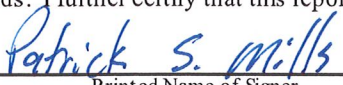
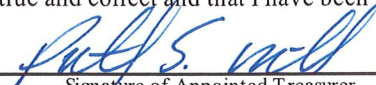


Disclosure Report Cover

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 | | | 07/26/2016 |
| | | | e. Phone Number |
| | | | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2016 | 01/01/2016 | 06/30/2016 | 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 | |
| 7. Type of Fund (if applicable, check one) | | State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| <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: | | 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 | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | |
| 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 |
| | \$ 481.79 | | \$ 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 | |
| | | 07/26/2016 Date | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | 7/27/16 | Employee: | SH |
| Date Postmarked: | | Employee: | |
| Date Scanned: | 8-3-16 | Employee: | JG |
| 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 | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 | | 2016 Mid Year Semi-Annual | | | |
| Start of Election Cycle: January 1, 2016 | | | Total this Reporting Period | | Total this Election Cycle |
| 4) Cash on Hand at Start | | | \$ 486.79 | | \$ 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 | | \$ 0.12 | |
| 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 | | \$ 0.12 | |
| 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 | | \$ 30.00 | |
| 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 | | \$ 30.00 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 456.91 | | \$ 456.91 | |
| 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

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

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 (Please use separate CRO-1250 forms for each type of Receipt Source.) | | | | | |
| <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 |
| | | | | | |
| | | | | | \$ 0.12 |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| A | Electric Funds Tran | | 01/30/2016 | \$ 0.02 | |
| A | Electric Funds Tran | | 02/29/2016 | \$ 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 |
| | | | | | |
| | | | | | \$ 0.12 |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| A | Electric Funds Tran | | 03/31/2016 | \$ 0.02 | |
| A | Electric Funds Tran | | 04/30/2016 | \$ 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 |
| | | | | | |
| | | | | | \$ 0.12 |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| A | Electric Funds Tran | | 05/31/2016 | \$ 0.02 | |
| A | Electric Funds Tran | | 06/30/2016 | \$ 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 | 01/03/2016 | \$ 5.00 | EMAIL HOSTING | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A | Draft | K | 02/03/2016 | \$ 5.00 | EMAIL HOSTING | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A | Draft | K | 03/03/2016 | \$ 5.00 | EMAIL HOSTING | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A | Draft | K | 04/03/2016 | \$ 5.00 | EMAIL HOSTING | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A | Draft | K | 05/04/2016 | \$ 5.00 | EMAIL HOSTING | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | A | Draft | K | 06/04/2016 | \$ 5.00 | EMAIL HOSTING | |
| 4. Total only this Page | | | | | | \$ | 30.00 |
| 5. Total of ALL CRO-1315 Pages | | | | | | \$ | 30.00 |
| <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> | | | | | | | |
| 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 | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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) | | 2. ID Number | |
| PATRICK MILLS FOR CITY COUNCIL | | | |
| 3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor. | |
| PATRICK MILLS 1981 GLENKIRK DR BURLINGTON, NC 27215 | | 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 | |
| 5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100) | | \$ 1,702.90 | |
| 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.) | | | |