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.

Amendment
☐ Yes ☑ No

1. Committee Information

a. Full Name
Elect David Miller Alderman

c. ID Number
3DFHZU

b. Mailing Address (include City, State and Zip Code)
P.O. Box 12583
Wilmington, N.C. 28405

BRUNSWICK COUNTY BOARD OF ELECTIONS
OCT 27 2025
RECEIVED

d. Date Filed
10/27/25

e. Phone Number
910-367-8414

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	09-24-25	10-20-25	Cheryl P. Miller

6. Type of Committee (Check One)

☑ Candidate Campaign ☐ Party
☐ PAC ☐ Referendum
☐ Independent Expenditure ☐ Joint Fundraiser
☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

☐ Booster Fund
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report
0

9. Type of Report (check only one type of report from one category)

Municipal
☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☑ Pre-election
☐ Pre-runoff
☐ Semi-annual
　☐ Mid Year
　☐ Year End
☐ Final
☐ Special

State/County
☐ Organizational
　Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
　Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum
☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
Truist

b. Purpose
Campaign Finance

c. Account Code
DM25

d. Period Begin Balance
$1,020.00

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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.

Cheryl P. Miller
Printed Name of Signer

Cheryl P. Miller
Signature of Appointed Treasurer

10/27/25
Date

FOR OFFICE USE ONLY

Date Received: 10/27/25 Employee: PL
Date Postmarked: _____ Employee: _____
Date Scanned: 10/30/25 Employee: NP
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

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 Report	3. ID Number
Elect David Miller Alderman	Pre-election	3DFH2U

	Total this Reporting Period	Total this Election Cycle
Start of Election Cycle: January 1, 2022		
4) Cash on Hand at Start	$ 1,020.00	$ — 0 —

RECEIPTS

		Total this Reporting Period	Total this Election Cycle
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 550.00	$ 1,575.00
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$	$
9) Loan Proceeds	(CRO-1410)	$	$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ 10.48	$ 10.48
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)		$ 560.48	$ 1585.48

EXPENDITURES

		Total this Reporting Period	Total this Election Cycle
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 304.18	$ 304.18
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)	$	$ 5.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 304.18	$ 309.18
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 1276.30	$ 1276.30

ADDITIONAL INFORMATION

		Total this Reporting Period	Total this Election Cycle
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)	$	$

CRO-1100   NC State Board of Elections   August 2008

Contributions from Individuals

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 David Miller Alderman	3DFHZU

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Gloria M. Jones 113 W. St. George St. Southport, N.C. 28461	No Job title c. Employer's Name/Specific Field Not Employed	 e. Election Sum to Date $ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	DM 25	Check		09/25/25	$ 50.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Donna Maynor 3432 Guyton Ln. Leland, N.C. 28451	No Job title c. Employer's Name/Specific Field Not Employed	 e. Election Sum to Date $ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	DM 25	Check		10/2/25	$ 500.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	  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
☐					$
☐					$
☐					$

4. Total only this Page	$ 550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 550.00

CRO-1210   NC State Board of Elections   April 2007

Disbursements

Pg _1_ of _2_

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 Fund if applicable)	2. ID Number
Elect David Miller Alderman	3DFHZU

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Truist Bank 1606 N. Howe St. Southport, N.C. 28461	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☑ Municipality:	Printing of Checks **e. Election Sum to Date** $80.73

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DM25	Bank Debit	B	09/30/25	$80.73	Business Checks
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
The State Port Pilot 114 E. Moore St. Southport, N.C. 28461	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☑ Municipality:	**e. Election Sum to Date** $144.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DM25	Visa Debit	A	10/01/25	$48.00	Campaign Ad.
DM25	Visa Debit	A	10/8/25	$96.00	Campaign Ads(2)

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
The State Port Pilot 114 E. Moore St. Southport, N.C. 28461	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☑ Municipality:	**e. Election Sum to Date** $192.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DM25	Visa Debit	A	10/16/25	$48.00	Campaign Ad
				$	

5. Total only this Page	$272.73
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$304.18

7. Purpose Codes (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)

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 Fund if applicable)	2. ID Number
Elect David Miller Alderman	3DFHZU

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses   ☐ Contributions to Candidates/Political Committees   ☐ Coordinated Party Expenditures

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Lowes Home Centers 5084 Southport Supply Rd. SE Southport, N.C. 28461	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:	e. Election Sum to Date $31.45

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DM 25	Visa Debit	F	10/17/25	$31.45	PVC Pipe for banner support
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	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
				$	
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	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 this Page	$ 31.45
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 304.18

7. Purpose Codes (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)

Refunds/Reimbursements To the Committee

Pg _1_ of _1_ Amendment ☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Elect David Miller Alderman	3DFHZU

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Lowe's Home Centers 5084 Southport-Supply Rd. SE Southport, N.C. 28461	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	Credit to Acct. for Rtnd. Item

e. Level Registered (Specify)	h. Original Expenditure Date
☐ Federal ☐ County: ☐ State ☒ Municipality:	10/17/25

	i. Original Expenditure Amt
	$ 31.45

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
N/A	N/A	Rtnd. Item	$ 10.48

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
DM25	Credit to Acct.		10/17/25	$ 10.48

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	

e. Level Registered (Specify)	h. Original Expenditure Date
☐ Federal ☐ County: ☐ State ☐ Municipality:	

	i. Original Expenditure Amt
	$

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
			$

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	

e. Level Registered (Specify)	h. Original Expenditure Date
☐ Federal ☐ County: ☐ State ☐ Municipality:	

	i. Original Expenditure Amt
	$

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
			$

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				$

4. Total only this Page	$ 10.48
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)	$ 10.48