CRO-1000

Amendment

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.

1. Committee Information								
a. Full Name					c. ID Number			
Grea Mills for school Board								
b. Mailing Address (include City, State	e and Zip Code)				d. Date Filed			
1971 Old Farm R								
(1) 00 14.17 1	e. Phone Number							
Congred NC 28025								
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name								
3024 O1/01/30	Na	02/17/	12024	Johnat	han Furr			
6. Type of Committee (Check O	the state of the s	The state of the s	The same of the sa		rt from one category)			
Z Candidate Campaign Party		[unicipal	State/County		Referendum			
	rendum	Organizational Thirty-five day			Organizational Pre-referendum			
☐ Independent Expenditure ☐ Join ☐ Legal Expense Fund	t Fundraiser	Pre-primary	Firs		Final			
Legal Expense Fund	li:	Pre-election	Sec.		Supplemental Final			
7. Type of Fund (if applicable,	check one)	Pre-runoff	Thi	rd	Annual			
☐ Booster Fund		Semi-annual	Fou	rth	☐ Special			
☐ Building Fund		Mid Year	Semi-ani	nual				
	10	Year End		l Year	10. Special Report Name			
Other:		Final		r End				
8. Number of Fundraisers this	Report	Special	Final					
			Special					
11. Account Information			11. Account Infor					
a. Financial Institution Full Name			a. Financial Institution	i Full Name				
Uwhamie Bank								
b. Purpose	c. Account Code		b. Purpose		c. Account Code			
	GMSB							
	d. Period Begin	Balance			d. Period Begin Balance			
	\$ ()				\$			
CERTIFICATION	Ü							
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.								
Printed Name of Sign	er	Sign	nature of Appointed Tre	asurer	Date			
FOR OFFICE USE ONLY								
Date Received:	179-24	Employ	ree: <u>7C</u>	— Del	<u>ivery Method</u> Normal Mail			
Date Postmarked:		Employ	/ee:	_	Registered Mail Hand Delivered			
Date Scanned:	- 30-24	Employ	vee: WAN	_ =	Electronically Filed			
Date Data Entered:		Employ	/ee:		Signer has not received mandatory training			
	treasurer, cust	odian of books	ittee information sus information, or according (CRO-2100A-EE)	count informa	tion.			

NC State Board of Elections

August 2008

Amendment ☑ Yes ☐ No

Detailed Summary Use this form to summarize all disclosure reporting forms and	natary information	Yes No	
	2. Type of		3. ID Number
Great Milk for School Board	18+ (Director	
Start of Election Cycle: January 1, 2024	,	Total this	Total this
4) Cash on Hand at Start		Reporting Period	d Election Cycle
RECEIPTS		Ψ	Ψ
	(CRO-1205)	\$	\$
	(CRO-1210)	\$ 760	\$ 80
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
	(CRO-1250)	\$	\$
	(CRO-1270)	\$	\$
	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,1	1d and 11e)	\$ 760	\$ 8/0
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 214.03	\$ 219.63
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)	\$ 10	\$ 60
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 229.03	\$ 279.03
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18)	\$ 530.97	\$ 530.97
ADDITIONAL INFORMATION			
	(CRO-1330)	\$	Contract of the Contract of th
	(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)	\$	\$
	(CRO-1440)	\$	\$
•	CRO-2220)	\$	\$
28) Contributions to be Refunded	CRO-1215)	\$	\$

		ndividual contribution		ontributions unde	er \$50 if form CR				
		ne (and Fund if appli	And the second s			2. ID Number			
Greg Mills for School Board									
3. Contributor Information									
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Comments			
	le city, state, & zip)	1 - 6 11		CEO					
	neryl Cr	utonfield		c. Employer's Nan					
48	1 1	Fleaxnt Rd	>	Casco S	signs	e. Election Sum to Date			
\N	0010	NC 2807	I 15		. n	\$ 500			
			i. In-Kind Descrip	tion	j. Date (mm/dd/yyy				
	GMSB	Check			01/23/202	4 \$ 5000			
						\$			
						\$			
3. Cont	ributor Informa	ation			nove				
	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. Comments			
	e city, state, & zip)			Account	in				
Bo	Hy Edwar	યુડ			. Employer's Name/Specific Field				
	ity Edward 21 Daybre	~		- (.0				
15	ol Darba	eak 12DG		Edwards		e. Election Sum to Date			
V	01 J.	16 28081		Kega'n	a	\$ (0)00			
f. Prior	Maculis)	h. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yyy	, ,			
	GMSB	Check	II III-IIIII 2 COULT	LIOI		24 \$ 10000			
	0.22				VII.2/5-	\$			
						\$			
3. Cont	ributor Informa	ation		Add Ren	nove				
	ame, Mailing Addre			b. Job Title/Profes	ssion	d. Comments			
(includ	e city, state, & zip)			Graphic (Designer				
G	regory Mil	15		c. Employer's Nan					
197	1 ad F	lls Turn RD SE		Casco Si	gn5	e. Election Sum to Date			
Cancord NC 28025						\$ 12000			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy				
	GMB	Chal			01/12/2001	. />			
		In-Kind	Notary	T-xconsi	01/01/20	M \$ 10 00			
			ı			\$			
4. Tota	al only this Pa	age				\$ 750			
5. Tota	al of ALL CR	O-1210 Pages				s 7(6			
		of Detailed Summary Pa	oe CRO-1100)			\$ 760			

Contributions from Individuals

Amendment

☐ No

			Amenamen	it
Disbursements	Pg	 of	 ✓ Yes	☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	full Name (and Fund	THE RESIDENCE OF THE PARTY OF T				2. ID Number	
Greg Mi	11s for Sch	wol Ban	2				
3. Type of Disb	ursement (Please	use separate Cl	RO-1310	forms for e	each type of Disb	bursement.)	
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures							
4. Payee Inform				Add	Remove		
a. Full Name, M	Tailing Address & Pho	one	b. Coordinate	ed Committee Name	e d. Comments		
(include city, state,	& zip)						
Casco:	Signs			c. Level Regis	stered (Specify)		
199 Julich	ine ALR SW	1		Federal	County:		
019 7717511	NV 2425			State	Municipa	ality: e. Election Sum to Date	
Corcord	NC aso as					\$	
f Account Code	NC 25025 NC 25025 DM - 768 - 9055 g. Form of Payment	h. Purpose Code	i Date (mm/dd/yyyy)	i. Amount	k. Required Remarks	
CANCE	Check #1000	B	-			10	
6111313	CHECK FLOW	<u> </u>	101/12	72029	\$ 62.03	Print Modia	
					\$	1	
4. Payee Inforn	nation			Add	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Name	e d. Comments	
(include city, stat	te, & zip)						
Studio	Print Shop			. I and Dark	stand (Cnaife)		
210010	المارين المارين			Federal	stered (Specify) County:	500,000	
350 Mc	Gill Ave Ur NC 24025	ni+ H		State	Municipa	ality: e. Election Sum to Date	
Concord	NC 28025			_ out	manuelpa		
۵۰	704-336	0100				\$	
f. Account Code		h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
GMSB	Debit Card	B	61/1	9/2024	\$ 26.75	Print Media	
					\$		
4. Payee Inform	nation			Add	Remove		
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committee Name	e d. Comments	
(include city, stat	e, & zip)						
Stulia	Print Shop	,					
214410	LUUI Zunt	,			stered (Specify)	(b) (c)	
350 M	E:11 A. 110	411		State	County: Municipa	ality: e. Election Sum to Date	
Cococi	Fill Ale Ur	11)		State	Withhelpa		
0.1012	704 - 536					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
GMSB	Debit Card	R	1	4/2024	\$ 76.75	Print Modice	
UNU	DEDIT CHIZ	<u> </u>	Ca/t	1/ 1/2027	261/	THE COLL	
			<u> </u>	a con a companya Na his Anna ya may ca his	\$		
5. Total only th	is Page					\$ 115.53	
6. Total of ALL	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sum	mary Page CRO-11	00 if Ope	rating Expense	es)	\$ 214.03	
(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 Sum	mary Page CRO-11	00 if Coo	rdinated Party	Expenditures)		
	odes (List detailed	expenditure cod	e in (h.)	above)			
A* - Media	B* - Printin	ıg	C* - F	undraising		Another Candidate	
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expense							
I - Postage	J - Penaltie	es	K* - O	ffice Expen	ses Q* - De	onation to Legal Expense Fund	
O* Other * Codes requir	e detailed explanation	on in required :	remarks	field (k)			

Disbursen	ante						Amendment
		from the commit	too for o	maratina av	Pg of	-	Yes No
	report expenditures coordinated party ex		101 0	operating exp	penses, contribut	ions to) candidate/pontical
	Full Name (and Fund						2. ID Number
Grey Mi	Ils for Sur	ol Board					
3. Type of Dish	oursement (Please	use separate Cl	RO-1310	forms for e	each type of Disi	bursen	nent.)
Operating Exp		tributions to Candida	Details a service of the second				d Party Expenditures
4. Payee Inform	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			Add	Remove		
a. Full Name, M	failing Address & Ph	one		b. Coordinat	ed Committee Nam	e e	d. Comments
(include city, state	, & zip)						
Metel	\ /			Federal	stered (Specify) County:		El di Gian Da
1 Hackse	r Way			State	Municip	anty:	e. Election Sum to Date
Malina	1	25					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
0 0		Λ	601	(1.10.001	\$ 2500	-	1 1 1
G MSB	Debit Card	14	109/1	9/2020	4	+-	atemit Ads
					\$		
4. Payee Inform	nation			Add	Remove		
a. Full Name, Mail	ing Address & Phone			b. Coordinat	ed Committee Nam	e c	d. Comments
(include city, sta	te, & zip)						
Meta 1 Flack	er Way			c. Level Regi Federal State	stered (Specify) County: Municip	ality:	e. Election Sum to Date
Malon P	Park CA 94	625					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
G-MSB	Dobit Carr	\wedge	50/	16/00U	\$ 2500	ITA	tomet Als
CAMPA	LEXOLT COLL	14	Var	161 9000		111)	101111 / 08
					\$		
4. Payee Inforn	nation			Add	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Nam	e c	l. Comments
(include city, sta	te, & zip)						
Rocky	River Coff	ee Co.			stered (Specify)		
4350	Main St			Federal State	County:	ality:	e. Election Sum to Date
Hamista		075			***************************************		\$
f. Account Code	g Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Red	quired Remarks
GMSB	Debit Cord		162/	10/2024	\$ 5350	=	zent souce
					\$	T	
5 Total and the	in Page						C IN Th
5. Total only th							\$ 103.50
	CRO-1310 Pages line 13a of Detailed Sum	mary Page CRO-11	00 if Ope	rating Expense	es)		\$ 214.03
(This line goes in	line 13b of Detailed Sum	mary Page CRO-11	00 if Con	trib to Candida	ates/Political Comm	1)	+ O. I. I.

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

A"	-	Media	
F		Salaries	

B* - Printing

C* - Fundraising

D - To Another Candidate

F* - Equipment

G - Political Party

H* - Holding Public Office Expenses

Postage

J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

O* Other

* Codes require detailed explanation in required remarks field (k) CRO-1310

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

Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refur			tee o	r fund.	
1. Committee Full Name (and Fund if applicable)	idea Willin 7 da	, 5.	2. I	D Number	
Gracy Mills for School Board					
3. Contributor Information	Add Rei	nove			
a. Full Name, Mailing Address & Phone	b. Type of Contril		c. Co	omments	
(include city, state, & zip)	Individual				
0 4.11.	Candidate				
(TRUN MILLS	Party				
land Call France Del	☐ PAC				
1971 Od Para 123	Referendum	0		Election Sum to Date	
Gregory Mills 1971 Old Farm Rd Corrord NC 2025	Other Receipt Source			3000	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount	
Notice Expense		01/08/2	DJ4	\$ 10 00	
				\$	
				\$	
3. Contributor Information		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	ection Sum to Date	
	Other Receipt	Source	\$		
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount	
				\$	
				\$	
				\$	
3. Contributor Information	Add Rei				
a. Full Name, Mailing Address & Phone	b. Type of Contril	butor	c. Co	omments	
(include city, state, & zip)	Individual				
	Candidate Party				
	PAC				
	Referendum		d. E	lection Sum to Date	
	Other Receipt	Source	\$		
- December 1		f. Date (mm/dd/yyy		g. Fair Market Amount	
e. Description		1. Date (mindayy)	3)		
				\$	
				\$	
				\$	
4. Total only this Page			\$	1000	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	1000	
	THE RESERVE AND ADDRESS OF THE PARTY OF THE	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	-	The state of the s	

In-Kind Contributions

Amendment

☐ No

Yes