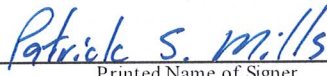



Disclosure Report Cover

Amendment
 Yes No

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
PATRICK MILLS FOR CITY COUNCIL			
b. Mailing Address (include City, State and Zip Code)			d. Date Filed
1981 GLENKIRK DR BURLINGTON, NC 27215			07/06/2017
			e. Phone Number
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2017	01/01/2017	06/30/2017	PATRICK MILLS
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
TRULIANT FCU		TRULIANT FCU	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CHECKING	A	SAVINGS ACCT TO OPEN CHECKING	B
	d. Period Begin Balance		d. Period Begin Balance
	\$ 422.03		\$ 5.00
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			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		07/06/2017 Date	
FOR OFFICE USE ONLY			
Date Received:	<u>7/6/17</u>	Employee:	<u>JG</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	<u>7/24/17</u>	Employee:	<u>JG</u>
Date Data Entered:	_____	Employee:	_____
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			
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.			

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
PATRICK MILLS FOR CITY COUNCIL	2017 Mid Year Semi-Annual		
Start of Election Cycle: January 1, <u>2016</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 427.03	\$ 486.79
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.00	\$ 0.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.12	\$ 0.36
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 0.12	\$ 0.36
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 30.00	\$ 90.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 30.00	\$ 90.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 397.15	\$ 397.15
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 1,702.90	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
PATRICK MILLS FOR CITY COUNCIL					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
TRULIANT FCU PO BOX 26442 WINSTON-SALEM, NC 27114					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 0.36	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
A	Electric Funds Tran		01/31/2017	\$ 0.02	
A	Electric Funds Tran		02/28/2017	\$ 0.02	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
TRULIANT FCU PO BOX 26442 WINSTON-SALEM, NC 27114					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 0.36	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
A	Electric Funds Tran		03/31/2017	\$ 0.02	
A	Electric Funds Tran		04/29/2017	\$ 0.02	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
TRULIANT FCU PO BOX 26442 WINSTON-SALEM, NC 27114					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 0.36	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
A	Electric Funds Tran		05/31/2017	\$ 0.02	
A	Electric Funds Tran		06/30/2017	\$ 0.02	
5. Total only this Page				\$ 0.12	
6. Total of ALL CRO-1250 Pages				\$ 0.12	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
PATRICK MILLS FOR CITY COUNCIL						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	K	01/02/2017	\$ 5.00	EMAIL
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	K	02/02/2017	\$ 5.00	EMAIL
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	K	03/02/2017	\$ 5.00	EMAIL
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	K	04/02/2017	\$ 5.00	EMAIL
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	K	05/02/2017	\$ 5.00	EMAIL
<input type="checkbox"/> Add <input type="checkbox"/> Remove	A	Draft	K	06/02/2017	\$ 5.00	EMAIL
4. Total only this Page					\$	30.00
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	30.00
6. Purpose Codes (List detailed expenditure code in (d) above)						
	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

Debts and Obligations Owed By the Committee

Pg 1 of 1

Amendment
 Yes No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable) PATRICK MILLS FOR CITY COUNCIL	2. ID Number
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3. Creditor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) PATRICK MILLS 1981 GLENKIRK DR BURLINGTON, NC 27215	Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.
	b. Description of Creditor LINE OF CREDIT

c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 1,702.90	\$ 0.00	\$ 0.00	\$ 1,702.90

g. Incurred Debts (what the committee received this period)

g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount
		\$
	g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount
		\$
	g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount
		\$
	g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount
		\$
	g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount
		\$
	g4. Purpose Code	g5. Required Remarks

4. Total only this Page (This should be the sum of all items 'g3.' from this page)	\$ 1,702.90
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5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)	\$ 1,702.90
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6. Purpose Codes (List detailed expenditure code in (g4.))			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other
* Codes require detailed explanation in required remarks field (g5.)			