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 Infor	mation				
a. Full Name Elect Susan Miller E	Describe CE 1 - C				c. ID Number
	ECQV2W				
b. Mailing Address (inch	d. Date Filed				
645 N. Stratford Rd. Winston-Salem, NC					07/10/2022
					e. Phone Number
					336-817-8182
2. Report Year 3. Period Start Date (mm/dd		dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name
2022	05/01/2022	06/:	30/2022	John D. Eller III	
6. Type of Committe		9. Type of Report	t (check on	ly one type of report	from one category)
Candidate Campai		Municipal	State/C		Referendum
PAC Independent	Referendum	Organizationa	1 [Organizational	Organizational
Expenditure Legal Expense Fut	Joint Fundraiser	Thirty-five da	y	Quarterly	Pre-referendum
7. 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	r i	Semi-annual	
Other:		Year End		Mid Year	10. Special Report Name
9 Number of Frederic	the second state in the second state stat	Final		Year End	
8. Number of Fundra	0	Special		Final Special	11 12 N.
11. Account Informa			11. Account I	nformation	
a. Financial Institution Fu			a. Financial Insti	itution Full Name	28 5 26
NC State Employees	CU				C
b. Purpose	c. Account Code		b. Purpose		c. Account Code
For campaign	1				
	d. Period Begin Balance				d. Period Begin Balance
	\$ 1833.52				\$
CERTIFICATION					
the NC General Statut	correct and that I have been	trained by the NCS	tate Board of E	on-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report 97/10/2022
FOR OFFICE USE ON	Printed Name of Signer	Si	gnature of Appointe	ed Treasurer	Date
	LY				
Date Received:		Employee:	([Delivery Method Normal Mail
Date Postmarked:		Employee:		[Registered Mail Hand Delivered
Date Scanned:		Employee:		[Electronically Filed Signer has not received
Date Data Entered	l:	Employee:			mandatory training
	custodiar	of books information	on, or account in	he committee addres nformation. E) to make committee	s, treasurer, assistant treasurer,

Amendment Yes

\boxtimes	No

Detailed Summary

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

Amendment Yes No

1. Committee Full Name (and Fund if applicable) 2. Type of Repo				3. ID N	lumber
Elect Susan Miller Board of Education	Second Quarter			ECQV	
art of Election Cycle: January 1, <u>2022</u>			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	1833.52	\$	
RECEIPTS		101	A BARA		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0	\$	0
6) Contributions from Individuals	(CRO-1210)	\$	100.00	\$	1200.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	0	\$	0
8) Contributions from Other Political Committees	(CRO-1230)	\$	0	\$	0
9) Loan Proceeds	(CRO-1410)	\$	1023.15	\$	4270.60
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	0	\$	0
11) Other Receipt Sources		I	The state has been		
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizati	ons (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, 11	c, 11d and 11e)	\$	1123.15	\$	5470.6
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	845.00	\$	3367.93
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$	0	\$	0
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0	\$	0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
15) Loan Repayments	(CRO-1420)	\$	2111.67	\$	2111.67
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 12)		\$	2956.67	\$	5470.60
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	tract line 18)	\$	0	\$	0
ADDITIONAL INFORMATION		友		" E	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		1 HE	
21) Outstanding Loans (incl. ones from other campaign	s) (CRO-1430)	\$		132	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			in Although the
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$		- 198	5-033# Ebr
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$	2158.93	\$	2158.93
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$	
28) Contributions to be Refunded	\$		\$		

CRO-1100

NC State Board of Elections

Contributions from Individuals Yes 🖂 No Pg of 1 1 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) 2. ID Number Elect Susan Miller Board of Education ECQV2W **3. Contributor Information** \boxtimes Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **Flight Instructor** John Eller 170 Coventry Park Ln. c. Employer's Name/Specific Field Winston-Salem, NC 27104 **TAA Flight Training** e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \square 1 Check 05/10/2022 \$ 100.00 \square \$ \$ **3.** Contributor Information П Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \square \$ \square \$ \square \$ **3. Contributor Information** Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount П \$ \square \$ \square \$ 4. Total only this Page \$ 100.00 5. Total of ALL CRO-1210 Pages \$

(This line must be on line 6 of Detailed Summary Page CRO-1100) CRO-1210

100.00

Amendment

of <u>1</u>

Amendment Yes

No

 \boxtimes

Disbursements Pg <u>1</u> Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	ull Name (and Fun				2. ID Number			
	ler Board of Educat		ECQV2W					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
Operating E	xpenses	Contributions to Ca	ndidates/Political Committees	Coc	ordinated Party Expenditures			
4. Payee Inform	ation	\boxtimes	Add 🗌	Remove				
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments			
(include city, state,			Susan Miller	Newspaper Ads				
Winston-Salem								
			c. Level Registered (Specify)					
			Federal X	County:	•			
			State	Municipality:	e. Election Sum to Date			
				Wancipanty.	C. Election Sum to Date			
					\$ 845.00			
f. Account Code	a Form of Dormout	h. Purpose Code	: Data (mm (dd(mm))	1. 4	h Designed Demonto			
I. Account Code	g. Form of Payment	n. i ui pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	Debit Card	A	05/04/2022	\$845.00	Newpaper Ad			
				\$				
4. Payee Inform	ation		Add 🗌	Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state,	& zip)							
			c. Level Registered (Specify)					
			Federal	County:				
			State	Municipality:	e. Election Sum to Date			
				waneipanty.	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			
				\$				
				\$				
4 15 1 1								
4. Payee Inform			Add 🗌	Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state,	& zip)							
			c. Level Registered (Specify)					
			Federal County:					
			State	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			
				\$				
				•				
				\$				
5. Total only thi	s Page				\$			
	CRO-1310 Pages				Ψ			
		mary Page CRO_110	0 if Operating Expenses)					
			0 if Contrib to Candidates/Politic	al Comm	\$ 845.00			
) if Coordinated Party Expenditu					
				103)				
	es (List detailed ex							
A* - Media E - Salaries	B* - Printing	C* - Fund		D - To Anothe				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Public Office Expenses			
O* - Other	J - renames	K" - Uffic	te Expenses	Q" - Donation	n to Legal Expense Fund			
	e detailed explanati	on in required r	emarks field (k)					

	t must accompany each loa (and Fund if applicable)			2. ID Num	iber
	Miller Board of Education			a. II Itull	ECQV2W
3. Lender Information	N				
a. Full Name, Mailing Address		Add			Remove
(include city, state, & zip)		b. Job Title/ Retired	Profession	_	d. Comments
Susan Miller		Ketheu			
645 N Statford Rd.					e. Start Date (mm/dd/yyyy)
Winston-Salem, NC 2710	4	c. Employer'	s Name/Specific Field		
					05/04/2022
					f. End Date (mm/dd/yyyy)
g. Rate h. S	Security Pledged	i. Account Code	j. Form of Pay	ment	k. Amount
0 % No	one	1			
		- 1	EFT or Che	СК	\$ 1023.15
. Full Name of Lending Institut	tion			m. Loa	n Number
. Endorsers/Makers	(The people who guarantee	e the loan.)			
. Full Name, Mailing Address			e/Profession	c. Empl	oyer's Name/Specific Field
(include city, state, & zip)					of or or tametopeenie i teta
		d. Percents		-	
		u. Fercenta	ige	e. Amou	int
			%	\$	
. Full Name, Mailing Address &	& Phone	b. Job Title	e/Profession	c Empl	oyer's Name/Specific Field
(include city, state, & zip)				C. Emp	byer s Maine/Specific Field
		d. Percenta	ge	e. Amou	nt
			· · · · · · · · · · · · · · · · · · ·		
			%	\$	
Full Name, Mailing Address &	& Phone	b. Job Title	/Profession	c. Emple	oyer's Name/Specific Field
(include city, state, & zip)					
		d. Percenta	ge	e. Amou	nt
			%	\$	
			Profession	c Emplo	yer's Name/Specific Field
	2 Phone	b. Job Title	TIORSSION	c. Emplo	jet stame/opeenie i tetu
Full Name, Mailing Address & (include city, state, & zip)	2 Phone	b. Job Title		c. Emplo	jor s rame, openne r kna
	e Phone	b. Job Title			
	t Phone	b. Job Title	110((\$5)0)		
	2 Phone	b. Job Title		e. Amour	
Full Name, Mailing Address & (include city, state, & zip)	2 Phone				

Loan Proceeds

Amendment

Loan Repayments

Pg <u>1</u>	of	1
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Amendment

Use this form to report payme	-				
1. Committee Full Name (ar	2. ID Number				
Elect Susan Miller Board of I	ECQV2W				
3. Lender Information		Add	Remove	State State State State	
a. Full Name, Mailing Address & P	Phone			b. Comments	
(include city, state, & zip)					
Susan Miller 645 N. Stratford Rd.				Candidate	
Winston-Salem, NC 27104				c. Original Loan Date	
				03/17/2022	
	d. Original Loan Amount				
	\$ 3247.45				
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 3247.45	1	Check	06/30/2022	\$ 2111.67	
\$				\$	
3. Lender Information		Add	Remove		
a. Full Name, Mailing Address & P	Phone			b. Comments	
(include city, state, & zip)					
				c. Original Loan Date	
	C. Orginal Loan Date				
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information		Add	Remove		
a. Full Name, Mailing Address & P	hone	L. Adu	L Remove	b. Comments	
(include city, state, & zip)					
				c. Original Loan Date	
	d. Original Loan Amount				
				\$	
e. Remaining Loan Balance	f. Account Code	a Form of Boumont	h Data (mm/dd/ann)		
	. Attount Cour	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 2111.67	
5. Total of ALL CRO-1	420 Pages		1.2.1.2.1.1.1.1	¢ 2111.67	
(This line must be on line 15 of De	\$ 2111.67				

Forgiven Loans

Amendment <u>1</u> of 1

Pg

 \boxtimes

No

Yes

Use this form to report any loan which has been forgiven by the lender. A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

1. Committee Full Name (and Fund if applicable)					2. ID Number	r
Elect Susan Miller Board of Education		_				ECQV2W
3. Lender Information	\boxtimes	Add		Remove		
a. Full Name, Mailing Address & Phone				b. Comments		
(include city, state, & zip)	_					
Susan Miller						
645 N. Stratford Rd.				c. Original Loa	n Date (mm/dd/yyyy)	f. Election Sum to Date
Winston-Salem, NC 27104						
27104					/17/2022	\$ 3247.45
				d. Original Loa	n Amount	g. Date (mm/dd/yyyy)
				\$ 32	47.45	06/30/2022
				e. Remaining L	oan Balance	h. Forgiven Amount
				\$ 32	47.45	\$ 1135.78
3. Lender Information	\boxtimes	Add		Remove		
a. Full Name, Mailing Address & Phone				b. Comments		
(include city, state, & zip)						
Susan Miller						
645 N. Stratford Rd. W-S,NC				c. Original Loai	n Date (mm/dd/yyyy)	f. Election Sum to Date
w-s,ne				05	5/04/2022	\$ 1023.15
				d. Original Loa	n Amount	g. Date (mm/dd/yyyy)
				\$ 10	23.15	06/30/2022
				e. Remaining L	oan Balance	h. Forgiven Amount
				\$ 10	23.15	\$ 1023.15
3. Lender Information		Add		Remove		
a. Full Name, Mailing Address & Phone				b. Comments		
(include city, state, & zip)						
				c. Original Loan	n Date (mm/dd/yyyy)	f. Election Sum to Date
						\$
				d. Original Loa	n Amount	g. Date (mm/dd/yyyy)
				\$		
				e. Remaining Lo	oan Balance	h. Forgiven Amount
				\$		\$
4. Total only this Page					\$ 2158.9	3
5. Total of ALL CRO-1440 Pages					\$ 2158.9	3
(This line must be on line 26 of Detailed Summary Page CRO-1	_				÷ 2.000	
The lender information should contain the same information as su	uppli	ed under ti	he origi	nal loan proceed.		

