PAGE 1 / 13

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

	FOI All Au	inorizea Con	mintee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		cample: If typing,	type	12FE4M5	
John Mills for Congre	ess					1
ADDRESS (number and street)	1940 Boardwalk [Orive				
Check if different than previously	Miramar Beach			. 1	FL :	32550
reported. (ACC) 2. FEC IDENTIFICATION	NUMBER ▼	CITY A		S	TATE A	ZIP CODE ▲
C C00565366		3. IS THIS REPORT	x NEW (N)	OR	AMENDE (A)	STATE ▼ DISTRICT
=	y Report (Q1) y Report (Q2) terly Report (Q3) End Report (YE)	Election on	General (30G)	C) /	General (12 Special (12 Y Y Y Y Runoff (30F	in the State of
5. Covering Period	01 / 01 /	Y Y Y Y Y 2017	through	M M 03	31	Y Y Y Y 2017
certify that I have examined Type or Print Name of Treasu	Adams, Christon		nowledge and be	lief it is tru	e, correct and	complete.
A Signature of Treasurer	dams, Christopher, , ,		[Electronically Fi	[ed] Da	ate 04	/ D D / Y Y Y Y Y Y 11 2017
NOTE: Submission of false, erro	oneous, or incomplete	information may	subject the perso	n signing th	nis Report to the	e penalties of 52 U.S.C. §30109
Office Use Only						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 13

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Mills for Congress

2017 2017 03 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 805.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 805.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 148.13 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 17105.91 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 13

Write or Type Committee Name

John Mills for Congress

01 2017 03 01 31 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 300.00 (i) Itemized (use Schedule A)...... 505.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 805.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 805.00 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 9234.94 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 9234.94 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 10039.94 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 13

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	8801.49
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	8801.49
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	148.13
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		148.13
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	0.00
7.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	148.13

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

5

X 13a 13b

13

OF

Transaction ID: SC/10.4106 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D24^D M 06M ž014 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 6

13a

OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4116
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Middle Initial)	Memo Item Election: Primary General
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼
City Miramar Beach	State	ZIP Code 32550 Personal Funds of the Candidate
Original Amount of Loan 4234.94	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 4234.94
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M07 ^M / D18 ^D / Y 2014 Y	M M / D D	/ Y Y Y Y Y W No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (options	al)	4234.94
TOTALS This Period (last page in this line of		, , , , ,
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.
, calcianang calanto only to bill of	- , un	or outlined by the complete and or outlined by

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7
FOR LINE NUMBER: (check only one)

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	13b

13

OF

Transaction ID: SC/10.4197 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D08D M09M Ž015 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

13a

				Detailed Suffirmary	Page			13b	
NAME OF COMMITTEE (In Full) John Mills for Congress				Trai	nsaction	ID : SC/10.4299			
John Wills for Congress									
LOAN SOURCE Full Name (L	ast, First, Mic	ddle Initial)		☐ Memo I	tem Ele	ection: 2016			
MILLS, Ralph, John, , I	II				×	Primary			
24.11					_	General			
Mailing Address 1940 Boardwalk Drive				Other (specify) ▼					
City State ZIP Cod				de # Personal Funds of the Candida			didate		
Miramar Beach		FL	32550						
Original Amount of Loan		Cumulative Pay	yment To D	ate	Balance	Outstanding at Close of	This	Period	
,,	3850.64			0.00		385	50.64		
TERMS Date Incurred		D	ate Due	Interest (If none,		Secure	d:		
M01 ^M / D02 ^D / Y Ž	016 ^Y	M M / D D	/ Y	/ Y Y		% (apr)	s)	x No	
List All Endorsers or Guarant	ors (if any) t	o Loan Source							
1. Full Name (Last, First, Mid-	dle Initial)			Name of Employer					
Mailing Address	Mailing Address				Occupation				
			<u> </u>	Amount					
City	State	ZIP Code	<u> </u>	Guaranteed Outstanding:	7				
2. Full Name (Last, First, Midd	le Initial)			Name of Employer					
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code	<u> </u>	Guaranteed Outstanding:	7				
3. Full Name (Last, First, Midd	le Initial)			Name of Employer					
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:	7				
4. Full Name (Last, First, Midd	le Initial)			Name of Employer					
Mailing Address			- 1	Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:	,				
	·		1				_	_	
SUBTOTALS This Period This Pa	ge (optional).			·····	L	385	0.64		
TOTALS This Period (last page in	this line only	v)		······			-	ī	
						7	- 4		
Carry outstanding balance only t	o LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward	to appropriate line of S	umn	nary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9
FOR LINE NUMBER: (check only one)

13a

		Detailed Guillinary Fage	13b				
AME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4337					
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive	Middle Initial)	Memo Item Election: 2016 ✓ Primary General Other (specify) ▼					
City Miramar Beach	State FL	ZIP Code 32550 Personal Funds of the second secon	he Candidate				
Original Amount of Loan	Cumulative Pa	syment To Date Balance Outstanding at Close of	of This Period				
TERMS Date Incurred M06 ^M / D30 ^D / Y Z016 Y	M M M / D D	(If none, enter 0)	ured: Yes 🗶 No				
List All Endorsers or Guarantors (if any	/) to Loan Source						
1. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation	Occupation				
City	ZIP Code	Amount Guaranteed Outstanding:	Guaranteed				
2. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation	Occupation				
City	ZIP Code	Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation	Occupation				
City	ZIP Code	Amount Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)	•	Name of Employer					
Mailing Address		Occupation					
City	ZIP Code	Amount Guaranteed Outstanding:					
SUBTOTALS This Period This Page (option	·		345.33				
Carry outstanding balance only to LINE 3.	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of	f Summarv.				

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 10

X	13a
	13b

13

OF

			130
AME OF COMMITTEE (In Full) ohn Mills for Congress			Transaction ID : SC/10.4342
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive	First, Mid	ddle Initial)	☐ Memo Item Election: 2018 ## Primary General Other (specify) ▼
City		State	ZIP Code
Miramar Beach		FL	32550 Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
1500	0.00	2	0.00 1500.00
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)
M07 ^M / D18 ^D / Y Ž016	Υ	M M / D D	7 Pěmaňd Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors	(if any) t	o Loan Source	
1. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	nitial)	1	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
Oity	State	Zir Code	Outstanding:
3. Full Name (Last, First, Middle In	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
		Zii Oode	Outstanding:
4. Full Name (Last, First, Middle In	nitial)		Name of Employer
Mailing Address			Occupation
O'th.	0	710.0 '	Amount Guaranteed
City	State	ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optional).		1500.00
OTALS This Period (last page in this	s line only	/) ······	······
Carry outstanding balance only to LI	NE 3, Scl	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11
FOR LINE NUMBER: (check only one)

13a

OF

						130			
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transa	action ID : SC/10.4343			
<u> </u>	<u> </u>								
	LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mic	ddle Initial)		☐ Memo Item Election: 2018 ▼ Primary				
	Mailing Address 1940 Boardwalk Drive					General Other (specify) ▼			
	City State			ZIP Co	de	Personal Funds of the Candidate			
	Miramar Beach		FL	32550		Personal Funds of the Candidate			
	Original Amount of Loan		Cumulative Pay	ment To	Date Ba	alance Outstanding at Close of This Period			
	300	0.00			0.00	300.00			
	TERMS Date Incurred		D	ate Due	Interest Ra (If none, ent				
	M09M / D06D / Y Ž01Ě	Y	M M / D D	/ Y [Pěmaňd ^Y	0.00 % (apr) Yes X No			
	List All Endorsers or Guarantors	(if any) to	o Loan Source						
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City State ZIP Code			Guaranteed Outstanding:					
	2. Full Name (Last, First, Middle In	itial)	•		Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7 7			
	3. Full Name (Last, First, Middle In	itial)			Name of Employer Occupation				
	Mailing Address								
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
S	UBTOTALS This Period This Page (optional)			······	300.00			
T	OTALS This Period (last page in this	line only	/)		······				
c	Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	rward to appropriate line of Summary.			
						<u> </u>			

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

12 OF

X 13a 13b

13

Transaction ID: SC/10.4344 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown State ZIP Code City Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D23^D M09M ž016 Děmaňd x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only)..... 16730.91 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13 OF
FOR LINE NUMBER:
(check only one)

	9
x	10

13

NAME OF COMMITTEE (In Full)

John Mills for Congress

John Mills for Congre	ess						
•	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Law Office of James C. Thomas III						
Mailing Address 7509 NW Tiffany Springs I Suite 300							
City Kansas City							
Outstanding Balance Beginning This Perio	od		Transaction ID : SD10.4349				
0.00							
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period				
375.00		0.00	375.00				
B. Full Name (Last, First, Middle Initial) of D	Debtor or Cred	ditor	Nature of Debt (Purpose):				
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period Amount Incurred This Period	od	Payment This Period	Outstanding Balance at Close of This Period				
C. Full Name (Last, First, Middle Initial) of	Debtor or Cre	editor	Nature of Debt (Purpose):				
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period	od						
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period				
) SUBTOTALS This Period This Page (option	nal) ······		375.00				
TOTALS This Period (last page this line nu	375.00						
s) TOTAL OUTSTANDING LOANS from Scho	16730.91						
A) ADD 2) and 3) and carry forward to appro	17105.91						