

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

2. Report Year <i>2020</i>	3. Period Start Date (mm/dd/yy) <i>01/05/20</i>	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name <i>Brian David Brooks</i>
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category)		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		Municipal <input checked="" 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	State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input 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	Referendum <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 By <i>CD</i>
8. Number of Fundraisers this Report <i>0</i>		10. Special Report Name		



11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Wells Fargo</i>	a. Financial Institution Full Name	b. Purpose <i>Campaign</i>	c. Account Code <i>A1</i>
b. Purpose	b. Purpose	d. Period Begin Balance \$ <i>0</i>	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 *[Signature]* *1-5-20*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: *1-6-20* Employee: *CD* 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

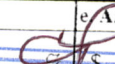
Use this form to summarize all disclosure reporting forms and to total monetary information

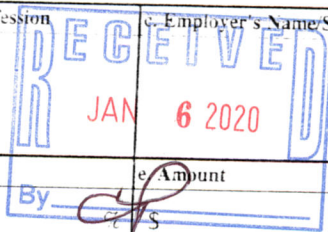
1. Committee Full Name (and Fund if applicable) Committee to Reelect Shearra Miller		2. Type of Report	3. ID Number SMCCS
Start of Election Cycle: January 1, 2020		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$	\$	
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 Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$	\$	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
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 and 17)	\$ 0	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 50.00	\$	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
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)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

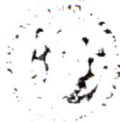
Loan Proceeds

Page 1 of 1 Amendment Yes No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

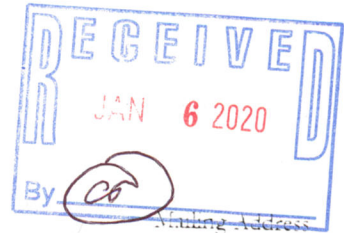
1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Re-elect Shearra Miller				SMCCS	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
Shearra Miller 403 W. Mountain St. Kings Mountain, NC 28086			Exec. Director		
			c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
			Cleveland County Arts Council	1-6-2020	
				f. End Date (mm/dd/yyyy)	
				1-6-2020	
g. Rate	h. Security Pledged		i. Account Code	j. Form of Payment	k. Amount
%			A1	cash	\$ 50.00
l. Full Name of Lending Institution					m. Loan Number
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	c. Employer's Name/Specific Field	
			d. Percentage	e. Amount	
				By  \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	c. Employer's Name/Specific Field	
			d. Percentage	e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	c. Employer's Name/Specific Field	
			d. Percentage	e. Amount	
				% \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	c. Employer's Name/Specific Field	
			d. Percentage	e. Amount	
				% \$	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)					\$ 50.00





North Carolina
State Board of Elections
441 N. Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director



Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: Committee to Re-Elect Shearra Miller
- Person or committee to make loan: Shearra Miller
- Date of loan to committee: 1-6-2020
- Name of lending institution and account number (source): _____

- Amount of loan: \$50.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors): _____

- Period of loan: _____
- Rate of interest of loan: _____
- Security pledged for loan: _____

I, Shearra Miller, acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Shearra Miller Signature of Lender 1-6-2020 Date Signed

Signature of Treasurer of Committee Date Signed