

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		c. ID Number
KEEP KRISTIE CULLER CLERK OF COURT		
b. Mailing Address (include City, State and Zip Code)		d. Date Filed
103 ALYSSA DRIVE GIBSONVILLE, NC 27249		01/12/2026
		e. Phone Number (336) 269-1043

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	11/13/2025	12/31/2025	GERALD RAY MILLER

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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	Municipal	State/County	Referendum
	<input 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	<input 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	<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
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report	0		

3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
FIRST HORIZON BANK	
b. Purpose	c. Account Code
CAMPAIGN CONTRIBUTIONS AND EXPENSES	FH01
d. Period Begin Balance	
\$ 0.00	
RECEIVED JAN 13 2026	

CERTIFICATION		ALAMANCE COUNTY BOARD OF ELECTIONS
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		

GERALD RAY MILLER Gerald Ray Miller 01/12/2026
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY			
Date Received:	1/13/26	Employee:	<u>A</u>
Date Postmarked:		Employee:	
Date Scanned:	1/13/26	Employee:	<u>A</u>
Date Data Entered:		Employee:	
<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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
KEEP KRISTIE CULLER CLERK OF COURT	2025 Year End Semi-Annual	
Start of Election Cycle: January 1, 2025		Total this Reporting Period
4) Cash on Hand at Start		\$ 500.00
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 16,868.88
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 16,868.88
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 0.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 15,268.88
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 15,268.88
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,100.00
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00
25) Administrative Support	(CRO-1710)	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00

Contributions from Individuals

Pg 1 of 3

Amendment
 Yes No

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																	
KEEP KRISTIE CULLER CLERK OF COURT																			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td rowspan="3">HIRAM N COBLE JR 7485 MCBANE MILL ROAD GRAHAM, NC 27253</td> <td>BAILIFF</td> <td colspan="4" rowspan="3"> c. Employer's Name/Specific Field ALAMANCE COUNTY SHERIFF'S DEPT. </td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>e. Election Sum to Date \$ 100.00 </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				HIRAM N COBLE JR 7485 MCBANE MILL ROAD GRAHAM, NC 27253	BAILIFF	c. Employer's Name/Specific Field ALAMANCE COUNTY SHERIFF'S DEPT.				c. Employer's Name/Specific Field	e. Election Sum to Date \$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																	
HIRAM N COBLE JR 7485 MCBANE MILL ROAD GRAHAM, NC 27253	BAILIFF	c. Employer's Name/Specific Field ALAMANCE COUNTY SHERIFF'S DEPT.																	
	c. Employer's Name/Specific Field																		
	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														
<input type="checkbox"/>	FH01	Check		12/30/2025	\$ 100.00														
<input type="checkbox"/>					\$														
<input type="checkbox"/>					\$														
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td rowspan="3">BOBBY R. CULLER, JR 214 E. PINE ST. GRAHAM, NC 27235</td> <td>BAILIFF</td> <td colspan="4" rowspan="3"> c. Employer's Name/Specific Field ORANGE COUNTY SHERIFF'S DEPT. </td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>e. Election Sum to Date \$ 1,000.00 </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				BOBBY R. CULLER, JR 214 E. PINE ST. GRAHAM, NC 27235	BAILIFF	c. Employer's Name/Specific Field ORANGE COUNTY SHERIFF'S DEPT.				c. Employer's Name/Specific Field	e. Election Sum to Date \$ 1,000.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																	
BOBBY R. CULLER, JR 214 E. PINE ST. GRAHAM, NC 27235	BAILIFF	c. Employer's Name/Specific Field ORANGE COUNTY SHERIFF'S DEPT.																	
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	e. Election Sum to Date \$ 1,000.00																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount														
<input type="checkbox"/>	FH01	Check		12/25/2025	\$ 1,000.00														
<input type="checkbox"/>					\$														
<input type="checkbox"/>					\$														
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td rowspan="3">KRISTIE MILLER CULLER 118 HOSKINS CIRCLE BURLINGTON, NC 27215 (336) 684-6584</td> <td>CLERK OF COURT</td> <td colspan="4" rowspan="3"> c. Employer's Name/Specific Field SELF/CLERK OF COURT </td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>e. Election Sum to Date \$ 596.00 </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				KRISTIE MILLER CULLER 118 HOSKINS CIRCLE BURLINGTON, NC 27215 (336) 684-6584	CLERK OF COURT	c. Employer's Name/Specific Field SELF/CLERK OF COURT				c. Employer's Name/Specific Field	e. Election Sum to Date \$ 596.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																	
KRISTIE MILLER CULLER 118 HOSKINS CIRCLE BURLINGTON, NC 27215 (336) 684-6584	CLERK OF COURT	c. Employer's Name/Specific Field SELF/CLERK OF COURT																	
	c. Employer's Name/Specific Field																		
	e. Election Sum to Date \$ 596.00																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount														
<input type="checkbox"/>	FH01	In-Kind	CAMPAIGN CHRISTMAS AD WBAG RADIO	12/22/2025	\$ 96.00														
<input type="checkbox"/>					\$														
<input type="checkbox"/>					\$														
4. Total only this Page						\$ 1,196.00													
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 16,868.88													

In-Kind Contributions

Pg 2 of 2 Yes No

Amendment

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committed Full Name (and Fund if applicable)

KEEP KRISTIE CULLER CLERK OF COURT

2. ID Number

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
KRISTIE MILLER CULLER NC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 15,172.88
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAMPAIGN ADVERTISING ON FACEBOOK META PLATFORMS	12/22/2025	\$ 200.00
PHONE CHRISTMAS WISHES VIA DIALING SERVICES	12/22/2025	\$ 600.38
CAMPAIGN YARD SIGNS, SIGN FRAMES, GENERAL MAGNETS, BANNERS AND T SHIRTS FROM ACCELERATED GRAPHICS	12/22/2025	\$ 11,811.02

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
KRISTIE MILLER CULLER NC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 15,172.88
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
7 CAMPAIGN HATS FROM AMAZON	12/23/2025	\$ 82.11
CAMPAIGN PROMOTIONAL PRODUCTS, PENS, HAND OUT CARDS AND RACK CARDS	12/30/2025	\$ 609.20
.COM CAMPAIGN DOMAIN REGISTRATION	12/31/2025	\$ 24.18

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
KRISTIE MILLER CULLER NC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$ 15,172.88
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAMPAIGN WEBSITE RENEWAL	12/31/2025	\$ 119.88
		\$
		\$

4. Total only this Page \$ 13,446.77

5. Total of ALL CRO-1510 Pages \$ 15,268.88
(This line must be on line 17 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 3 of 3

Amendment
 Yes No

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) KEEP KRISTIE CULLER CLERK OF COURT	2. ID Number
----------------------------------------------------------------------------------------------	---------------------

3. Contributor Information		
<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) KRISTIE MILLER CULLER NC	b. Job Title/Profession CLERK OF COURT	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$ 15,172.88

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	FH01	In-Kind	7 CAMPAIGN HATS FROM AMAZON	12/23/2025	\$ 82.11
<input type="checkbox"/>	FH01	In-Kind	CAMPAIGN PROMOTIONAL	12/30/2025	\$ 609.20
<input type="checkbox"/>	FH01	In-Kind	.COM CAMPAIGN DOMAIN REGISTRATION	12/31/2025	\$ 24.18

3. Contributor Information		
<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) KRISTIE MILLER CULLER NC	b. Job Title/Profession CLERK OF COURT	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$ 15,172.88

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	FH01	In-Kind	CAMPAIGN WEBSITE RENEWAL	12/31/2025	\$ 119.88
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information		
<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) PATRICIA H. MILLER 103 ALYSSA DR. GIBSONVILLE, NC 27249-2674 (336) 269-1368	b. Job Title/Profession NOT WORKING	d. Comments
	c. Employer's Name/Specific Field	
		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
<input type="checkbox"/>	FH01	Check		12/24/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 1,335.37

5. Total of ALL CRO-1210 Pages \$ 16,868.88
(This line must be on line 6 of Detailed Summary Page CRO-1100)