

# 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
	e. Phone Number 704-739-0806

2. Report Year 2021	3. Period Start Date (mm/dd/yy) 01/01/21	4. Period End Date (mm/dd/yy) 06/30/2021	5. Treasurer Full Name David Brian Brooks
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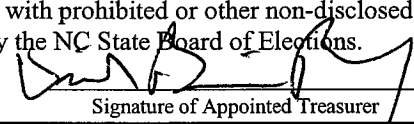
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

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	b. Purpose	d. Period Begin Balance	d. Period Begin Balance
		\$ 355.38	\$

**CERTIFICATION**

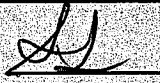
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

David Brian Brooks  
Printed Name of Signer

  
Signature of Appointed Treasurer

07/27/2021  
Date

**FOR OFFICE USE ONLY**

Date Received: 07-28-21 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	
Committee to re-elect Shearra Miller		2021 Fnal Report		SMCCS	
<b>Start of Election Cycle:</b> January 1, <u>2020</u>		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$ 355.38		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$ 50.00	
6) Contributions from Individuals (CRO-1210)		\$		\$ 2,700.00	
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)		\$		\$	
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)		\$		\$	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$ 2326.62	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$ 118.00	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 355.38		\$ 355.38	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00		\$ 0.00	
<b>ADDITIONAL INFORMATION</b>					
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)		\$		\$	

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 BOARD OF ELECTIONS  
 CLEVELAND COUNTY  
 2021 JUL 28 P 4:

# Refunds/Reimbursements From the Committee

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

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>		
Committee to re-elect Shearra Miller			SMCCS		
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>	
SHEARRA MILLER 403 WEST MOUNTAIN STREET  KINGS MOUNTAIN NC, NC 28086		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		08/24/2020	
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 500.00	
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
				\$ 2700.00	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>	
DIRECTOR		CLEVELAND COUNTY ART COUNCIL		01	
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>			<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
EFT				01/07/2021	\$ 355.38
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 0.00	
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
				\$ 0.00	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>	
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>			<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
					\$
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
				\$	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>k. Account Code</b>	
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>			<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
					\$
<b>4. Total only this Page</b>					\$ 355.38
<b>5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-140)</b>					\$ 355.38
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
Codes require detailed explanation in required remarks field (m).					

RECEIVED  
 CLERK OF SUPERIOR COURT  
 CLEVELAND COUNTY  
 JUL 28 2 15 PM '21