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: Committee to Re-elect Shearra Miller
   b. Mailing Address (include City, State and Zip Code)
      403 W. Mountain Street
      Kings Mountain, NC 28086
   c. ID Number: SMCCS
   d. Date Filed
   e. Phone Number: 704-739-0806

2. Report Year
   2020

3. Period Start Date (mm/dd/yy)
   10/18/20

4. Period End Date (mm/dd/yy)
   12/31/20

5. Treasurer Full Name
   David Brian Brooks

6. Type of Committee (Check One)
   x Candidate Campaign
   □ Party
   □ 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)
   x Municipal
   □ Organizational
   □ Thirty-five day
   □ Pre-primary
   □ First
   □ Pre-election
   □ Second
   □ Pre-runoff
   □ Third
   □ Semi-annual
   □ Fourth
   □ Mid Year
   □ Semi-annual
   □ Year End
   □ Mid Year
   □ Final
   □ Year End
   □ Special
   □ Special

10. Special Report Name

11. Account Information
    a. Financial Institution Full Name
       Wells Fargo Bank
    b. Purpose
       Campaign
    c. Account Code
       A1
    d. Period Begin Balance
       $ 212.00

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.

David Brian Brooks

Printed Name of Signer

Signature of Authorized Treasurer

01/04/2020

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
**Detailed Summary**

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

<table>
<thead>
<tr>
<th>Committee Full Name (and Fund if applicable)</th>
<th>Type of Report</th>
<th>ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee to re-elect Shearra Miller</td>
<td>2020 Fourth Quarter</td>
<td>SMCCS</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Start of Election Cycle: January 1, 2020</th>
<th>Total this Reporting Period</th>
<th>Total this Election Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>4) Cash on Hand at Start</td>
<td>$ 212.00</td>
<td>$</td>
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</tbody>
</table>

**Receipts**

5) Aggregated Contributions from Individuals  
6) Contributions from Individuals  
7) Contributions from Political Party Committees  
8) Contributions from Other Political Committees  
9) Loan Proceeds  
10) Refunds/Reimbursements To The Committee  
11) Other Receipt Sources  
11a) Interest on Bank Accounts  
11b) Contributions from Not-for-Profit Organizations  
11c) Outside Sources of Income  
11d) Legal Expense Fund – Other Sources  
11 e) Exempt Purchase Price Sales  
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)* |

<table>
<thead>
<tr>
<th>Disbursements</th>
<th>Total this Reporting Period</th>
</tr>
</thead>
</table>
| 13a) Operating Expenditures  
13b) Contributions to Candidates/Political Committees  
13c) Coordinated Party Expenditures  
14) Aggregated Non-Media Expenditures  
15) Loan Repayments  
16) Refunds/Reimbursements From the Committee  
17) In-Kind Contributions  
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)* |
| Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)* | $ 355.38 | $ 355.38 |

**Additional Items**

20) Non-Monetary Gifts Given to Other Committees  
21) Outstanding Loans (incl. ones from other campaigns)  
22) Debts and Obligations owed By the Committee  
23) Debts and Obligations owed To the Committee  
24) Account Transfers Within the Committee  
25) Administrative Support  
26) Forgiven Loans  
27) 48-Hour Notice Reports Sum  
28) Contributions to be Refunded
<table>
<thead>
<tr>
<th>a. Amend</th>
<th>b. Account Code</th>
<th>c. Form of Payment</th>
<th>d. In-Kind Description</th>
<th>e. Date (mm/dd/yyyy)</th>
<th>f. Amount</th>
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<tbody>
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<td>10/30/2020</td>
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4. Total only this Page: $ 50.00

5. Total of ALL CRO-1205 Pages: $ 50.00
Contributions from Individuals

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)
   Committee to re-elect Shearra Miller

2. ID Number
   SMCCS

3. Contributor Information
   a. Full Name, Mailing Address & Phone
      SHEARRA MILLER
      403 WEST MOUNTAIN STREET
      KINGS MOUNTAIN, NC 28086
   b. Job Title/Profession
      DIRECTOR
   c. Employer’s Name/Specific Field
      CLEVELAND COUNTY ARTS COUNCIL
   d. Comments
   e. Election Sum to Date
      $ 2,700.00

   f. Prior  g. Account Code  h. Form of Payment  i. In-Kind Description  j. Date (mm/dd/yyyy)  k. Amount
   -  A1  Cash  10/19/2020  $ 700.00
   -
   -

3. Contributor Information
   a. Full Name, Mailing Address & Phone
      (include city, state, & zip)
   b. Job Title/Profession
      (include city, state, & zip)
   c. Employer’s Name/Specific Field
      (include city, state, & zip)
   d. Comments
   e. Election Sum to Date
      $ 2,700.00

   f. Prior  g. Account Code  h. Form of Payment  i. In-Kind Description  j. Date (mm/dd/yyyy)  k. Amount
   -
   -
   -

3. Contributor Information
   a. Full Name, Mailing Address & Phone
      (include city, state, & zip)
   b. Job Title/Profession
      (include city, state, & zip)
   c. Employer’s Name/Specific Field
      (include city, state, & zip)
   d. Comments
   e. Election Sum to Date
      $ 2,700.00

   f. Prior  g. Account Code  h. Form of Payment  i. In-Kind Description  j. Date (mm/dd/yyyy)  k. Amount
   -
   -
   -

4. Total only this Page
   $ 700.00

5. Total of ALL CRO-1210 Pages
   (This line must be on line 5 of Detailed Summary Page CRO-1100)
   $ 700.00
Disbursements

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

1. Committee Full Name (and Fund if applicable)
   Committee to re-elect Shearra Miller

2. ID Number
   SMCCS

3. Type of Disbursement
   (Please use separate CRO-1310 forms for each type of Disbursement)
   √ Operating Expenses  □ Contributions to Candidates/Political Committees  □ Coordinated Party Expenditures

4. Payee Information
   a. Full Name, Mailing Address & Phone
      (include city, state, & zip)
      JustYardSigns.com
   b. Coordinated Committee Name
   c. Level Registered (Specify)
      □ Federal  □ County:
      □ State  □ Municipality:
   d. Comments
   e. Election Sum to Date
      $ 1,605.00

   f. Account Code  g. Form of Payment  k. Required Remarks
         h. Purpose Code
   i. Date (mm/dd/yyyy)
   j. Amount

4. Payee Information
   a. Full Name, Mailing Address & Phone
      (include city, state, & zip)
      NC Vote Builder
   b. Coordinated Committee Name
   c. Level Registered (Specify)
      □ Federal  □ County:
      □ State  □ Municipality:
   d. Comments
   e. Election Sum to Date
      $ 145.90

   f. Account Code  g. Form of Payment  k. Required Remarks
         h. Purpose Code
   i. Date (mm/dd/yyyy)
   j. Amount

4. Payee Information
   a. Full Name, Mailing Address & Phone
      (include city, state, & zip)
      Bridgett McCurry
      110 Maplewood Knoll Drive
      East Flat Rock, NC 28726
   b. Coordinated Committee Name
   c. Level Registered (Specify)
      □ Federal  □ County:
      □ State  □ Municipality:
   d. Comments
   e. Election Sum to Date
      $ 566.66

   f. Account Code  g. Form of Payment  k. Required Remarks
         h. Purpose Code
   i. Date (mm/dd/yyyy)
   j. Amount

5. Total only this Page
   $ 566.66

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)
   $ 576.62

7. Purpose Codes
   (List detailed expenditure code in h. above)
   A* - Media  B* - Printing  C* - Fundraising  D - To Another Candidate
   E - Salaries  F* - Equipment  G - Political Party  H* - Holding Public Office Expenses
   I - Postage  J - Penalties  K* - Office Expenses  Q* - Donation to Legal Expense Fund

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

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

1. Committee Full Name (and Fund if applicable)
   - Committee to re-elect Shearra Miller

2. ID Number
   - SMCCS

3. Type of Disbursement
   - Operating Expenses
   - Contributions to Candidates/Political Committees
   - Coordinated Party Expenditures

4. Payee Information
   - a. Full Name, Mailing Address & Phone
     (include city, state, & zip)
     - Facebook
     - 1 Hacker Way
     - Menlo Park, CA 94025
   - b. Coordinated Committee Name
   - c. Level Registered (Specify)
     - Federal
     - County:
     - State
     - Municipality:
   - d. Comments
   - e. Election Sum to Date
     - $ 9.96

f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks
--- | --- | --- | --- | --- | ---
A1 | Debit Card | A | 12/01/2020 | $9.96 | Social Media Ma

5. Total only this Page
   - $ 9.96

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)
   - $ 576.62

Purpose Codes:
- A - Media
- B - Printing
- C - Fundraising
- D - To Another Candidate
- E - Salaries
- F - Equipment
- G - Political Party
- H - Holding Public Office Expenses
- I - Postage
- J - Penalties
- K - Office Expenses
- Q - Donation to Legal Expense Fund
- O - Other

Codes require detailed explanation in required remarks field (k)
# Aggregated Non-Media Expenditures

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

## Committee Full Name (and Fund, if applicable)

<table>
<thead>
<tr>
<th>3. Payee Information</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Add</strong></td>
<td><strong>Remove</strong></td>
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## Total only this Page

$30.00

## Total of ALL CRO-1315 Pages

(This line must be on line 14 of Detailed Summary Page CRO-1100)

$30.00

## Purpose Codes (List detailed expenditure code in (d) above)

- B* - Printing
- C* - Fundraising
- D - To Another Candidate
- E - Salaries
- F* - Equipment
- G - Political Party
- H* - Holding Public Office Expenses
- I - Postage
- J - Penalties
- K* - Office Expenses
- Q* - Donations to Legal Expense Fund
- O* - Other

*Codes require detailed explanation in required remarks field (g)