Discl	osure	Report	Cover
DISCI	osui c	rchorr	COVCI

Amei	ıdment	Can Can	
	Yes	No	
ப	Yes	No 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					以外的人类的
a. Full Name		罗斯诺罗卢托勒			c. ID Number
Good Mills	ter .	School (30017		
b. Mailing Address (include City, S					d. Date Filed
1471 Old Farm					
Concord NC	25035				e. Phone Number
2. Report Year 3. Period Sta	rt Date (mm/dd	/vv) 4. Period F	End Date (mm/c	dd/vv) 5. Treasur	er Full Name
2024 01/01	12024	(1))) W1011001	ma Date (mm)	Johnal	
6. Type of Committee (Checl				- D. T	ort from one category)
	Party	Municipal	State/C		Referendum
	Referendum	Organizationa	F. (200 - 10	rganizational	Organizational
☐ Independent Expenditure ☐ J☐ ☐ Legal Expense Fund	oint Fundraiser	☐ Thirty-five day ☐ Pre-primary		uarterly First	Pre-referendum Final
Legal Expense Fund		Pre-election	IH	Second	Supplemental Final
7. Type of Fund (if applicat	le, check one)	Pre-runoff	片	Third	Annual
Booster Fund	ici enecit oney	Semi-annual	IH	Fourth	Special
Building Fund		Mid Yea	r L Se	mi-annual	Б брески
		Year End		Mid Year	10. Special Report Name
Other:		Final	一	Year End	
8. Number of Fundraisers th	is Report	Special	☐ Fii	nal	
			□ Sp	pecial	
11. Account Information	William Broken		11. Account 1		
a. Financial Institution Full Name				itution Full Name	
Uwhans Bank					
b. Purpose	c. Account Co	de	b. Purpose	RECEIVED	c. Account Code
	CMC		F14].	IN-PERSON	₹ *
	61186		FE	EB 22 2024	
	d. Period Beg	in Balance		20 2024	d. Period Begin Balance
	\$		CABA	ARRUS COUNTY	\$
CERTIFICATION		New or your ment want I	BUAR	D OF ELECTIONS	M. SERVICE CONTROL OF THE SERVICE OF
I certify that the Committee or l of the NC General Statutes and report is complete, true and cor	that no funds are	commingled with	prohibited or of	ther non-disclosed f	
Johnathan L	um	_() ##	V/		02/18/2024
Printed Name of S	igner	Sig	nature of Appointe	ed Treasurer	Date
FOR OFFICE USE ONLY					
Date Received:	2-22-24	_ Employ	vee: WAI	V <u>De</u> □	livery Method Normal Mail
Date Postmarked:		_ Employ	/ee:		Registered Mail Hand Delivered
Date Scanned:	2-23-24	_ Employ	ree: LAN	È	Electronically Filed
Date Data Entered:		_ Employ	/ee:		Signer has not received mandatory training
	ant treasurer, cu	stodian of books	s information, o	on such as the cor or account informate. E) to make comp	ation.

Detailed SummaryUse 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 o		Report	3. ID Number	3. ID Number		
Start of Election Cycle: January 1,	Total this Reporting Pe		Total this d Election Cycle			
4) Cash on Hand at Start	\$	\$				
RECEIPTS				#/		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$			
6) Contributions from Individuals	(CRO-1210)	\$ 760	\$ 81	0		
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)	\$	\$			
11) Other Receipt Sources				张 紫紫		
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)	\$ 760	\$ 810	5		
<u>EXPENDITURES</u>						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 219.03	3 \$ 5	19.03		
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)	\$ 1()	\$ 60	\supset		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 229.03	\$ 270	1.03		
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 530.9	7 \$ 53	2.97		
ADDITIONAL INFORMATION						
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)	\$	\$			

Cont	ributions fr	om Individua	als	\mathbf{p}_{α}	of		Amendment Yes No
		ndividual contribution		Pg ontributions und		100	Section 1997 Section 1997
CANADA SANCES	THE RESERVE OF THE PARTY OF THE	ne (and Fund if app					D Number
(-	iron Mil	IL FOR S	idnoul Ba	ond			
3. Cont	tributer Informa	0 - 0 - 0		CONTRACTOR OF THE PARTY OF THE	move		
V-100-100-100-100-100-100-100-100-100-10	ame, Mailing Addre			b. Job Title/Profes		d. Co	omments
(includ	le city, state, & zip)			CEO			
C	heryl Cr	utchfeld		c. Employer's Name/Specific Field			
	1.51		,	Casco Signs			ection Sum to Date
					5	\$	FC47
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ntion	j. Date (mm/dd/yyy	L	k. Amount
		C1 1.	The Assessment of the Assessme				\$ 5(7)00
_	GMSB	Chall			01/23/2021	4	\$
							\$
Ц				т. П.			\$
Total Control of the	ributor Informa ame, Mailing Addre		Here the L	Add Rei	move	la. C	omments
	ame, Manng Addre le city, state, & zip)	SS & Phone	A Prof. I at	//	Silva	u	olihicino
_	11 1			Account	1α		
0	etty Edu	words		c. Employer's Nan			ļ
	T			Edwards book Keeping		e. Election Sum to Date	
				Keep	×)1G	\$	10000
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	у)	k. Amount
	GMSB	Check			02/13/20	24	\$ 100000
							\$
							\$
Participant of the Control of the Co	ributor Informa				move		
para e para e	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
	le city, state, & zip)	12-12-12-12-12-12-12-12-12-12-12-12-12-1					
5	regary Mi	115		c. Employer's Nar	ne/Specific Field		
	0 1					e. El	lection Sum to Date
						\$	120
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	lion	j. Date (mm/dd/yyy	L .	k. Amount
	GMSB	Check			01/12/200))	\$ 150
	01.50	Citati					\$
							\$
4. Tot	al only this P	age				\$	
	al of ALL CF	\$					
The state of the state of						Ψ	

Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refun	s or services paded within 7	rovided to the commi days.	ittee o	or fund.
1. Committee Full Name (and Fund if applicable)			2. I	D Number
Greg Mills for School Board				
3. Contributor Information	Add 🔲 I	Remove		
a. Full Name, Mailing Address & Phone	b. Type of Con		c. C	omments
(include city, state, & zip)	X Individual			
Greaon Milk	Candidate Party			
1071 CM Fr. 01 SE	PAC			
19 /1 Sid Turns NO 32	Referendu		d. E	lection Sum to Date
Gregory Mills 1971 Old Farm Rd SE Concord INC 28025	Other Rec	eipt Source	\$	6000
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
Notary Expenses				\$ 1000
				\$
				\$
3. Contributor Information	Add I	Remove		
a. Full Name, Mailing Address & Phone	b. Type of Con		c. C	omments
(include city, state, & zip)	Individual			
	Candidate Party			
	PAC			
	Referendu	m	d. E	Election Sum to Date
	Other Rec	eipt Source	\$	
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount
				\$
				\$
				\$
3. Contributor Information	Add	Remove		
a. Full Name, Mailing Address & Phone	b. Type of Con		c. C	Comments
(include city, state, & zip)	Individual			
	Candidate Party			
	PAC			
	Referendu	m	d. E	Election Sum to Date
	Other Rec	eipt Source	\$	
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				\$
				\$
4. Total only this Page			\$	CONTRACTOR OF THE STATE OF THE
5. Total of ALL CRO-1510 Pages			¢	

(This line must be on line 17 of Detailed Summary Page CRO-1100)

In-Kind Contributions

Amendment

✓ No

Yes

Disbursem		ver e v			Pg of		☐ Yes	₽ No
	report expenditures for coordinated party exp		tee for o	perating exp	enses, contribution	ons to ca	andidate/polit	ical
	Full Name (and Fund				Sela Carlo Talent	2. I	ID Number	(A) (E) (E) (A) (A)
Grea	Mills F	()	1000	Ba	end_			
3. Type of Disb	THE CONTRACTOR OF THE PERSON NAMED IN				each type of Disb	1	THE RESERVE THE PARTY OF THE PARTY.	
Operating Exp		tributions to Candida				dinated Pa	arty Expenditure	s
4. Payee Inforn					Remove	CARCLES !	4: 18 12 15	
2500	Iailing Address & Pho	one		b. Coordinate	ed Committee Name	d. C	Comments	
(include city, state,	2			-				
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Concord	NIC 381	525		State	Winnerpa	s s	lection Sum to .	Jate
70	10P 885 PC	55						
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					\$			
4. Payee Inforn				Add 🔲	Remove			
The second secon	ling Address & Phone			b. Coordinate	ed Committee Name	d. C	Comments	
(include city, stat	61 01	2						
Studio	Print SI	nop		a Level Regis	stered (Specify)			
DECO M	IN AIR U	nit 4		Federal	County:			
230 1.10	July 100 00	-OE		State	Municipal	lîty: e. E	lection Sum to I	Date
Concur	9 INC 900	740				\$		
W. W. E. W. E. C.		2409	To age of	00000 31	fie g	1		
f. Account Code		h. Purpose Code	i. Date (r	mm/dd/yyyy)	j. Amount	k. Requi	red Remarks	l i
GMSB	Debit Cord		0/1	19/2024	\$ 26.13	Pr	int Med	11a
					\$			
4. Payee Inform		作器或成為計劃	5H8 🔲	Add	Remove	A native		Face State Foot
	ing Address & Phone			b. Coordinate	ed Committee Name	d. C	Comments	
(include city, stat	te, & zip)							
Studio	Print Sh	nop		c. Level Regis	stered (Specify) County:			
			ļ	State	Municipal	lity: e. E	lection Sum to I	Date
						\$		S Politica e po
80 (80).	F 500 82720	To the same of the	To age	Nexas y	I n ∞			
^	T	h. Purpose Code		,	<u> </u>		red Remarks	
GMSP3	Dibit Card		O2/11	4/2024	\$26.75	Pri	nt Medi	()
					\$			
5. Total only thi	is Page		X 4.50	。 加速 動		\$		
6. Total of ALL	CRO-1310 Pages							
SPECIME SHIPSONSHIP ON	line 13a of Detailed Sum	mary Page CRO-11	00 if Ope	rating Expense	28)	\$		
	line 13b of Detailed Sum		70					
	line 13c of Detailed Sum		75 . 7 . 7 . 7		Expenditures)			
	odes (List detailed							
A* - Media	B* - Printin	<u>~</u>		undraising			Candidate	_
E - Salaries I - Postage	F* - Equipa J - Penaltie			litical Party Office Expens			Public Office to Legal Exp	
O* Other	J - Felianie	:S	K* - O	Hice Expens	ses V - Do	nation	to Legai Exp	ense runa
	e detailed explanation	on in required r	emarks	field (k)				element of

Amendment

Disbursem		an 12 120		w	Pg	of	Yes No
			tee for op	erating exp	enses, con	tributio	ns to candidate/political
	coordinated party ex Full Name (and Fund		BOIL N				2. ID Number
	Mills for	School	Bo	and			
3. Type of Disb	10	use separate Ch			ach type o	f Disbu	rsement.)
Operating Exp		tributions to Candida				-	linated Party Expenditures
4. Payee Inform	nation			SERVICIAL III	Remove		
a. Full Name, M	lailing Address & Ph	one		b. Coordinate	ed Committe	e Name	d. Comments
(include city, state,							
Meta	Way NC CA 94025		l.	c. Level Regis	stered (Speci	fy)	
1 1/2014	May			☐ Federal	-	ounty:	
1 Thicker	wry			State	□ м	unicipalit	ty: e. Election Sum to Date
Melino Pur	VK (14022)						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (m	nm/dd/yyyy)	j. Amount	k	k. Required Remarks
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8,110	DEULT COIL		U al	110001	\$		TITIELIKI 10)
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4. Payee Inform	ing Address & Phone		TOTAL TOTAL	Add b. Coordinate	Remove	e Name	d. Comments
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20							
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Malaa Co	- Way K CA 94025		-	State		umerpan	
INGUID PO	- C C/ () 70 GG						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (m	ım/dd/yyyy)		721	k. Required Remarks
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	line 13a of Detailed Sun						\$
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	line 13c of Detailed Sun				Expenditure	rs)	
	odes (List detailed					The A	nother Candidate
A* - Media E - Salaries	B* - Printi F* - Equip	_		indraising tical Party			Another Candidate Iding Public Office Expenses
E - Salaries I - Postage	J - Penalti			fice Expen			nation to Legal Expense Fun
O* Other	i chara	R. 전		- P			
* Codes requir	e detailed explanat					nun terri	
CRO-1310		NC	State Boar	d of Elections			December 20

Amendment