Disclosure	Report	Cover
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Ar	nend	ment			
] Ye	s	K	No	
-	District on the Party of the Pa		***	6 0	-

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	1. Committee Information							
a. Full Name					c. ID Number			
Greg Mills for Sanool Board								
b. Mailing Address (include City, Sta		d. Date Filed						
1971 Old Farm Rd Concord NC 28025 Concord NC 28025								
Concord NC 2802	5				e. Phone Number			
					704-780-4734			
2. Report Year 3. Period Star				y) 5. Treasure	er Full Name			
2024 07/01/8			4/2024	John				
6. Type of Committee (Check	THE RESIDENCE OF THE PARTY OF T		AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM		ort from one category)			
☐ Candidate Campaign ☐ Par		nicipal	State/Cour		Referendum			
loand loand	ferendum	Organizational		izational	Organizational			
Independent Expenditure Joi	nt Fundraiser	Thirty-five day			Pre-referendum Final			
Legal Expense Fund	IH	Pre-primary Pre-election	Broad	rirst econd	Supplemental Final			
7. Type of Fund (if applicable	check one	Pre-runoff	liment	hird	Annual			
Booster Fund	, check one)	Semi-annual	Second Se	ourth	Special			
Building Fund	l-	Mid Year	Terroria .		— Specime			
Dunding Fund	IH	Year End		Aid Year	10. Special Report Name			
Other:	IH	Final		ear End				
8. Number of Fundraisers this	Report	Special	Final					
		*	☐ Specia	d				
11. Account Information	The state of the s		11. Account Info					
a. Financial Institution Full Name			a. Financial Institut					
Ulwhamie Bank								
b. Purpose	c. Account Code		b. Purpose		c. Account Code			
	GMSB							
	d. Period Begin Ba	lance			d. Period Begin Balance			
		ii Baiance						
	1\$ 1.87				\$			
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. Donathap Func Oldward Oldward								
FOR OFFICE USE ONLY								
	42-22-0	Employ	ee: IC	<u>De</u>	livery Method Normal Mail			
Date Postmarked:		Employ		_	Registered Mail Hand Delivered			
Date Scanned:	0-36-24	Employ	ee: WAN		Electronically Filed			
Date Data Entered:		Employ	ee:		Signer has not received mandatory training			
	annot be used to a at treasurer, custod the Statement of	lian of books	information, or a	account informa	ation.			

NC State Board of Elections IN-PERSON August 2008

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Use this form to summarize all disclosure reporting forms and to 1. Committee Full Name (and Fund if applicable) 2.	total mon		3. ID Number
N		0,10,10,10,10,10	
Greg Mills for School Bound	309 C	Quarter Total this	Total this
Start of Election Cycle: January 1, 2084		Reporting Period	
4) Cash on Hand at Start		\$ 1.87	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	CRO-1205)	\$	\$
6) Contributions from Individuals	CRO-1210)	\$ 747.40	\$ 2224.77
7) Contributions from Political Party Committees (6)	CRO-1220)	\$	\$
8) Contributions from Other Political Committees (6)	CRO-1230)	\$	\$
9) Loan Proceeds	CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (6)	CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (6	CRO-1250)	\$	\$
11c) Outside Sources of Income	CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (6	CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11c)	d and 11e)	\$ 747.40	\$ 2224.37
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures (C	CRO-1310)	\$ 57.83	\$ 1244.83
13b) Contributions to Candidates/Political Committees (C	CRO-1310)	\$	\$ \00.00
13c) Coordinated Party Expenditures (C	CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (C	CRO-1315)	\$	\$
15) Loan Repayments (C	CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (Committee (Committe	CRO-1320)	\$	\$
17) In-Kind Contributions (C	CRO-1510)	\$	\$ 188 46
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	16 and 17)	\$ 57.83	\$ 1533 29
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	act line 18)	\$ 694.44	\$ 691.44
ADDITIONAL INFORMATION	г	•	
	CRO-1330)	\$	
	CRO-1430)	\$	
	CRO-1610)	\$	
	CRO-1620)	\$	
	CRO-1720)	\$	
	CRO-1710)	\$	\$
	CRO-1440)	\$	\$
	(RO-2220)	\$	\$
28) Contributions to be Refunded (C	RO-1215)	\$	\$ August 2008

	Contributions from Individuals Pg of Yes No							
STREET, SQUARE,	Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used							
		ne (and Fund if app				2. ID Number		
6	reg Mills	for Schoo	1 Board					
MINOR MANAGEMENT OF THE PARTY O	tributor Informa			Add Rei	nove			
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Comments		
	de city, state, & zip)	40.11		1				
	ean E.			c. Employer's Nar	ne/Specific Field			
\$3	52 Pany	pano Rd				e. Election Sum to Date		
Ha	rristury N	NC 28073				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount		
	GMSB	Check			09/30/20	my \$ 500 00		
		7				\$		
						\$		
3. Cont	ributor Informa	ation		Add Rer	nove			
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Comments		
	le city, state, & zip)			Greighic [Designer			
Gn	eg Mills			c. Employer's Nan				
107	eg Mills Fold Farm	Rd SE		Casco Signs				
Concord NC 28025				Cusco >	3.,,	e. Election Sum to Date		
						\$		
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyyy	0 (00)		
ㅁ	GMSB	Check		· · · · · · · · · · · · · · · · · · ·	08/36/30	ay \$ 200 00		
						\$		
						\$		
3. Cont	ributor Informa	ation		Add Rer	nove			
	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. Comments		
(includ	le city, state, & zip)			HR Admir	$^{\wedge}$			
A	XILL Fur			c. Employer's Nan	ne/Specific Field			
381	5 Sapo Dal	e or		Smi Pa	operties	e. Election Sum to Date		
Ro	Yel Fur 05 Sapp Dal Ockwell N	C 28138				\$		
f. Prior		h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyyy	y) k. Amount		
	GMSB	Check			09/09/201	ay \$ 23.70		
						\$		
						\$		
4. Tot	al only this Pa	age				\$ 723.70		
		O-1210 Pages				e 2112 110		
CONTRACTOR DESIGNATION		of Detailed Summary Po	age CRO-1100)			° /4 / .40		

Amendment

	ributions f	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	
G	reg Mil	ls for Sch	noul Boy	હ			
BANK BOOK STANDARD	tributor Inform				emove		
	ame, Mailing Addr			b. Job Title/Prof	ession	d. Comments	
the same of the sa	le city, state, & zip)	the state of the s		1			
L-(grane	Austin-Strip	diag	c. Employer's Na	nme/Specific Field		
H	067 Log	ic Arrow	Unive			e. Election Sum to Date	
C	1 Sound	46 28025				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy		
	GMSB	Check			04/25/20	24 \$ 3 3.70	
						\$	
						\$	
3. Cont	ributor Inform	ation		Add Re	emove		
	ame, Mailing Addr			b. Job Title/Prof	ession	d. Comments	
(includ	le city, state, & zip)						
				c. Employer's Na	me/Specific Field		
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Amount	
						\$	
						\$	
						\$	
All the same of the same of	ributor Inform			Add Re	emove		
	ame, Mailing Addre			b. Job Title/Profe	ession	d. Comments	
(includ	e city, state, & zip)						
				c. Employer's Na	nme/Specific Field		
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Amount	
						\$	
						\$	
						\$	
4. Tot	al only this P	age				\$ 23.70	
5. Total of ALL CRO-1210 Pages					\$ 747.40		
(This li	ne must be on line t	- / 1 / 10					

Amendment

	o report expenditure I coordinated party e		tee for o	perating ex	penses, contribut	tions to c	andidate/political
	Full Name (and Fu					2.	ID Number
	Mills for S						
3. Type of Disl		se use separate Cl	RO-1310	forms for	each type of Dis	burseme	<u>nt.)</u>
Operating Exp	penses Co	ontributions to Candid	ates/Politi	cal Committee	s Co	ordinated F	Party Expenditures
4. Payee Inform				Add	Remove		
	Mailing Address & P	hone		b. Coordinat	ed Committee Nam	ne d. C	Comments
(include city, state	e, & zip)			-			
Food	Lion			c. Level Regi	istered (Specify) County:		
				☐ State	☐ Municip	ality: e. E	Election Sum to Date
			,		-	\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		k. Requi	ired Remarks
GMSB	Debit		104/	10/3034	\$37.62		
GMSB	Debit		09/	17/2024	\$ 20.81		
4. Payee Inform				Add	Remove		
a. Full Name, Mai	ling Address & Phone			b. Coordinat	ed Committee Nam	e d. C	Comments
(include city, sta	ate, & zip)						
				a Level Pegi	stered (Specify)	0.0	
				Federal	County:	50.10	
I				State	Municip	ality: e. E	Election Sum to Date
1						\$	
				1			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Requi	ired Remarks
					\$		
					\$		
4. Payee Inform	nation			Add	Remove		
a. Full Name, Mai	ling Address & Phone			b. Coordinat	ed Committee Nam	e d. C	Comments
(include city, sta	ite, & zip)						
					. 1/2		
				C. Level Regi	stered (Specify) County:		
l				State	Municip	ality: e. E	Election Sum to Date
ı							
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Requi	red Remarks
					\$		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$		
5. Total only th	nis Page					\$	57.83
6. Total of ALI	L CRO-1310 Pages						
(This line goes in	(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 57.83						
	ı line 13b of Detailed Su					1)	2
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Print			undraising			Candidate
E - Salaries	THE CAME TO CAME TO A STATE OF THE STATE OF						
O* Other							
	re detailed explana	tion in required 1	remarks	field (k)			

Disbursements

Amendment

☐ Yes

☐ No