Use this form for general report		information mu	ist he signed and sui		Yes No
Do not use this form to update		miorination, ma	ist be signed and su	omitted thong with	Anor doubled forms.
1. Committee Information					
a. Full Name				c. ID Nu	mber
Good Mills	for sch	ml Per	by		
b. Mailing Address (include City, St	ate and Zip Code)	~~ ()		d. Date	Filed
1471 Old Farm	<u> </u>				
0 1 1 1				e. Phone	Number
ON brance	25005			70	4-780-4734
2. Report Year 3. Period Sta	rt Date (mm/dd/y	y) 4. Period En	d Date (mm/dd/yy)	5. Treasurer Full N	Vame
2034 10/20/	2024	12/31/	2024	Johnatha	n Fur
6. Type of Committee (Check	One) 9	. Type of Repor	rt (check only one	type of report from	one category)
		Junicipal	State/County	Referen	dum
□ PAC □ R	eferendum	Organizational	Organizati	onal Org	anizational
☐ Independent Expenditure ☐ Jo	int Fundraiser	Thirty-five day	Quarterly	☐ Pre-	-referendum
Legal Expense Fund	[0	Pre-primary	First	☐ Fina	
		Pre-election	Secon	nd Sup	plemental Final
	e, check one)	Pre-runoff	Third	Toward.	
Booster Fund	- 1	Semi-annual	Fourt	,	cial
☐ Building Fund	Į <u>.</u>	Mid Year	Semi-annu		
	I <u>!</u>	Year End	Mid		ecial Report Name
Other:	L	Final	Year	End	
8. Number of Fundraisers thi	s Report	Special	Final		
			☐ Special		
11. Account Information			1. Account Inform		
a. Financial Institution Full Name	17	a.	. Financial Institution l	Gull Name	
Ulwharrie Ban			Discour		
b. Purpose	c. Account Code	b.	. Purpose RECEIV		nt Code
	GMSB		IAM 4 /	2225	
d. Period Beg		Balance	- JAN 14	d. Period	l Begin Balance
			CABARRUS (
CERTIFICATION	1.07		BOARD OF FL	ECTIONS	
I certify that the Committee or F	und is in complian	ce with all applica	able provisions of Art	icle 22A 22B & 22D	-22M of Chapter 163
of the NC General Statutes and t					
report is complete, true and corre		-			attion contrary time time
report is compasie, and and con-	-	2/			
. Toboutton F	1100	1/1	/	\bigcirc	1001/2024
Printed Name of Si	gner	Signa	ture of Appointed Treas	urer	Date
FOR OFFICE USE ONLY	Modern address for process, as to the				
Date Received:	114/25	Employee	e: ULC	Delivery M	
	Total Section (Section)	The second second second	ga sangga sa kangga da kangga kanka	Normal Pagista	red Mail
Date Postmarked:		Employee	e:		Pelivered
	121/25		MAN		nically Filed
Date Scanned:	- Comment	Employee	e:		
Date Data Entered:		Employee	e:		has not received ory training

Amendment

August 2008

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.

NC State Board of Elections

CRO-1000

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)		Report 3	3. ID Number	
Grea Mills for School Board	Utn	Quarter		
Start of Election Cycle: January 1, 2024	-	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 691.44	\$	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 1034 34	\$ 3 259.11	
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		en e		
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)	\$ 1,034 34	\$ 3,259.11	
EXPENDITURES				
13) Disbursements		er arma (erren, antres er being) er s		
13a) Operating Expenditures	(CRO-1310)	\$ 709,28	\$ 1,954.15	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 100.00	
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	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 709,28	\$ 2,242.61	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$1,016,50	\$ 1,01650	
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)	\$	\$	
•	(CRO-2220)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

Cont	tributions f	rom Individua	als		Pg of		Amendment Yes No	
		individual contribution		ontributions u			Lancing and the second	
	WHEN PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	ne (and Fund if app	COLUMN THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN C				D Number	
G	rec, Mills	For School	Band					
3. Con	tributor Inform	ation		Add 🔲 I	Remove			
	lame, Mailing Addr		Two cases and the second	b. Job Title/Pro	ofession	d. C	omments	
	de city, state, & zip)		Not the state of t	Gradic	designer			
G	rec, Mills			c. Employer's N	Name/Specific Field			
1017	Grey Mills 1971 OH Form Rd SE Concord NC 29025			Casco	Signs	e, El	lection Sum to Date	
Co	Man 1	IC 28025					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy)	yy)	k. Amount	
	GMSB	Check					\$47.70	
	GMSB	Check			12/14/20	14	\$986.64	
							\$	
3. Con	tributor Inform	ation		Add 🔲 F	Remove		the state of the s	
E. Oktober 14.40000	ame, Mailing Addr			b. Job Title/Pro	ofession	d. C	omments	
(includ	de city, state, & zip)		ragin tropics and their simplest					
				c. Employer's N	Name/Specific Field	1		
						L	·	
						e. El	ection Sum to Date	
						\$	×	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy)	yy)	k. Amount	
							\$	
							\$	
							\$	
3. Con	tributor Inform	ation		POWER PROPERTY AND ADDRESS OF THE PARTY AND AD	Remove			
	ame, Mailing Addro	ess & Phone		b. Job Title/Pro	ofession	d. C	omments	
(includ	le city, state, & zip)							
				c. Employer's N	Name/Specific Field			
						e. El	ection Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount	
							\$	
							\$	
							\$	
4. Tot	al only this P	age	Company of the		Manual Property of the Color of	\$		
		RO-1210 Pages				\$		
		of Detailed Summary P	Page CRO-1100)			Þ	×	

Disbursem	nents				Pg	of	Amendment Yes X No	
Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political								
DESCRIPTION OF THE PARTY OF THE	coordinated party ex						2. ID Number	
	Full Name (and Fun		7 ,				2. 1D Number	
(200)	Mills for	School B	Dave					
3. Type of Dish		e use separate CK						
Operating Exp		ntributions to Candida	ates/Politic			oordina	ted Party Expenditures	
4. Payee Inform	nation Iailing Address & Pl			Add	Remove ed Committee Na		d. Comments	
(include city, state		ione		b. Coordinate	ed Committee Na	ine	u. Comments	
~	1							
1000/2001	K (Metci)				stered (Specify)			
1 Hocker	- Way			Federal State	County Munic		e. Election Sum to Date	
Minlo F	Park CA 9L	1075					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		k. R	equired Remarks	
GM5B	Deat	A	10/	28/2024	\$ 25 00			
GMSD	Delat	A	101	24/2024	\$ 25 00			
4. Payee Inform	the same of the sa				Remove			
a. Full Name, Mail	ling Address & Phone			b. Coordinate	ed Committee Na	me	d. Comments	
(include city, sta	te, & zip)	And the second of the second second	activity is provide					
Enchan	ok (nota)			c Level Regi	stered (Specify)	1,62,100	-	
r lice a	, Chiera,			Federal County:				
1 Hacke	~ lucy			State	Munici	pality:	e. Election Sum to Date	
	Puric CA 94	0.5					s 200.36	
f. Account Code	g. Form of Payment	h. Purpose Code		00007	j. Amount	k. R	equired Remarks	
GMSB	Debit	A	10/3	1/2024	\$ 13,29			
GMSB	Debit	A	1113	0/2024	\$ 9.87			
4. Payee Inform				Add	Remove			
Committee of the Commit	ing Address & Phone	gana da egrer distan		b. Coordinate	ed Committee Na	me	d. Comments	
(include city, sta	te, & zip)							
				a Lavel Dagi	stered (Specify)	100000000	-	
				Federal	County	:		
				State	Munici		e. Election Sum to Date	
							\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	mm/dd/yyyy)	j. Amount	k. R	equired Remarks	
					\$		5.000	
					\$	\top		
5. Total only th	is Page						\$ 73.16	
6. Total of ALL	CRO-1310 Pages					No.		
(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)					\$ 709.28			
	odes (List detailed							

C* - Fundraising

D - To Another Candidate

E - Salaries

F* - Equipment J - Penalties

G - Political Party

H* - Holding Public Office Expenses

- Postage

K* - Office Expenses

Q* - Donation to Legal Expense Fund

O* Other

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

D!aha							Amendment	
Disbursem		from the commit	tee for o	nerating exr	Pg of penses contribut		Yes 💆 No	
Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures								
1. Committee Full Name (and Fund if applicable)							2. ID Number	
Grea 1	hills for Sh							
3. Type of Disb	ment.)							
Operating Exp		tributions to Candida	ates/Politic	cal Committees	Coe	ordinate	ed Party Expenditures	
4. Payee Inforn		one more with published		Add	Remove			
a. Full Name, M(include city, state,	failing Address & Pho	one		b. Coordinate	ed Committee Nam	ie (d. Comments	
Cesco >	signs				stered (Specify) County:	SEAS A		
199 Wilshin	signs R Ave SW			Federal State	e. Election Sum to Date			
Concord		15			7.4		\$	
	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
EMSB	Check	В	11/0	1/2024	\$ 69.55			
EMSB	Chais	13	11/0	1/2024	\$ 192.60			
4. Payee Inform	THE RESERVE AND PERSONS ASSESSMENT OF THE PE			Add	Remove			
THE RESIDENCE OF THE PARTY OF T	ing Address & Phone			TO SECURE AND ADDRESS OF THE PARTY OF THE PA	ed Committee Nam	ie e	d. Comments	
(include city, stat	te, & zip)	Committee Committee	Special St					
Casco Si	iuns			c. Level Regis	stered (Specify)			
(0 1 10/10	igns hire /tre SW	•		Federal	County:	10.50		
199 1/1/13	1110 /11/6 249			State	☐ Municip	ality:	e. Election Sum to Date	
Concord	NC 28025	<i>,</i>					\$	
		h. Purpose Code	i. Date (r	mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
GMSO	Check	B	11/0	1/2024	\$142.60			
GMSB	Check	B	111/3	01/2024	\$21,40			
4. Payee Inform	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.			Add	Remove			
	ing Address & Phone		84 N.	b. Coordinate	ed Committee Nam	ie (d. Comments	
(include city, stat	e, & zip)	and the second of the second of						
Cusco	Signs			c. Level Regis	stered (Specify)		1	
(cc. \v/.	Signs Ishire Ave Sw	,		Federal State	County:	ality:	e. Election Sum to Date	
	12				ano.p			
Corrord	Mr 3803		l			1. 5	1,990.96	
		h. Purpose Code	1. /		j. Amount	k. Re	quired Remarks	
GMSB	Check	В	11/0	21/2024	\$ 139.47	+-		
- m . 1 . 1 . 1					2		¢ (20 (0	
5. Total only this Page							\$ 636.12	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							7001 70	
(This line goes in line 13h of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							\$ 7001,28	

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

A* - Media

C* - Fundraising B* - Printing

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

D - To Another Candidate

E - Salaries

F* - Equipment

G - Political Party

H* - Holding Public Office Expenses

I - Postage

J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

O* Other

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

NC State Board of Elections