

# 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 Committee to Re-elect Shearra Miller		c. ID Number SMCCS	
b. Mailing Address (include City, State and Zip Code) 403 W. Mountain Street Kings Mountain, NC 28086		d. Date Filed 10/26/2020	
		e. Phone Number 704-739-0806	

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	07/10/20	10/17/20	David Brian Brooks

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal	State/County	Referendum
	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			

11. Account Information		11. Account Information	
a. Financial Institution Full Name Wells Fargo Bank		a. Financial Institution Full Name	
b. Purpose Campaign	c. Account Code A1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 492.00		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.

David Brian Brooks 10/25/2020  
 Printed Name of Signer Signature of Appointed Treasurer

**FOR OFFICE USE ONLY**

Date Received: 10-26-20 Employee: NM

Date Postmarked: \_\_\_\_\_

Date Scanned: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_

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OCT 26 2020

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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
Committee to re-elect Shearra Miller		2020 Third Quarter		SMCCS	
<b>Start of Election Cycle:</b>		<b>January 1, 2020</b>		<b>Total this Reporting Period</b>	
<b>4) Cash on Hand at Start</b>		\$ 492.00		\$	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals</b>		<i>(CRO-1205)</i>		\$	
<b>6) Contributions from Individuals</b>		<i>(CRO-1210)</i>		\$ 1,500.00	
<b>7) Contributions from Political Party Committees</b>		<i>(CRO-1220)</i>		\$	
<b>8) Contributions from Other Political Committees</b>		<i>(CRO-1230)</i>		\$	
<b>9) Loan Proceeds</b>		<i>(CRO-1410)</i>		\$ 50.00	
<b>10) Refunds/Reimbursements To the Committee</b>		<i>(CRO-1240)</i>		\$	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts</b>		<i>(CRO-1250)</i>		\$	
<b>11b) Contributions from Not-for-Profit Organizations</b>		<i>(CRO-1250)</i>		\$	
<b>11c) Outside Sources of Income</b>		<i>(CRO-1250)</i>		\$	
<b>11d) Legal Expense Fund – Other Sources</b>		<i>(CRO-1270)</i>		\$	
<b>11 e) Exempt Purchase Price Sales</b>		<i>(CRO-1265)</i>		\$	
<b>12) TOTAL RECEIPTS</b> <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$		\$	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures</b>		<i>(CRO-1310)</i>		\$ 1,750.00	
<b>13b) Contributions to Candidates/Political Committees</b>		<i>(CRO-1310)</i>		\$	
<b>13c) Coordinated Party Expenditures</b>		<i>(CRO-1310)</i>		\$	
<b>14) Aggregated Non-Media Expenditures</b>		<i>(CRO-1315)</i>		\$ 30.00	
<b>15) Loan Repayments</b>		<i>(CRO-1420)</i>		\$	
<b>16) Refunds/Reimbursements From the Committee</b>		<i>(CRO-1320)</i>		\$	
<b>17) In-Kind Contributions</b>		<i>(CRO-1510)</i>		\$	
<b>18) TOTAL EXPENDITURES</b> <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$		\$	
<b>19) Cash on Hand at End</b> <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 212.00		\$ 212.00	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees</b>		<i>(CRO-1330)</i>		\$	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>		<i>(CRO-1430)</i>		\$	
<b>22) Debts and Obligations owed By the Committee</b>		<i>(CRO-1610)</i>		\$	
<b>23) Debts and Obligations owed To the Committee</b>		<i>(CRO-1620)</i>		\$	
<b>24) Account Transfers Within the Committee</b>		<i>(CRO-1720)</i>		\$	
<b>25) Administrative Support</b>		<i>(CRO-1710)</i>		\$	
<b>26) Forgiven Loans</b>		<i>(CRO-1440)</i>		\$	
<b>27) 48-Hour Notice Reports Sum</b>		<i>(CRO-2220)</i>		\$	
<b>28) Contributions to be Refunded</b>		<i>(CRO-1215)</i>		\$	

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 OCT 26 2020

By \_\_\_\_\_

# Contributions from Individuals

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

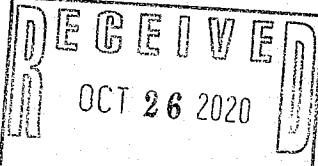
<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. ID Number</b>
Committee to re-elect Shearra Miller	SMCCS

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
SHEARRA MILLER 403 WEST MOUNTAIN STREET  KINGS MOUNTAIN, NC 28086	DIRECTOR	
	<b>c. Employer's Name/Specific Field</b> CLEVELAND COUNTY ARTS COUNCIL	
		<b>e. Election Sum to Date</b>
		\$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A1	Cash		8/21/2020	\$ 1,000.00
<input type="checkbox"/>	A1	Cash		8/24/2020	\$ 500.00
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b>	
		<b>e. Election Sum to Date</b>
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Job Title/Profession</b>	<b>d. Comments</b>
		
	<b>c. Employer's Name/Specific Field</b>	
		<b>e. Election Sum to Date</b>
		\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 1,500.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 1,500.00

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee to re-elect Shearra Miller					SMCCS
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JustYardSigns.com			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 1,605.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A1	Debit Card	A	8/26/2020	\$1,299.00	Campaign Signs
A1	Debit Card	A	9/23/2020	\$306.00	Campaign Signs
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC Vote Builder			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 145.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A1	Debit Card	A	9/28/2020	\$145.00	Database Inform
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 1,750.00
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 1,750.00
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
<b>7. Purpose Codes</b> (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		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

