Disclosure Report Cover	Amendment  Yes No
Use this form for general report and committee information, must be signed and submitted alo	ng with other detailed forms.
Do not use this form to update information.	
1. Committee Information	c. ID Number
a. Full Name  Grea Mills for School Board	c. ID Number
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
1971 Old Form Rd	e. Phone Number
1971 OIL Form Rd Concord NC 28025	704-780-4734
	er Full Name
2025 01/01/2025 03/31/2025 John	than T-um
6. Type of Committee (Check One)  9. Type of Report (check only one type of rep	Referendum
☐ Candidate Campaign     ☐ Party     Municipal     State/County       ☐ PAC     ☐ Referendum     ☐ Organizational     ☐ Organizational	Organizational
☐ Independent Expenditure ☐ Joint Fundraiser ☐ Thirty-five day Quarterly	Pre-referendum
☐ Legal Expense Fund ☐ Pre-primary ☐ First	Final
Pre-election Second	Supplemental Final
7. Type of Fund (if applicable, check one) Pre-runoff Third	Annual
Booster Fund Semi-annual Fourth	Special
Building Fund Mid Year Semi-annual	10 Constal Donard Name
Year End Mid Year  Other: Year End Year End  Year End	10. Special Report Name
Other: Final Year End  8. Number of Fundraisers this Report Special Final	
Special	
11. Account Information 11. Account Information	
a. Financial Institution Full Name  a. Financial Institution Full Name	
Ulwhrne Bank	
b. Purpose c. Account Code b. Purpose	c. Account Code
GMSB	
d. Period Begin Balance	d. Period Begin Balance
\$1,016.50	\$
CERTIFICATION	
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed	2B & 22D-22M of Chapter 163 funds. I further certify that this
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22	funds. I further certify that this
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed	$^{12}$ B & 22D-22M of Chapter 163 funds. I further certify that this $^{12}$ CM/09/2025
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed report is complete, true and correct and that I have been trained by the NC State Board of Elections.	funds. I further certify that this
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Printed Name of Signer  Signature of Appointed Treasurer  FOR OFFICE USE ONLY	funds. I further certify that this  OU/09/2025  Date
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed report is complete, true and correct and that I have been trained by the NC State Board of Elections.	funds. I further certify that this  Ou/09/2025  Date  Elivery Method Normal Mail
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed report is complete, true and correct and that I have been trained by the NC State Board of Elections.	funds. I further certify that this  Ou/09/2025  Date  Plivery Method

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.

Employee:

ABARRUS COUNTY

ARDIDATE DATA ENTEred:

Signer has not received mandatory training

## **Detailed Summary**Use 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 of	Report 3.	. ID Number
Grea Mills for School Board	Fin	al	
Start of Election Cycle: January 1, 2020	1	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1.016.50	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$ 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			
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)	\$	\$ 3,254.11
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,016.50	\$ 2,970.65
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)	\$	\$ 188.40
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$	\$ 3,259.11
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	otract line 18)	\$	\$ 0
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)	\$	\$

					Amendment		
Disbursements	Pg		of		☐ Yes	✓ No	
Use this form to report expenditures from the committee for operating	expense	s, contri	ibutio	ons to ca	andidate/po	litical	

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

1. Committee I	Full Name (and Fun	d if applicable)				2. ID Number
Grey 1	Wills for Sc	hool Boar	79			
3. Type of Dish	oursement (Pleas	e use separate Cl	RO-1310	forms for e	each type of Disb	pursement.)
Operating Exp	SECTION AND DESCRIPTION OF THE PROPERTY OF THE	ntributions to Candid	ates/Politi	cal Committees	Coo	rdinated Party Expenditures
4. Payee Inform				Add	Remove	
a. Full Name, M	failing Address & Pl	none		b. Coordinat	ed Committee Name	e d. Comments
(include city, state	in the product of the last of					
Casco S	signs				stered (Specify)	
199 Mi)	ligns while Ave So, and NC 28	()		Federal State	County:	ality: e. Election Sum to Date
Conco	KG NC 28	075				\$ 2,515.46
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
G-MSB	Check	10	OU	75/2025	\$1016.50	
0,00			1		\$	
4. Payee Inform	nation			Add	Remove	
	ling Address & Phone				ed Committee Name	e d. Comments
(include city, sta				b. Coordinat	ed committee (vanis	ui comments
(,	,					
				c. Level Regi	stered (Specify)	
				Federal	County:	
				State	Municipa Municipa	ality: e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
i. Account Code	g. Form of Tayment	in ruipose code	I. Date (	mmz da j j j j j	\$	
					\$	
4. Payee Inform	nation			Add	Remove	
a. Full Name, Mail	ing Address & Phone			b. Coordinat	ed Committee Name	e d. Comments
(include city, sta	te, & zip)					
					1.6 10	
				c. Level Regi	stered (Specify)  County:	
				State	Municipa	ality: e. Election Sum to Date
						-
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
					\$	
					Ψ	6
5. Total only th						\$
	CRO-1310 Pages					
	line 13a of Detailed Su					\$
	line 13b of Detailed Su line 13c of Detailed Su					1)
North Control of the			Carried State of the Control of the		Expenduares)	
Manager and the second	odes (List detailed				D T-	Another Candidate
A* - Media	B* - Print	-		undraising		Another Candidate olding Public Office Expenses
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	J - I chait	103		The Exper	V D	The state of the s
an annual contract the second	e detailed explanat	ion in required	remark	s field (k)		