINGS MOUNTAIN, NC 28086				RETIRED UNABLE TO OBTAIN		
				c. Employer's Name/Specific Field		
				RETIRED NO EMPLOYER		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		10/09/2025	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO 1210 Pages (This line must be on the bottom of the last page of CRO 1210)					\$ 11,400.00	

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment
☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund Name if applicable)				2. Committee Number	
SCOTT NEISLER FOR CITY COUNCIL					
3. Payee Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
JAMIE S GOLDSTEIN 3130 JASMINE COURT DELRAY BEACH, FL 33483			☐ Candidate ☐ PAC ☐ Referendum ☐ Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			☐ Federal ☐ County: ☐ State ☐ Municipality:		10/09/2025
					i. Original Receipt Amount
					\$ 6,800.00
b. Job Title/Profession	c. Employer's Name/Specific Field		f. Purpose Code		j. Election Sum to Date
BUSINESS OWNER	SELF EMPLOYED UNABLE TO OBTAIN		L		\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
01	Check			10/15/2025	\$ 6,800.00
4. Total on this Page					\$ 6,800.00
5. Total of ALL CRO-1320 Pages (This line must be on the last completed form. Page CRO-1320)					\$ 6,800.00
6. Purpose Codes (List all codes and amounts in the above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kin O* Other					

CRO-1320

NC State Board of Elections

July 2007