Disclosure Report Cover

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Disclosure Report Cover	Amendment Yes	X	No
Use this form for general report and committee information, must be signed and submitted along with o	other detailed forms.	A	
Do not use this form to update information			

1. Committee Infor	mation	See.			
a. Full Name		QUER	ATI6 PH	3:10	c. ID Number
Elect Susan Miller	Board of Education			× 10	ECQV2W
	lude City, State and Zip Code)		A COLOR		d. Date Filed
645 N. Stratford Rd Winston-Salem, NC					05/10/2022
					e. Phone Number
					336-817-8182
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer F	full Name
2022	01/01/2022	04/	30/2022	John D. Eller	Ш
6. Type of Commit		9. Type of Repor	t (check o	nly one type of rep	port from one category)
Candidate Camp	aign 🔲 Party	Municipal	State/	County	Referendum
PAC	Referendum	Organization	al 📋	Organizational	Organizational
Independent Expenditure Legal Expense Fi	Joint Fundraiser	Thirty-five da	ıy	Quarterly	Pre-referendum
. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
_		Mid Yea	u	Semi-annual	
Other:		Year En	d 🗌	Mid Year	10. Special Report Name
		Final		Year End	
. Number of Fund	raisers this Report	Special		Final	
1. Account Inform	0 ation	Sector and the works	11 Annount	Special Information	
Financial Institution I				titution Full Name	
NC State Employee	s CU			A DESCRIPTION & DESCRIPTION	
. Purpose	c. Account Code		b. Purpose	the second second	c. Account Code
for campaign					
	d. Period Begin Balance	e			d. Period Begin Balance
	\$ 913.52				\$
ERTIFICATION			ī si li li	100 100	
ne NC General Stati	ites and that no funds are co correct and that I have beer	mmingled with prob	nibited or other	non-disclosed fun	2B, & 22D-22M of Chapter 163 of ds. I further certify that this report 05/10/2022
-	Printed Name of Signer		ignature of Appoir	nted Treasurer	Date
OR OFFICE USE O	NLY		1 ⁸⁸¹ (1 5 5		
Date Received:		Employee:		<u></u>	Delivery Method Normal Mail
Date Postmarkee	l:	Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			Electronically Filed Signer has not received
Date Data Entere	ed:	Employee:			mandatory training
Please Note: This	custodia	in of books informat	ion, or account	information.	dress, treasurer, assistant treasurer,
CRO_1000	You must amend the Stater				nittee changes.

Detailed Summary

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

Amendment Ves 🔀 No

	ype of Report		3. ID Number
Elect Susan Miller Board of Education Firs	t Quarter		ECQV2W
	022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$
RECEIPTS	den star		Standy Special States
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$ 1100	\$ 1100
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ O
9) Loan Proceeds	(CRO-1410)	\$ 3247.45	\$ 3247.45
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0
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)	\$	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2422.37	\$ 2422.37
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
7) In-Kind Contributions	(CRO-1510)	\$	\$
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a)	nd 17)	\$	\$
9) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin		\$	\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
3) Debts and Obligations owed To the Committee	(CRO-1620)	\$	Section Sta
4) Account Transfers Within the Committee	(CRO-1720)	\$	
5) Administrative Support	(CR0-1710)	\$	\$
6) Forgiven Loans	(CRO-1440)	\$	\$
7) 48-Hour Notice Reports Sum	- F	\$	\$
8) Contributions to be Refunded	-	\$	\$

Contributions fr	om Individuals
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2 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	nittee Full Name	(and Fund if applica	(ald			is unde		1205 IS	not used	
			(Dic)					2. ID N	umder	
Elect Su	san Miller Board	of Education							ECQV2W	r
	ributor Informat			Add		Rem	ove	H H MA		
a. Full Na	me, Mailing Address	& Phone		b. Job T	itle/Pro	fession		d. Comm	ents	
	e city, state, & zip)			Forsyt	h Co. (Commis	ssioner	Persona	l Donation	
Don Ma										
	baccoville Rd.						cific Field			
Tobacco	ville, NC 27050			Forsyt	h Co. (Governi	nent			
								e. Election	Sum to Date	
								\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Deseri	iption		j. Date (mm/dd/	(VVVV)	k. Amount	
	1	Check					04/07			
							04/07.	2022	\$	250.00
			_						\$	
									\$	
	ibutor Informati		\boxtimes	Add		Rem	ove		e norte	
	me, Mailing Address	& Phone		b. Job Ti				d. Comme	nts	
Paul Fult	city, state, & zip)			Chairn	nan Em	neritus				
					1 1.1	10		_		
	380 Knollwood St. Winston-Salem, NC 27103			c. Employer's Name/Specific Field			_			
winston-salem, NC 27105			Bassett Furniture Industries,			. TOR	0			
								e. Liection	Sum to Date	
								\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description j. Date (mm/d		j. Date (mm/dd/	уууу)	k. Amount		
	1	Check					04/20/	2022	\$	500.00
									\$	
			1						\$	
3. Contr	ibutor Informati	DN		Add		Remo	ive			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Ti	tle/Profe	and the second second		d. Comme	afs	
(include	city, state, & zip)			REtired	_					
Bill Tren										
17 Harve				c. Employ	yer's Na	me/Spec	ific Field			
Daleville	Daleville, VA 24083									
								e. Election	Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check					04/20/2	2022	\$	50.00
									\$	
									\$	
4. Total	only this Pag	e						\$		800.00
	of ALL CRO	(2)	1.4				G. 8. 2. 3. 9.	\$		1100.00
		Detailed Summary Page C.	RO-1100)					Ф		1100.00
CRO-121	0		1	NC State Bo	oard of F	lections				April 2007

April 2007

Contributions from Individual	Contributions	from L	ndividuals
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Amendment Yes \boxtimes

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Use this form to report individual contributions over \$50 or contributions under 50 if for of 2 CRO 1205 is r hour

1. Com		(and Fund if applica		o or contributions t		2. ID N		1 and 1
	san Miller Board				and a second secon	Are LAP 1		
							ECQV2W	r
3. Conti	ributor Informati	lon	\boxtimes	Add 🗍 I	Remove			승규 관계적인
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profess	ion	d. Comn	ients	
	e city, state, & zip)			Owner		Person	al Donation	
Gary Yo								
PO Box				c. Employer's Name	Specific Field			
Elkin, N	C 28621			WIFM Radio				
						e. Electio	on Sum to Date	
						\$	300.00	
f. Prior	a Assount Code	h Francis Champion (
	g. Account Code	h. Form of Payment	1. In-1	Kind Description	j. Date (mm/d	d/yyyy)	k. Amount	
	1	Check			04/2	1/2022	\$	300.0
							\$	
							\$	
3. Contr	ibuter Informati	on		Add 🗌 F	Remove	- 11 B	State of the	
a. Full Nat	me, Mailing Address	& Phone		b. Job Title/Professi	the second s	d. Comm	ents	1 - Contraction
(include	city, state, & zip)							
						\$	n Sum to Date	
f. Prior	g. Account Code	h. Form of Payment i. In-Kind Description j. Date (mm/		j. Date (mm/dd	l/уууу)	k. Amount		
							\$	
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add 🗌 R	emove		FIN CONTRACT	Terre al
a. Full Nar	ne, Mailing Address d	& Phone		b. Job Title/Professio	on	d. Comm	ents	1
(include	city, state, & zip)		1.					
				c. Employer's Name/	Specific Field			
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd		k. Amount	
							\$	
							\$	
							\$	
	only this Pag					\$		300.00
	of ALL CRO	-1210 Pages Detailed Summary Page C	PO IIO			\$		1100.00
CRO-121	the second se	commence commencery rule (.)		NC State Board of Elect	1			

Disbursements

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of <u>2</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Name (and Far				2. ID Number
	iller Board of Educat				ECQV2W
3. Type of Dist	And and a second se		RO-1310 forms for each i	type of Disbursen	nent.)
Operating			ndidates/Political Committees		pordinated Party Expenditures
4. Payee Inform	and the second se	\boxtimes	Add	Remove	
	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state			Susan Miller		Signs
Wooten Graph 172 Hinkle Ln.					
Lexington, NC			c. Level Registered (Specify)		
Lexington, NC	21295		Federal X	County:	
			State	Municipality:	e. Election Sum to Date
	1	1			\$ 2041.56
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	Α	03/17/2022	\$750.00	Signs
1	Check	А	03/31/2022	\$1291.56	Signs
4. Payee Inform	nation		Add	Remove	And Summer States and a
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	and the second s	d. Comments
(include city, state,			Susan Miller		Flyers
FedEx Office					1 19 010
232 S. Stratford	l Rd.		c. Level Registered (Specify)		1
Winston-Salem	, NC 27103		Federal X	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 204.58
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	В	03/21/2022	\$204.58	Flyers
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	the second s	d. Comments
(include city, state,			Susan Miller		Rack Cards
Zazzle, Inc					
Zazzle.com			c. Level Registered (Specify)		
			Federal X	County:	-
			State	Municipality:	e. Election Sum to Date
					\$ 180.43
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	В	03/25/2022	\$180.43	Rack Cards
				\$	
5. Total only th					\$ 2426.57
	CRO-1310 Pages	STRATE AND A	The Production of the State	I DATE AND A DESCRIPTION OF A DESCRIPTIO	
	line 13a of Detailed Sum				\$ 2512.02
			if Contrib to Candidates/Politics if Coordinated Party Expenditud		\$ 2513.93
	es (List detailed exp				A CONTRACTOR OF A
A* - Media	B* - Printing	C* - Fund	raising	D - To Anothe	er Candidate
E - Salaries	F* - Equipment	G - Politic			Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	e Expenses	Q* - Donation	n to Legal Expense Fund
	e detailed explanati	on in required re	marks field (k)	INFI DE LOS DEC LOS	O STREET, AND IN A PROPERTY
CRO-1310			tate Board of Elections	No. of the last	December 2009

NC State Board of Elections

Disbursements

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of <u>2</u> 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 Fur	ul if applicable	CAN BE AN INCOME TO A REAL		A 10 M
	iller Board of Educat		a na kangangan kanga kangan kanga Kangan kangan k		2. ID Number
3. Type of Disl			CRO-1310 forms for each t	ana of Dichussa	ECQV2W
Operating	Commentaria de la commentari	Contributions to C:	andidates/Political Committees	attention	oordinated Party Expenditures
4. Payee Infor			Add	Remove	oordinated Party Expenditures
	ling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state	and the second se		Susan Miller	ant	Web Site
Wordpress	, w tap)		Susan Miner		web site
Wordpress. org	2		c. Level Registered (Specify)		
Lexington, NC			Federal	County:	
C ,			State	Municipality:	e. Election Sum to Date
				winnerpainty.	
					\$ 48.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1					Web Site
1	Debit Card	Α	03/28/2022	\$48.00	Web Side
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee Na	ime	d. Comments
(include city, state	, & zip)		Susan Miller		Web Site
Hostgator					
Hostgator.com			c. Level Registered (Specify)		
			Federal 🛛	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 39.36
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	А	03/29/2022	\$39.36	Web Site
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,			Di Coor dinates Committee i ta	aart,	u, Cumments
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	a Etherhon Sum de Bade
				Municipanty:	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
				\$	
				\$	
5. Total only th	is Page				\$ 87.36
A REAL PROPERTY OF THE PARTY OF	CRO-1310 Pages	C. Martin Martin	AND IN CASE OF THE OWNER OWNER OF THE OWNER O		ΨΟΓ.30
	line 13a of Detailed Sun	mary Page CRO-110	0 if Operating Expenses)	And the second sec	
(This line goes in	line 13b of Detailed Sun	mary Page CRO-110	0 if Contrib to Candidates/Politica	l Comm)	\$ 2513.93
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	0 if Coordinated Party Expenditur	es)	
	es (List detailed exp				
* - Media	B* - Printing	C* - Fund	fraising	D - To Anoth	er Candidate
E - Salaries	F* - Equipment	G - Politic			Public Office Expenses
- Postage O* - Other	J - Penalties	4.2.2.2	ce Expenses	Q* - Donatio	n to Legal Expense Fund
* Codes requir	e detailed explanati	on in required re	emarks field (k)		·····································

NC State Board of Elections

loan proceeds statement must accompany eac		hat is from an inc	lividual			
Committee Full Name (and Fund if applic committee to Elect Susan Miller Board of Edu				2.	ID Num	ECQV2W
Lender Information		Add				Remove
Full Name, Mailing Address & Phone	100	b. Job Title/Prof	ession			d. Comments
(include city, state, & zip) usan Miller		Retired				
45 N Statf ord Rd .						e. Start Date (mm/dd/yyyy)
/inston-Salem, NC 27104		c. Employer's Na	me/Specific Fi	eld		
Hears						03/17/2022
L difference						f. End Date (mm/dd/yyyy)
Rate h. Security Pledged		i. Account Code	j. Form of	Paymer	it	k. Amount
% None			Funds			\$ 3427.45
ull Name of Lending Institution					m. Los	n Number
110000000						
L ANSAUCT						1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
Endorser / Makerson (The people who go Full Name, Mailing Address & Phone	iarantee th					
include city, state, & zin		b. Job Title/Pr	ofession	- 33	c. Emp	loyer's Name/Specific Field
E HERRICAN						(中有型)的管
 SERVICE SALE 						
a gun ann a		d. Percentage			е. Ашо	in the second
1 at the state		u. i ti centage				
				%	\$	
ull Name, Mailing Address & Phone		b. Job Title/Pro	ofession		c. Empl	oyer's Name/Specific Field
include city, state, & zip)	-					
and the second second second		-				
		d. Percentage			e. Amoi	int
Ala Martine				%	\$	0.43
ull Name, Mailing Address & Phone		b. Job Title/Pro	ofession		e. Emol	oyer's Name/Specific Field
include city, state, & zip)	14.1				to reach	of or a research of the second second
Contraction of the second strength						
Carl State State States		d. Percentage			e. Amou	mt
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ull Name, Mailing Address & Phone	No. of Concession					
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	6 J	14				an transitioner
						401-1 43
		d. Percentage			e. Amou	mt
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The second				%	\$	

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