



City of Brighton  
 500 South 4<sup>th</sup> Avenue  
 Brighton, CO 80601  
 303-655-2056

Space Below for Office Use Only



**REPORT OF CONTRIBUTIONS AND EXPENDITURES  
 (1-45-108, C.R.S.)**

<b>Full Name of Committee / Person:</b>	Gregory Mills for Mayor As shown on Registration
<b>Address of Committee / Person:</b>	271 Terra Vista Street
<b>City, State &amp; Zip Code:</b>	Brighton CO 80601
<b>Committee Type:</b>	Candidate Committee
<b>Name and Address of Financial Institution:</b>	FNB 1600 E Bridge Street Brighton CO 80601

**SOS ID NUMBER** (state and county committees): \_\_\_\_\_

**Type of Report:**

- Regularly Scheduled Filing
- Amended Filing. This amends previous report filed on \_\_\_\_\_
- Termination Report. (Termination Reports MUST have a Monetary Balance of Zero in Line 5)
- Check this box if this Report of Contains Electioneering Communications Information

**Reporting Period Covered:** Oct. 7, 2025 through Oct. 20, 2025  
 Date Date

**Declared Total Spending (if applicable):** \$ \_\_\_\_\_  
 [Art. XXVIII, Sec. 4(1)]

		Totals Detailed Summary
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 58.98
2	Total Monetary Contributions (Line 11)	\$ 80.23
3	Total of Monetary Contributions & Beginning Amount (Line 1 + Line 2)	\$ 139.21
4	Total Monetary Expenditures (Line 19)	\$ 139.21
5	Funds on Hand at the End of Reporting Period (monetary)(Line 3 – Line 4)	\$ 0

**The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.  
 [Art. XXVIII Sec. 10(2)(a)]**

**Authorization (Must be completed by either the Registered Agent OR the Candidate):**

I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's Name: Katherine Mills

Registered Agent's Signature: [Signature] Date: 10/20/2025

Print Candidate Name: Gregory Mills

Candidate's Signature: [Signature] Date: 10/20/2025

**DETAILED SUMMARY**

Full Name of Committee / Person: Gregory Miller for Mayor

Current Reporting Period: Oct 7<sup>th</sup>, 2025 Through October 25<sup>th</sup> 2025

Funds on Hand at Beginning of Reporting Period (Monetary Only)		\$ 58.98
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]	\$ 80.23
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ —
8	Loans Received (Please list on Schedule "C")	\$ —
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ —
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ —
11	Total Monetary Contributions (Total of Lines 6 through 10)	\$ 80.23
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ —
13	<b>TOTAL CONTRIBUTIONS</b> (Line 11 + Line 12)	\$ 80.23
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 40.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 24.21
16	Loan Repayments Made (Please list on Schedule "C")	\$ —
17	Returned Contributions (To Donor) (Please list on Schedule "D")	\$ 75.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties ONLY)	\$ —
19	Total Monetary Expenditures (Total of Lines 14 through 17)	\$ 139.21
20	Total Spending (Line 18 + Line 19)	\$ 139.21

**SCHEDULE A – ITEMIZED CONTRIBUTIONS STATEMENT (\$20 OR MORE)**

[C.R.S. 1-45-108(1)(A)]

Full Name of Committee / Person: Gregory Mills for Mayor

**WARNING: Please read the instruction page for Schedule "A" before completing**

**PLEASE PRINT/TYPE**

<u>1. Date Accepted</u> Oct. 17, 2025	4. Name (Last, First): <u>Gregory Mills</u>
<u>2. Contribution Amount</u> \$ <u>80.23</u>	5. Address: <u>271 Terra Vista Street</u>
<u>3. Aggregate Amount *</u> \$	6. City/State/Zip: <u>Brighton CO 80601</u>
Check box if Electioneering Communication	7. Description: _____ 8. Employer (if applicable, mandatory): <del>U.S. House of Representatives</del> <u>U.S. House of Representatives</u> 9. Occupation (if applicable, mandatory): <u>District Director</u>

<u>1. Date Accepted</u>	4. Name (Last, First): _____
<u>2. Contribution Amount</u> \$	5. Address: _____
<u>3. Aggregate Amount *</u> \$	6. City/State/Zip: _____
Check box if Electioneering Communication	7. Description: _____ 8. Employer (if applicable, mandatory): _____ 9. Occupation (if applicable, mandatory): _____

<u>1. Date Accepted</u>	4. Name (Last, First): _____
<u>2. Contribution Amount</u> \$	5. Address: _____
<u>3. Aggregate Amount *</u> \$	6. City/State/Zip: _____
Check box if Electioneering Communication	7. Description: _____ 8. Employer (if applicable, mandatory): _____ 9. Occupation (if applicable, mandatory): _____

\* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

**SCHEDULE B – ITEMIZED EXPENDITURES STATEMENT (\$20 OR MORE)**

[1-45-108(1)(A), C.R.S.]

Full Name of Committee / Person: Greasy Mills for Mayor  
**PLEASE PRINT/TYPE**

1. Date Expended <u>Oct 6, 2025</u>	4. Name: <u>Flutterby Givvs</u>
2. Amount \$ <u>40.00</u>	5. Address: <u>2227 Prairie Center Pkwy Unit D</u>
3. Recipient is (optional) Committee Non-Committee	6. City/State/Zip: <u>Briston Co 80601</u>
	7. Purpose of Expenditure: <u>Vendor Spot</u> Check Box if Electioneering Communication

1. Date Expended	4. Name: _____
2. Amount	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional) Committee Non-Committee	7. Purpose of Expenditure: _____ Check Box if Electioneering Communication

1. Date Expended	4. Name: _____
2. Amount	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional) Committee Non-Committee	7. Purpose of Expenditure: _____ Check Box if Electioneering Communication

1. Date Expended	4. Name: _____
2. Amount	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional) Committee Non-Committee	7. Purpose of Expenditure: _____ Check Box if Electioneering Communication

1. Date Expended	4. Name: _____
2. Amount	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional) Committee Non-Committee	7. Purpose of Expenditure: _____ Check Box if Electioneering Communication

**SCHEDULE D – RETURNED CONTRIBUTIONS & EXPENDITURES**

Full Name of Committee/Person: Gregory Mills for Mayor

**Returned Contributions**

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

**PLEASE PRINT/TYPE**

<u>1. Date Accepted</u> 5/30/25	<u>4. Name (Last, First):</u> <u>Mills, Katherine</u>
<u>2. Date Returned</u> 10/19/25	<u>5. Address:</u> <u>Former address at donation 284 N 17th St Brighton CO 80601</u>
<u>3. Amount</u> \$ 75.00	<u>6. City, State, Zip:</u> <u>Brighton CO 80601</u>
	<u>7. Purpose:</u> <u>Data entry error endorsement</u>

<u>1. Date Accepted</u>	<u>4. Name (Last, First):</u>
<u>2. Date Returned</u>	<u>5. Address:</u>
<u>3. Amount</u>	<u>6. City, State, Zip:</u>
\$	<u>7. Purpose:</u>

**Returned Expenditures**

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

**PLEASE PRINT/TYPE**

<u>1. Date Expended</u>	<u>4. Name (Last, First):</u>
<u>2. Date Returned</u>	<u>5. Address:</u>
<u>3. Amount</u>	<u>6. City, State, Zip:</u>
\$	<u>7. Purpose:</u>

<u>1. Date Expended</u>	<u>4. Name (Last, First):</u>
<u>2. Date Returned</u>	<u>5. Address:</u>
<u>3. Amount</u>	<u>6. City, State, Zip:</u>
\$	<u>7. Purpose:</u>