## risclosure Report Cover

Amendment	
Ves Ves	□ No

Jerm 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
Grea Mills for School	Board		
b. Mailing-Address (include City, State and Zip Code)			d. Date Filed
1971 Ob Farm Rd SE			
C - 1			e. Phone Number
Condony NC 28025			704-780-4734
2. Report Year 3. Period Start Date (mm/dd/y	yy) 4. Period H	End Date (mm/dd/yy)	5. Treasurer Full Name
2024 03/18/2024	06/30	0/2024	Johnathan Fur
		The state of the s	type of report from one category)
	Municipal	State/County	Referendum
	Organizationa		
Independent Expenditure I Joint Fundraiser	Thirty-five day		Pre-referendum
Legal Expense Fund	Pre-primary Pre-election	First Secon	Final  Symplemental Final
7. Type of Fund (if applicable, check one)	Pre-election Pre-runoff	Third	
Booster Fund	Semi-annual	Fourt	
Building Fund	Mid Yea	lament .	· ·
	Year End	_	
Other:	☐ Final	Year	
8. Number of Fundraisers this Report	Special	☐ Final	
		☐ Special	
11. Account Information		11. Account Inform	ation
a. Financial Institution Full Name		a. Financial Institution	
Uwhanie Bank			
b. Purpose c. Account Cod	e	b. Purpose	c. Account Code
GMS	3		
d. Period Begin	Balance		d. Period Begin Balance
\$ 530	. 97		\$
CERTIFICATION			- Linear Control
I certify that the Committee or Fund is in compliant of the NC General Statutes and that no funds are correport is complete, true and correct and that I have	commingled with	prohibited or other nor	n-disclosed funds. I further certify that this
Johnston Fun Printed Name of Signer	Sig	nature of Appointed Treas	urer Date
FOR OFFICE USE ONLY	515	nature of Appointed Treas	uivi Buo
110-11			Delivery Method
Date Received:	Employ	vee:	Normal Mail Registered Mail
Date Postmarked:	Employ	/ <del>c</del> ċ:	Hand Delivered
Date Scanned: [0-30 - 14	Employ	vee: WAN	☐ Electronically Filed
Date Data Entered:	Employ	/ee:	Signer has not received mandatory training
Please Note: This form cannot be used to assistant treasurer, cus You must amend the Statement	todian of books	information, or acco	ount information.

OCT 2 9 2024

CABARRUS COUNTY
BOARD OF ELECTIONS

Amendment ✓ Yes ☐ No

Detailed Summary			Amendment Yes No
Use this form to summarize all disclosure reporting forms and  1. Committee Full Name (and Fund if applicable)	to total mor		3. ID Number
	2nd	Co.	J. ID Number
Grey Mills for School Bard	2	Vuciter Total this	Total this
Start of Election Cycle: January 1, 2034		Reporting Perio	1988 - All P 1988 -
4) Cash on Hand at Start		\$ 530 97	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 667 37	\$ 147737
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			
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)	\$ 667.37	\$ 1477.37
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 968 01	\$ 1187
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 10000	\$ 1087
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)	\$ 128 46	\$ 188 46
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15	i, 16 and 17)	\$ 1196 47	\$ 1475 50
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 1.87	\$ 1.87
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)	\$	\$

		rom Individua		Pg	of		Amendment Ves No
Contract of the last of the la		ndividual contributio		ontributions und	er \$50 if form CF	CONTRACTOR OF THE PARTY OF	
		ne (and Fund if app				2. 11	D Number
51	ey Mills	for School	of Board				
SELECTION OF SELECTION	ributor Informa			Add Rer			
	ame, Mailing Addro le city, state, & zip)			b. Job Title/Profes	ssion	d. Co	omments
	ry Alice Fleetwood	_		Retired/w			
117	Flori	) D-		Cannon	M:115		
0.000				Carr Dry			ection Sum to Date
(ur	xord NC	5,8032	704-788-206	}	=_	\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	<b>(y)</b>	k. Amount
	GN5B	Chaus			02/20/20	294	\$ 15000
							\$
							\$
	ributor Informa				nove		
	ame, Mailing Addre e city, state, & zip)	ess & Phone		b. Job Title/Profes	ssion	d. Co	omments
				Graphiz	designer		
	reg Mills			c. Employer's Nan	ne/Specific Field		
197	1 Old Form	KG SE		Casco Sie	105	e. Ele	ection Sum to Date
Co	ncord NC	28035 -	704 425 473			\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
	GMSB	Cheak			04/16/2021	4	\$ 288 91
	GMSB	Check			05/06/202	4	\$ 100 00
							\$
NAME OF TAXABLE PARTY.	ributor Informa				nove		
	me, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes	sion	d. Co	omments
_	men Mi	: 1/4		Techerone C. Employer's Nan	/C		
_	ad Farm			Harris R		. 171	ection Sum to Date
				Scho	***		ection Sum to Date
	g. Account Code	h. Form of Payment	04 425 3115		j. Date (mm/dd/yyy	\$	k. Amount
I. Prior	g. Account Code			)	001 10 -		\$ 75 92
_		In-Kind	Parade F	<u>Qistaction</u>		$\neg \tau$	116
		In-Kind	Parade C	ency	06/23/26	274	* 53 <del>-</del>
	al only this Pa					\$	667 32
		O-1210 Pages of Detailed Summary Page	age CRO-1100)			\$	667 37

	c c					Amendment
Disbursem				220-00	Pg of	MANAGEMENT CONTRACTOR OF THE PROPERTY OF THE P
			tee for o	perating exp	enses, contributi	ions to candidate/political
NAME AND ADDRESS OF THE OWNER, WHEN THE PARTY OF THE PART	coordinated party ex full Name (and Fund					2. ID Number
	Mills for Scho					
3. Type of Disb		use separate Cl	RO-1310	forms for e	ach type of Disb	pursement.)
Operating Exp		tributions to Candida			Personal Property of the Personal Property of	ordinated Party Expenditures
4. Payee Inforn					Remove	
	lailing Address & Pho	one		b. Coordinate	ed Committee Name	e d. Comments
(include city, state,	& zip)					
Mota			3	c. Level Regis	stered (Specify)  County:	
1 Hacker	- Way Melna	o Park CA		State	Municipa	ality: e. Election Sum to Date
	94025					\$
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k. Required Remarks
GMSB	Debit	/-\	02/2	26/2024	\$ 1500	Social Media
GMSB	Debit	A		27/2024		Social Media
4. Payee Inforn				Add	Remove	
	ing Address & Phone			b. Coordinate	ed Committee Name	e d. Comments
(include city, stat	(e, & zip)					
Meta				c. Level Regis	stered (Specify)	7.79
Hacker I Melno Park C	Nasi			☐ Federal	County:	
1 I MURCI	4 94023			State	☐ Municipa	ality: e. Election Sum to Date
Meino Park C						\$
f. Account Code	g. Form of Payment	h. Purpose Code			j. Amount	k. Required Remarks
G-MSB	Debit	A	03/	22/2024	\$ 25.00	Social Media
GMSB	Debit	H			\$ 6 37	Social Media
4. Payee Inform				Add		Ti a
a. Full Name, Maili (include city, stat	ing Address & Phone			b. Coordinate	ed Committee Name	e d. Comments
1016+	U			c. Level Regis	stered (Specify)	
Met Hacker	- Wall			Federal	County:	Planting Court Date
1 House	1000			State	Municipa Municipa	
Melno Par	K CA 94025					\$
	g. Form of Payment	h. Purpose Code		nm/dd/yyyy)		k. Required Remarks
GMSB	debit	A		1101	\$ 2500	Social Modia
GMSB	debit	A	03/0	1/2024	\$ 25°°	Social Media
5. Total only thi	is Page					\$  21.37

6. Total of ALL CRO-1310 Pages 1068.01 (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)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	<b>D</b> - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
MARKET THE PERSON NAMED OF THE PARTY NAMED IN THE			

I - Postage J - Penalties K\* - Office Expenses Q\* - Donation to Legal Expense Fund O\* Other

\* Codes require detailed explanation in required remarks field (k)

	2						Amendment
Disbursem		100 E		631	Pg of		_ Yes
	o report expenditures i		tee for o	perating exp	enses, contributi	ons to	o candidate/political
	coordinated party exp Full Name (and Fund						2. ID Number
C A	hills for Su		- 1			T	Mi AAC I I SEALES
		how Bou	and the same of th	C for a	1 to a of Dish		
3. Type of Disb  Operating Exp		use separate CR			each type of Disb	NAME OF TAXABLE PARTY.	ment.) ed Party Expenditures
4. Payee Inform	NAME AND ADDRESS OF THE OWNER, TH	tributions to Candida	iles/ronus		Remove	fullian	d Party Expenditures
	Tailing Address & Pho	one			ed Committee Name		d. Comments
(include city, state,	, & zip)						
Moto	′1			a Level Region	stered (Specify)		
1 Hacker 1	9 Way Melno 191 02	KCA		Federal	County:		
1 huar	Trong .	130		State	Municipal Municipal	lity:	e. Election Sum to Date
9403	13						\$ 217 20
_		h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
GMSB	debit	A	63/	DA/302A	\$ 2500	2	Social Media
GrsB	debit	A	031	31/9004	\$ 90.83		social Media
4. Payee Inforn	nation			Add	Remove		
	ling Address & Phone	AND SHIPS HAVE A CONSTRUCTOR		b. Coordinate	ed Committee Name	C	d. Comments
(include city, stat							
Cusco S			l		stered (Specify)	61.1	
	shire Ava SVY		1	Federal	County:		
10			1	State	Municipal	lity: e	e. Election Sum to Date
	7 NC 3800						\$
	g. Form of Payment	h. Purpose Code			j. Amount	-	quired Remarks
GMSB	Check	A			\$ 30.89	P	Print Media
GMB	Check	A	03/	12/2004	\$481.08	F	Print Media
4. Payee Inform				Add	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Name	0	d. Comments
(include city, stat			11 15 15 15				
Casco	Signs		1	-	stered (Specify)		
	lilshire Ave	SIM	1	Federal State	County:	.	
			1	State	Municipal Municipal	lity:	e. Election Sum to Date
The Real Property lies and the Party lies are the Party lies and the Party lies are the Party lies and the Party lies are the P	and NC						\$ 862 94
_			1		j. Amount	k. Red	quired Remarks
GMSB	Check	A	04/	24/2024	\$ 288 91		Print Media
					\$		
5. Total only thi	is Page						\$ 846 64
	CRO-1310 Pages						
	line 13a of Detailed Sum line 13b of Detailed Sum						\$ [068.01
(I mis time goes in	une 130 of Deutica Sam	mary ruge cho-11.	ou y com	Tib to Cunutuu	nes/1 ouncm comm,	,	,

7. Purpose Codes (List detailed expenditure code in (h.) above)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Off

fice Expenses I - Postage K\* - Office Expenses Q\* - Donation to Legal Expense Fund J - Penalties O\* Other

Disbursem	ients				Pg	of _	Yes No
			tee for o	operating ex	penses, cont	ribution	s to candidate/political
	coordinated party ex						2 ID Number
	Full Name (and Fun			,			2. ID Number
THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO	The same of the sa	The same of the sa	COLUMN TWO IS NOT THE OWNER.	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN			
3. Type of Dish	WILLIAM TO SELECT THE PROPERTY OF THE PERSON NAMED IN COLUMN TO SELECT THE PERSON NAM	e use separate CR			-	-	
Operating Exp	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS NAMED AND ADDRESS OF T	ntributions to Candida	-		The same of the sa	Coordin	nated Party Expenditures
4. Payee Inform					Remove		Tra :
	failing Address & Ph	ione		b. Coordinat	ted Committee	Name	d. Comments
(include city, state				1			
Cabany	s Country G Street south	,0P		c. Level Reg	istered (Specif	y)	
01 110700	Shal caula	and El.		Federal	Co	unty:	
al union	27 reet 20071)	2 1100	)(	State	☐ Mi	unicipality	e. Election Sum to Date
Consur	d NC 28						\$
f. Account Code	g. Form of Payment		i. Date (	mm/dd/yyyy)			Required Remarks
GMSB	Chack	6	05/0	27/2084	\$ 100	20   1	Political Party
					\$		
4. Payee Inform	nation			Add	Remove		
	ing Address & Phone				ted Committee	Name	d. Comments
(include city, sta	te, & zip)						
1					istered (Specif		
				Federal State	green and	unty: inicipality	e. Election Sum to Date
				State	IVI	inicipanty	
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k.	Required Remarks
					\$		
					\$		
4. Payee Inforn	nation			Add	Remove		
	ing Address & Phone				ed Committee	Name	d. Comments
(include city, stat	중요한 기계를 하면 하는 것이 없는데 하다.						
					istered (Specif		
				Federal State		unty: inicipality:	e. Election Sum to Date
				State	L IVI	micipanty	
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k.	Required Remarks
					\$		
					\$	$\neg \vdash$	
5. Total only th	is Page						\$ 100
							\$ 100
	CRO-1310 Pages	n CBO 11	00:50				100000
	line 13a of Detailed Sun line 13b of Detailed Sun					Comm)	\$ 1068.01
	line 13c of Detailed Sun						
	odes (List detailed						
A* - Media	B* - Printin			undraising	D	- To An	other Candidate
E - Salaries	F* - Equip			litical Party			ing Public Office Expenses
I - Postage	J - Penaltie			ffice Expen			ation to Legal Expense Fund
O* Other							
* Codes requir	e detailed explanati	on in required r	emarks	field (k)			

Amendment

<b>In-Kind Contributions</b>	Pg	of		Yes No
Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refunded.			tee o	r fund.
1. Committee Full Name (and Fund if applicable)	ided within 7 da	ys.	2. I	D Number
Gray Mills for School Board				
3. Contributor Information	Add Re	move		
a. Full Name, Mailing Address & Phone	b. Type of Contri		c. C	omments
(include city, state, & zip)	Individual			
Correo (nills	Candidate Party			
1971 OH Form Rd SE	PAC Referendum		d. E	lection Sum to Date
Concord NC 28025	Other Receipt	Source	\$	Neuvi Sum to Dute
e. Description		f. Date (mm/dd/yyy	<b>(y)</b>	g. Fair Market Amount
Town of Hurrisbury Parade Regist	northy	06/14/202	14	\$ 7500
Parado Candy		06/22/20	24	\$ 5346
/				\$
3. Contributor Information	The state of the s	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril	butor	c. Co	omments
(include city, state, & zip)	Individual Candidate			
	Party			
	☐ PAC			
	Referendum		d. El	lection Sum to Date
	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
				\$
				\$
				\$
3. Contributor Information	Add Rer			
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Co	omments
(include city, state, & zip)	Individual Candidate			
	Party			
	☐ PAC			
	Referendum		d. El	lection Sum to Date
	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
				\$
				\$
				\$
4. Total only this Page			\$	128146
5. Total of ALL CRO-1510 Pages  (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	12846

Amendment