

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

John Mills for Congress

ADDRESS (number and street) 9059 Orlando Avenue

Check if different than previously reported. (ACC)

Navarre

FL

32566

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00565366

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

FL

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on MM / DD / YYYY in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY 10 / 01 / 2019

through

MM / DD / YYYY 12 / 31 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Adams, Christopher, , ,

Type or Print Name of Treasurer

Adams, Christopher, , ,

Signature of Treasurer

[Electronically Filed]

Date

MM / DD / YYYY 01 / 30 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**John Mills for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	805.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	805.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	1560.00	8801.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1560.00	8801.49
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	307.52	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	42143.37	

**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)

Write or Type Committee Name

**John Mills for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	300.00
(ii) Unitemized.....	0.00	505.00
(iii) TOTAL of contributions from individuals ▶	0.00	805.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	805.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	1500.00	9234.94
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1500.00	9234.94
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	1500.00	10039.94

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1560.00	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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1560.00	8801.49

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	367.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1500.00
25. SUBTOTAL (add Line 23 and Line 24).....	1867.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1560.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	307.52

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**John Mills for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MILLS, Ralph, , , III**

Mailing Address 9059 Orlando Avenue

City Navarre State FL Zip Code 32566

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2019

Transaction ID : SA13A.4929

Amount of Each Receipt this Period  
1500.00

Memo Item  
On Demand

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**John Mills for Congress**

Full Name (Last, First, Middle Initial) <b>A. Law Office of James C. Thomas III</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2019
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300		FEC Identification Number C
City Kansas City	State MO	Zip Code 64153
Purpose of Disbursement Legal and Reporting Services	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 162.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4922
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Law Office of James C. Thomas III</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2019
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300		FEC Identification Number C
City Kansas City	State MO	Zip Code 64153
Purpose of Disbursement Legal and Reporting Services	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 422.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4923
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Law Office of James C. Thomas III</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2019
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300		FEC Identification Number C
City Kansas City	State MO	Zip Code 64153
Purpose of Disbursement Legal and Reporting Services	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 162.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4925
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	747.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 52			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**John Mills for Congress**

Full Name (Last, First, Middle Initial) <b>A. Law Office of James C. Thomas III</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2019
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300		FEC Identification Number C
City Kansas City	State MO	Zip Code 64153
Purpose of Disbursement Payment on incurred expense		Amount of Each Disbursement this Period 162.50
Candidate Name		Transaction ID : SB17.4918
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Law Office of James C. Thomas III</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2019
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300		FEC Identification Number C
City Kansas City	State MO	Zip Code 64153
Purpose of Disbursement Payment of incurred expense		Amount of Each Disbursement this Period 325.00
Candidate Name		Transaction ID : SB17.4919
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Law Office of James C. Thomas III</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2019
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300		FEC Identification Number C
City Kansas City	State MO	Zip Code 64153
Purpose of Disbursement Payment of incurred expense		Amount of Each Disbursement this Period 162.50
Candidate Name		Transaction ID : SB17.4920
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 52	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**John Mills for Congress**

Full Name (Last, First, Middle Initial) <b>A. Law Office of James C. Thomas III</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2019
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300		FEC Identification Number C
City Kansas City	State MO	Zip Code 64153
Purpose of Disbursement Payment of incurred expense		Amount of Each Disbursement this Period 162.50
Candidate Name		Transaction ID : SB17.4921
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	162.50
<b>TOTAL</b> This Period (last page this line number only).....▶	1560.00



# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4711**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 126.34	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 126.34
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<b>TERMS</b>	Date Incurred M 09 / D 21 / Y 2017	Date Due M M / D D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 126.34
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4742**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 303.01	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 303.01
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<b>TERMS</b>	Date Incurred M 10 / D 04 / Y 2017	Date Due M / D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	303.01
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4743**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 4.24	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4.24
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<b>TERMS</b>	Date Incurred M 10 / D 05 / Y 2017	Date Due M M / D D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	4.24
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4744**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 35.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 35.00
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<b>TERMS</b>	Date Incurred M 10 / D 10 / Y 2017	Date Due M M / D D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	35.00
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4745**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 21.63	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 21.63
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<b>TERMS</b>	Date Incurred M 10 / D 12 / Y 2017	Date Due M M / D D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	21.63
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4746**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 7.95	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 7.95
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<b>TERMS</b>	Date Incurred M 10 / D 17 / Y 2017	Date Due M / D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	7.95
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4747**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 72.49	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 72.49
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<b>TERMS</b>	Date Incurred M 10 / D 30 / Y 2017	Date Due M / D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	72.49
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
John Mills for Congress

Transaction ID : SC/10.4748

LOAN SOURCE Full Name (Last, First, Middle Initial)

John Mills for Congress

Memo Item

Election: 2018

Primary

General

Other (specify) ▼

Mailing Address  
9059 Orlando Avenue

City

State

ZIP Code

Navarre

FL

32566

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

196.54

0.00

196.54

TERMS

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 10<sup>M</sup>

D 31<sup>D</sup>

Y 2017 Y

M M

D D

Y 11/08/2018 Y

0.00

% (apr)

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

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

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

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

196.54

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.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4749**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 41.21	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 41.21
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<b>TERMS</b>	Date Incurred M 11 / D 01 / Y 2017	Date Due M M / D D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	41.21
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4750**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2018
John Mills for Congress			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
9059 Orlando Avenue			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Navarre	FL	32566	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
804.08	0.00	804.08

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 11 / D 05 / Y 2017	M M / D D / Y 11/08/2018	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	804.08
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4751**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 19.08	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 19.08
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<b>TERMS</b>	Date Incurred M 11 / D 08 / Y 2017	Date Due M M / D D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 19.08
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4752**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 93.73	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 93.73
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<b>TERMS</b>	Date Incurred M 11 / D 08 / Y 2017	Date Due M M / D D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	93.73
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4753**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 6.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6.00
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<b>TERMS</b>	Date Incurred M 12 / D 21 / Y 2017	Date Due M / D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	6.00
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4754**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 308.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 308.00
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<b>TERMS</b>	Date Incurred M 12 / D 22 / Y 2017	Date Due M / D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	308.00
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4755**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 56.34	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 56.34
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<b>TERMS</b>	Date Incurred M 12 / D 24 / Y 2017	Date Due M / D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	56.34
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4756**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 208.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 208.00
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<b>TERMS</b>	Date Incurred M 12 / D 29 / Y 2017	Date Due M M / D D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	208.00
<b>TOTALS</b> 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.



# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4678**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 400.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 400.00
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<b>TERMS</b>	Date Incurred M 01 / D 17 / Y 2018	Date Due M M / D D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	400.00
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4709**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2231.10	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2231.10
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<b>TERMS</b>	Date Incurred M 03 / D 31 / Y 2018	Date Due M M / D D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 2231.10
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4829**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 150.67	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 150.67
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<b>TERMS</b>	Date Incurred M 04 / D 20 / Y 2018	Date Due M M / D D / Y 08/28/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	150.67
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4815**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 8500.00	Cumulative Payment To Date 700.00	Balance Outstanding at Close of This Period 7800.00
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<b>TERMS</b>	Date Incurred M 04 / D 24 / Y 2018	Date Due M M / D D / Y 11/08/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	7800.00
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4830**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1475.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1475.00
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<b>TERMS</b>	Date Incurred M 06 / D 15 / Y 2018	Date Due M M / D D / Y 08/28/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 1475.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4831**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 600.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 600.00
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<b>TERMS</b>	Date Incurred M 06 / D 15 / Y 2018	Date Due M M / D D / Y 08/28/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	600.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4832  
 John Mills for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 35.10	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 35.10
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<b>TERMS</b>	Date Incurred M 06 / D 27 / Y 2018	Date Due M M / D D / Y 08/28/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	35.10
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4841**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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<b>TERMS</b>	Date Incurred M 07 / D 05 / Y 2018	Date Due M M / D D / Y 08/28/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 2000.00
<b>TOTALS</b> 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.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4842**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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<b>TERMS</b>	Date Incurred M 07 / D 05 / Y 2018	Date Due M M / D D / Y 08/28/2018	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 2000.00
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4874**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) John Mills for Congress		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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<b>TERMS</b>	Date Incurred M 03 / D 18 / Y 2019	Date Due M M / D D / Y 03/17/2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 500.00
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4106**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MILLS, Ralph, John, , III</b>		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1940 Boardwalk Drive			
City Miramar Beach	State FL	ZIP Code 32550	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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<b>TERMS</b>	Date Incurred M 06 / D 24 / Y 2014	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 5000.00
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4116**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MILLS, Ralph, John, , III</b>		<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1940 Boardwalk Drive			
City Miramar Beach	State FL	ZIP Code 32550	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 4234.94	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4234.94
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<b>TERMS</b>	Date Incurred M 07 / D 18 / Y 2014	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	4234.94
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4197**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MILLS, Ralph, John, , III</b>		<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1940 Boardwalk Drive			
City Miramar Beach	State FL	ZIP Code 32550	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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<b>TERMS</b>	Date Incurred M 09 / D 08 / Y 2015	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1000.00
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	13a
<input type="checkbox"/>	13b

NAME OF COMMITTEE (In Full)  
John Mills for Congress

Transaction ID : SC/10.4299

LOAN SOURCE Full Name (Last, First, Middle Initial)

MILLS, Ralph, John, , III

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address  
1940 Boardwalk Drive

City  
Miramar Beach

State  
FL

ZIP Code  
32550

Personal Funds of the Candidate

Original Amount of Loan

3850.64

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3850.64

TERMS

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 01 M /

D 02 D /

Y 2016 Y

M M /

D D /

Y Y Y Y

% (apr)

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

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

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

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

3850.64

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.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4337**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MILLS, Ralph, John, , III</b>		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1940 Boardwalk Drive			
City Miramar Beach	State FL	ZIP Code 32550	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 345.33	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 345.33
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<b>TERMS</b>	Date Incurred M 06 / D 30 / Y 2016	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 345.33
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4342**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MILLS, Ralph, John, , III</b>		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1940 Boardwalk Drive			
City Miramar Beach	State FL	ZIP Code 32550	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
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<b>TERMS</b>	Date Incurred M 07 / D 18 / Y 2016	Date Due M M / D D / Y Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 1500.00
<b>TOTALS</b> 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.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4343**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MILLS, Ralph, John, , III</b>		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1940 Boardwalk Drive			
City Miramar Beach	State FL	ZIP Code 32550	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 300.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 300.00
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<b>TERMS</b>	Date Incurred M 09 / D 06 / Y 2016	Date Due M M / D D / Y Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	300.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4344**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MILLS, Ralph, John, , III</b>		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1940 Boardwalk Drive			
City Miramar Beach	State FL	ZIP Code 32550	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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<b>TERMS</b>	Date Incurred M 09 / D 23 / Y 2016	Date Due M M / D D / Y Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	500.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4351**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MILLS, Ralph, John, , III</b>		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1940 Boardwalk Drive			
City Miramar Beach	State FL	ZIP Code 32550	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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<b>TERMS</b>	Date Incurred M 05 / D 02 / Y 2017	Date Due M M / D D / Y Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	500.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4357**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MILLS, Ralph, John, , III</b>		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1940 Boardwalk Drive			
City Miramar Beach	State FL	ZIP Code 32550	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 150.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 150.00
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<b>TERMS</b>	Date Incurred M 07 / D 26 / Y 2017	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 150.00
<b>TOTALS</b> 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.

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	13a
<input type="checkbox"/>	13b

NAME OF COMMITTEE (In Full)  
John Mills for Congress

Transaction ID : SC/10.4358

LOAN SOURCE Full Name (Last, First, Middle Initial)

MILLS, Ralph, John, , III

Memo Item

Election: 2018

Primary

General

Other (specify) ▼

Mailing Address  
1940 Boardwalk Drive

City  
Miramar Beach

State  
FL

ZIP Code  
32550

Personal Funds of the Candidate

Original Amount of Loan

750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.00

TERMS

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 09<sup>M</sup> /

D 13<sup>D</sup> /

Y 2017 Y

M M /

D D /

Y Y Y Y

0.00

% (apr)

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

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

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

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

750.00

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4811**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MILLS, Ralph, John, , III</b>		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1940 Boardwalk Drive			
City Miramar Beach	State FL	ZIP Code 32550	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan <input type="text" value="16.95"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="16.95"/>
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<b>TERMS</b>	Date Incurred <input type="text" value="M 04"/> / <input type="text" value="D 07"/> / <input type="text" value="Y 2018"/> Y	Date Due <input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y 11/08/2018"/> Y	Interest Rate (If none, enter 0) <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="16.95"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4899**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MILLS, Ralph, John, , III</b>		<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1940 Boardwalk Drive			
City Miramar Beach	State FL	ZIP Code 32550	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 300.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 300.00
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<b>TERMS</b>	Date Incurred M 07 / D 12 / Y 2019	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	300.00
<b>TOTALS</b> 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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4900  
**John Mills for Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item MILLS, Ralph, John, , III			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1940 Boardwalk Drive			<input type="checkbox"/> Personal Funds of the Candidate
City Miramar Beach	State FL	ZIP Code 32550	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1200.00	0.00	1200.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 07 / D 18 / Y 2019	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	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	State	ZIP Code	Amount Guaranteed Outstanding:	

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1200.00
<b>TOTALS</b> 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.**



# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	13a
<input type="checkbox"/>	13b

NAME OF COMMITTEE (In Full)  
John Mills for Congress

Transaction ID : SC/10.4901

LOAN SOURCE Full Name (Last, First, Middle Initial)

MILLS, Ralph, John, , III

Memo Item

Election:

Primary  
 General  
 Other (specify) ▼

Mailing Address  
1940 Boardwalk Drive

City  
Miramar Beach

State  
FL

ZIP Code  
32550

Personal Funds of the Candidate

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 09<sup>M</sup>

/ D 10<sup>D</sup>

/ Y 2019 Y

M M

/ D D

/ Y Y Y Y

0.00

% (apr)

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

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

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

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

1500.00

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.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4929**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MILLS, Ralph, , , III</b>		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 9059 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
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<b>TERMS</b>	Date Incurred M 12 / D 30 / Y 2019	Date Due M / D / Y Y Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State 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 State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	42143.37

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**

NAME OF COMMITTEE (In Full)  
**John Mills for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Law Office of James C. Thomas III</b>		Nature of Debt (Purpose): Legal and Reporting Services
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300		
City Kansas City	State MO	Zip Code 64153

Outstanding Balance Beginning This Period 162.50	Transaction ID : SD10.4881	
Amount Incurred This Period 0.00	Payment This Period 162.50	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Law Office of James C. Thomas III</b>		Nature of Debt (Purpose): Legal and Reporting Fees
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300		
City Kansas City	State MO	Zip Code 64153

Outstanding Balance Beginning This Period 162.50	Transaction ID : SD10.4903	
Amount Incurred This Period 0.00	Payment This Period 162.50	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Law Office of James C. Thomas III</b>		Nature of Debt (Purpose): Legal and Reporting Fees
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300		
City Kansas City	State MO	Zip Code 64153

Outstanding Balance Beginning This Period 325.00	Transaction ID : SD10.4904	
Amount Incurred This Period 0.00	Payment This Period 325.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**John Mills for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Law Office of James C. Thomas III</b>			Nature of Debt (Purpose): Legal and Reporting Fees
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300			
City Kansas City	State MO	Zip Code 64153	

Outstanding Balance Beginning This Period <input type="text" value="162.50"/>		Transaction ID : SD10.4905	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="162.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>