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REPORT OF RECEIPTS **AND DISBURSEMENTS**

For A	An Authorized Committee	(Office Use Only
NAME OF COMMITTEE (in full) TYPE OR F	PRINT ▼ Example: If typover the lines.	ping, type 12FE4M5	
John Mills for Congress			I
ADDRESS (number and street)	ndo Avenue		
▼ Check if different			
than previously reported. (ACC)		FL 3	22566
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲	STATE ▲	ZIP CODE ▲
C C00565366	3. IS THIS NE REPORT (N	EW AMENDE) OR (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose One)	(b) 12-Day PRE -Election Re	aport for the	
(a) Quarterly Reports:	(b) 12-Day PRE -Election Re	port for the:	
April 15 Quarterly Report (Q1)	Primary (12	2P) General (12	G) Runoff (12R)
=	Convention	n (12C) Special (129	S)
July 15 Quarterly Report (Q2)		/ D D / Y Y Y	
October 15 Quarterly Report (Q	3) Election on	/ D D / Y Y Y	in the State of
January 31 Year-End Report (YE	(c) 30-Day POST -Election F	Separt for the:	
	(9) OO Bay I GOT Elootion I		П
_	General (3	0G) Runoff (30R	R) Special (30S)
Termination Report (TER)	Election on	/ D D / Y Y Y	in the State of
5. Covering Period 10 / 01	2019 through	n 12 / 31 /	Y Y Y Y 2019
I certify that I have examined this Report ar Adams, t Type or Print Name of Treasurer	nd to the best of my knowledge an Christopher, , ,	d belief it is true, correct and	complete.
Adams, Christophe Signature of Treasurer	er, , , [Electronical	ly Filed] Date	/ 30 / Y Y Y Y Y Y 2020
NOTE: Submission of false, erroneous, or inco	mplete information may subject the r	erson signing this Report to the	nenalties of 52 LLS C. 830100
Office	mpioto imormation may subject the p	The point of the point to the	- portaines of 52 0.3.0. 930109
Use Only			FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 52

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Mills for Congress

2019 10 2019 12 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 805.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 805.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 1560.00 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1560.00 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 307.52 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 42143.37 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

John Mills for Congress

10 2019 12 01 31 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 300.00 (i) Itemized (use Schedule A)..... 505.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 805.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 805.00 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 1500.00 9234.94 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 1500.00 9234.94 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 1500.00 10039.94 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	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:		
10.	(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:		
_0.	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	1560.00	8801.49
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	rting 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 (fro	m Line 22)	1560.00
	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	307.52

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

mage# 202001309182441027			
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 11d 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) John Mills for Congress			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MILLS, Ralph, , , III Mailing Address 9059 Orlando Avenue City Navarre FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2020 X Primary General Other (specify) Other (specify)	State FL C Occupation Election Cy	Zip Code 32566 ycle-to-Date 1500.00	Date of Receipt 12 30 2019 Transaction ID: SA13A.4929 Amount of Each Receipt this Period 1500.00 Memo Item On Demand
Full Name (Last, First, Middle Initial) 3. Mailing Address City State		Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	C		Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Election Cy	ycle-to-Date	Memo Item

	Other (specify) ▼	9 9 9	
С.	Full Name (Last, First, Middle Initial)		Date of Receipt
Ο.	Mailing Address		M M / D D / Y Y Y Y
	City	State Zip Code	
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Election Cycle-to-Date	Memo Item

1500.00

1500.00

SCHEDULE B (FEC Form 3)

6 52 FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20b 20c

ITEMIZED DISBURSEMENTS 19b 20a 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) Date of Disbursement Law Office of James C. Thomas III 2019 10 01 Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting Services 001 Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 162.50 Senate Primary General Transaction ID: SB17.4922 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) Law Office of James C. Thomas III Date of Disbursement Mailing Address 7509 NW Tiffany Springs Pkwy 80 2019 Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting Services 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 422.50 Disbursement For: Office Sought: House Senate Primary General Transaction ID: SB17.4923 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) C. Law Office of James C. Thomas III Date of Disbursement Mailing Address 7509 NW Tiffany Springs Pkwy 12 05 2019 Suite 300 City Zip Code State **FEC Identification Number** Kansas City MO 64153 Purpose of Disbursement Legal and Reporting Services 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 162.50 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.4925 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 747.50 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

7 52 FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 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) Date of Disbursement Law Office of James C. Thomas III 2019 30 Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Payment on incurred expense Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 162.50 Senate Primary General Transaction ID: SB17.4918 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) Law Office of James C. Thomas III Date of Disbursement Mailing Address 7509 NW Tiffany Springs Pkwy 2019 30 Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Payment of incurred expense Candidate Name Amount of Each Disbursement this Period Category/ Type 325.00 Disbursement For: Office Sought: House Senate Primary General Transaction ID: SB17.4919 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) C. Law Office of James C. Thomas III Date of Disbursement Mailing Address 7509 NW Tiffany Springs Pkwy 12 30 2019 Suite 300 City Zip Code State **FEC Identification Number** Kansas City MO 64153 Purpose of Disbursement Payment of incurred expense Candidate Name Amount of Each Disbursement this Period Category/ Type 162.50 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.4920 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 650.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 8 52 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 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) Date of Disbursement Law Office of James C. Thomas III 2019 30 Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Payment of incurred expense Candidate Name Amount of Each Disbursement this Period Category/ Type 162.50 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.4921 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 162.50 TOTAL This Period (last page this line number only)..... 1560.00

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

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FOR LINE NUMBER: (check only one)

13a

OF

		130
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4711
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	☐ Memo Item Election: 2018
John Mills for Congress		Primary General
Mailing Address 9059 Orlando Avenue		Other (specify) ▼
City	State	ZIP Code Response Funds of the Candidate
Navarre	FL	32566 Telsonal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
126.34	,	0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M 09M / D21D / Y Z017 Y	M M / D D	/ Y11/Ŏ8/2Ŏ18
List All Endorsers or Guarantors (if any) to	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		126.34
TOTALS This Period (last page in this line only	<i>y</i>)	······································
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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13a

OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4742
9		
LOAN SOURCE Full Name (Last, First, Mi	iddle Initial)	☐ Memo Item Election: 2018
John Mills for Congress		x Primary
Mailing Address	General	
Mailing Address 9059 Orlando Avenue	Other (specify) ———————————————————————————————————	
City	State	ZIP Code Response Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
303.01		0.00 303.01
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D04 ^D / Y Z017 Y	M M / D D	/ Y11/ŏ8/2ŏ18
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Mailing Address		Оссираноп
		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
		<u> </u>
SUBTOTALS This Period This Page (optional)		303.01
TOTALS This Period (last page in this line on	ly)	······································
Carry outstanding balance only to LINE 3. Sc	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

ohn Mills for Congre LOAN SOURCE Full Na John Mills for Cong	ame (Last, First, Mic	ddle Initial)	☐ Memo Item Election: 2018 ▼ Primary
Mailing Address 9059 Orlando Avenue	General Other (specify) ▼		
City State ZIP C			ZIP Code
Navarre		FL	32566 Personal Funds of the Candida
Original Amount of Loan Cumulative Payment To			rment To Date Balance Outstanding at Close of This Per
9	4.24	,	0.00 4.24
TERMS Date Incu	ırred]	ate Due Interest Rate Secured:
M10M / D05D /	Y Ž017 Y	M M / D D	/ Y11/08/2018
List All Endorsers or G	uarantors (if any) to	o Loan Source	
1. Full Name (Last, Firs	t, Middle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First,	, Middle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First,	, Middle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First,	, Middle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
	'	•	
JBTOTALS This Period TI	his Page (optional)		4.24
)TALS This Period (last p	page in this line only	/) ······	
	auto to LINE O Cab	andrila D. farr Hall	s line. If no Schedule D, carry forward to appropriate line of Summar

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

FOR LINE NUMBER: (check only one)

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OF

					, ,	130	
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction I	D : SC/10.4744	
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Item Elec	=	
	John Mills for Congress				x	•	
	Mailing Address						
	Mailing Address 9059 Orlando Avenue					Other (specify)	
City			State	ZIP Co		Personal Funds of the Candidate	
Navarre FL 32566					Total Tarias of the Canadate		
	Original Amount of Loan		Cumulative Pay	ment To	Date Balance (Outstanding at Close of This Period	
	35	5.00			0.00	35.00	
	TERMS Date Incurred		D	ate Due	Interest Rate	Secured:	
	M10 ^M / D10 ^D / Y 2017	Y	M M / D D	/ Y11	/08/2018 O.00	Primary General Other (specify) ▼ Personal Funds of the Candidate Balance Outstanding at Close of This Period 35.00 Prest Rate one, enter 0) 0.00 % (apr) Personal Funds of the Candidate Secured: One, enter 0) Prest Rate one, enter 0)	
	List All Endorsers or Guarantors	(if any) to	o Loan Source		•	76 (apr)	
	Full Name (Last, First, Middle I		224.7 304.33		Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
	2. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	4. Full Name (Last, First, Middle In	itial)	'		Name of Employer		
	Mailing Address			Occupation			
				Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7	
		•					
S	UBTOTALS This Period This Page (optional)			······	35.00	
Т	OTALS This Period (last page in this	line only	r)		······	, , , , , , ,	
	Carry outstanding balance only to LII	NE 3, Sch	edule D, for this	line. If	no Schedule D, carry forward	to appropriate line of Summary.	
	——————————————————————————————————————				• •	<u> </u>	

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

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.4745 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 21.63 0.00 21.63 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D12^D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 21.63 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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	13b

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Transaction ID: SC/10.4746 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 7.95 0.00 7.95 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 D17D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 7.95 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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×	13a
	13b

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Transaction ID: SC/10.4747 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 72.49 0.00 72.49 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 D30 D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 72.49 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

		130
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4748
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)	☐ Memo Item Election: 2018
John Mills for Congress		x Primary General
Mailing Address 9059 Orlando Avenue		Other (specify) ▼
City	State	ZIP Code Response Personal Funds of the Candidate
Navarre	FL	32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
196.54		0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M10M / D31D / Y Ž01Ť Y	M M / D D	/ Y11/Ŏ8/2Ŏ18
List All Endorsers or Guarantors (if any) to	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		196.54
TOTALS This Period (last page in this line only	y)	······································
Carry outstanding balance only to LINE 3, Sch	edule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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52

Transaction ID: SC/10.4749 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 41.21 0.00 41.21 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M 0.00 D01D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 41.21 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.

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					130	
NAME OF COMMITTEE (In Full) John Mills for Congress				Transa	action ID : SC/10.4750	
9						
LOAN SOURCE Full Name (Last	, First, Mid	ldle Initial)		☐ Memo Iten	"	
John Mills for Congress						
Mailing Address					- 	
Mailing Address 9059 Orlando Avenue	Other (specify) ▼					
City		State	ZIP Co	de	X Personal Funds of the Candidate	
Navarre		FL	32566		Election: 2018 Primary General Other (specify) Personal Funds of the Candidate ance Outstanding at Close of This Period 804.08 Secured: 00 % (apr) Yes No	
Original Amount of Loan		Cumulative Pay	yment To	Date Ba	lance Outstanding at Close of This Period	
80	04.08	7		0.00	804.08	
TERMS Date Incurred		C	Date Due	Interest Ra (If none, ent		
M11 ^M / D05 ^D / Y Ž017	YY	M M / D D	/ Y11	I/Ŏ8/2Ŏ18 ^Y	0.00	
List All Fadamana ay Oversatan	(if any) to	a Laar Causaa			% (apr) Yes No	
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle	` ',	b Loan Source		Name of Employer		
•				0		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	9	
2. Full Name (Last, First, Middle	2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed		
2 Full Name /Last First Middle	Initial\			Outstanding: Name of Employer	, , ,	
3. Full Name (Last, First, Middle	iriitiai)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address				Occupation		
			Amount			
City	State	ZIP Code		Guaranteed Outstanding:	7	
•	<u>'</u>	·		•		
SUBTOTALS This Period This Page	(optional)			······	804.08	
TOTALS This Period (last page in the	is line only	·)				
Carry outstanding balance only to L	INE 3. Sch	edule D. for this	s line. If	no Schedule D. carry for	rward to appropriate line of Summary.	
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Use separate schedule(s) for each category of the Detailed Summary Page

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						•			130
AME OF COMMITTEE (In Full) John Mills for Congress					Transa	ection ID) : SC/10.475	1	
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9059 Orlando Avenue			Memo Iten	_ X	tion: 2018 Primary General Other (specif	y) ▼			
		1	1						
City		State	ZIP Code			×	Personal Fu	nds of the	e Candidate
Navarre		FL	32566						
Original Amount of Loan	.08	Cumulative Pay	ment To Da	0.00		lance O	utstanding at		This Period
TERMS Date Incurred		D	ate Due		Interest Ra			Secur	ed:
M11M / D08D / Y 2017	Υ	M M / D D	/ Y11/Ŏ	3/2Ŏ18 ^Ÿ	(If none, ent	o.00	% (apr)	Y	es 🗴 No
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle I	nitial)		N	lame of Em	ployer				
Mailing Address			C	ccupation					
200					Amount Guaranteed				$\overline{}$
City	City State ZIP Code			outstanding:		7	7	1 /	_
2. Full Name (Last, First, Middle In	itial)		N	Name of Employer					
Mailing Address			C	Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle In	itial)	L	N	Name of Employer					
Mailing Address			С	occupation					
City	State	ZIP Code	- G	mount Guaranteed Outstanding:		,			
4. Full Name (Last, First, Middle In	l itial)			lame of Em					
Mailing Address	C	occupation							
City	State	ZIP Code	(mount Guaranteed Outstanding:		7	7		
SUBTOTALS This Period This Page (optional)							7	7	19.08
Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	line. If no	Schedule I	D, carry for	rward to	o appropriat	e line of	Summary.

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						_			130
AME OF COMMITTEE (In Full) John Mills for Congress					Transa	ction II	D : SC/10.475	52	
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9059 Orlando Avenue			Memo Iten	X	tion: 2018 Primary General Other (specit	(y) ▼			
		1							
City		State FL	ZIP Code			×	Personal Fu	unds of th	e Candidat
Navarre			32566						
Original Amount of Loan	.73	Cumulative Pay	ment To Date	0.00		lance O	utstanding a	t Close o	f This Perio 93.73
TERMS Date Incurred		D	ate Due		Interest Ra			Secu	red:
M11M / D08D / Y Z017	Υ	M M / D D	[/] 11/Ŏ8/		(If none, ent	er 0) 0.00	% (apr)		res 🗶 No
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle II	nitial)		Na	me of Emp	ployer				
Mailing Address			Oc	cupation					
200					Amount Guaranteed				$\overline{}$
City State ZIP Code				tstanding:		7	7	1 1	
2. Full Name (Last, First, Middle In	itial)		Na	Name of Employer					
Mailing Address			Oc	Occupation					
City	State	ZIP Code	Gu	Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle In	itial)		Na	Name of Employer					
Mailing Address			Oc	cupation					
City	State	ZIP Code	Gu	ount aranteed tstanding:		7	7		
4. Full Name (Last, First, Middle In	itial)		Na	me of Emp	ployer				
Mailing Address	Oc	cupation							
City	State	ZIP Code	Gu	ount aranteed		-			$\overline{\Box}$
			Ou	tstanding:		,			
SUBTOTALS This Period This Page (o	optional).				···•	_	,	,	93.73
TOTALS This Period (last page in this	line only	/)			▶		,	,	
Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	line. If no S	chedule [D, carry for	rward to	o appropriat	e line of	Summary.

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

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13b Transaction ID: SC/10.4753 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 6.00 0.00 6.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 ^D21 ^D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 6.00 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.

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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4754
9		
LOAN SOURCE Full Name (Last, First,	☐ Memo Item	
John Mills for Congress		Primary
N. 11.	General	
Mailing Address 9059 Orlando Avenue		Other (specify)
City	State	ZIP Code Personal Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
308.00		0.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured:
M ₁₂ M / D ₂₂ D / Y Ž01Ť Y	M M / D D	(If none, enter 0) / \(^Y\11/\delta 8/2\delta 18^Y\) 0.00
		% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed
,		Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed
-		Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed
		Outstanding:
SUBTOTALS This Period This Page (options	al)	308.00
TOTALS This Period (last page in this line of	only)	
		7 7
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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13b Transaction ID: SC/10.4755 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 56.34 0.00 56.34 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 D24D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 56.34 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.

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Transaction ID: SC/10.4756 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 208.00 0.00 208.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 ^D29^D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 208.00 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.

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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4678
9		
LOAN SOURCE Full Name (Last, First, M	☐ Memo Item	
John Mills for Congress		x Primary
Mailing Address	General	
Mailing Address 9059 Orlando Avenue		Other (specify)
City	State	ZIP Code Personal Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
400.00	, ,	0.00 400.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M01M / D17D / Y Ž018 Y	M M / D D	√ 11/08/2018
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
	•	
SUBTOTALS This Period This Page (optional)	400.00
TOTALS This Period (last page in this line or	nly)	
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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			Detailed Ou	illillary i age		13b			
AME OF COMMITTEE (In Full) John Mills for Congress				Transactio	on ID : SC/10.4709				
John Mills for Congress Mailing Address 9059 Orlando Avenue	Idle Initial)		□ N	flemo Item	Election: 2018 # Primary General Other (specify)				
City Navarre	State FL	ZIP Code 32566			Personal Funds of the	• Candida			
Original Amount of Loan 2231.10	yment To Da	te 0.00	Baland	ce Outstanding at Close of	This Perio				
TERMS Date Incurred M03M / P31P / Y Z018 Y	Date Due / \(^Y11/08		nterest Rate i none, enter 0 0.00		ed:				
List All Endorsers or Guarantors (if any) to	Loan Source								
Full Name (Last, First, Middle Initial)		N:	ame of Emplo	oyer					
Mailing Address		0	Occupation						
City	G	mount uaranteed utstanding:		, , , , ,					
2. Full Name (Last, First, Middle Initial)	l	N	Name of Employer						
Mailing Address		0	Occupation						
City	ZIP Code	G	Amount Guaranteed Outstanding:						
3. Full Name (Last, First, Middle Initial)	'	N:	Name of Employer						
Mailing Address		0	Occupation						
City	ZIP Code	G	mount uaranteed utstanding:		, , , , , ,				
4. Full Name (Last, First, Middle Initial)	'	N	ame of Emplo	oyer					
Mailing Address		0	ccupation						
City	ZIP Code	G	mount uaranteed utstanding:		, , , , , , ,				
	IBTOTALS This Period This Page (optional)								
Carry outstanding balance only to LINE 3, Sch	edule D, for this	s line. If no	Schedule D.	carry forwa	rd to appropriate line of	Summary			

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Transaction ID: SC/10.4829 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 150.67 0.00 150.67 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D20^D M 04M Ž018 Y08/28/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 150.67 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.

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NAME OF COMMITTEE (In Full) John Mills for Congress				Transa	action ID : SC/10.4815				
LOAN SOURCE Full Name (Last,	☐ Memo Item								
John Mills for Congress					Primary General				
Mailing Address	Mailing Address								
Mailing Address 9059 Orlando Avenue					Other (specify)				
City	(State	de Personal Funds of the Cand						
Navarre		FL	32566						
Original Amount of Loan		Cumulative Pay	ment To	Date Ba	lance Outstanding at Close of This Period				
8500	0.00			700.00	7800.00				
TERMS Date Incurred		D	ate Due	Interest Ra (If none, ente					
M04 ^M / D24 ^D / Y Ž018	Y	M / D D	/ Y11	/ŏ8/2ŏ18 ^Y	0.00				
List All Endersore or Cuerenters	(if any) to	Lean Course			% (apr) Yes X No				
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle I	• • • •	Loan Source		Name of Employer					
				0					
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:	9 9				
2. Full Name (Last, First, Middle In	itial)	1		Name of Employer					
Mailing Address				Occupation					
				Amount Guaranteed Outstanding:					
City	State	ZIP Code							
				Outstaileding.					
3. Full Name (Last, First, Middle In	iitial)			Name of Employer					
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:	9 9				
4. Full Name (Last, First, Middle In	itial)			Name of Employer					
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:	9				
	<u> </u>	<u> </u>							
SUBTOTALS This Period This Page (optional)			······	7800.00				
TOTALS This Period (last page in this	s line only)								
					7				
Carry outstanding balance only to LII	NE 3, Sche	dule D, for this	line. If	no Schedule D, carry for	ward to appropriate line of Summary.				

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OF

									130
AME OF COMMITTEE (In Full) John Mills for Congress					Trans	saction	ID : SC/10.48	30	
LOAN SOURCE Full Name (Last, First John Mills for Congress Mailing Address 9059 Orlando Avenue			Memo Ite	em Ele	Primary General Other (speci				
	1.	I							
City	{	State FL	ZIP Cod	de			Personal F	unds of th	ne Candidate
Navarre			32566						
Original Amount of Loan	-	Cumulative Pay	ment To			Balance	Outstanding a		
1475.00)			0.00)		,	14	475.00
TERMS Date Incurred		Da	ate Due		Interest F (If none, e			Secu	red:
M06 ^M / D15 ^D / Y Z018 Y	М	M / D D	/ Y08	/28/2018 ^Y		0.00	% (apr)		Yes 🗶 No
List All Endorsers or Guarantors (if	any) to	Loan Source							
1. Full Name (Last, First, Middle Initia	al)			Name of Em	ployer				
Mailing Address				Occupation					
				Amount Guaranteed					
City	tate	ZIP Code	Outstanding:						
2. Full Name (Last, First, Middle Initia	ıl)			Name of Employer					
Mailing Address				Occupation					
		T		Amount Guaranteed					$\overline{}$
City	tate	ZIP Code		Outstanding:					
3. Full Name (Last, First, Middle Initia	ıl)			Name of Employer					
Mailing Address				Occupation					
		T		Amount Guaranteed					$\overline{}$
City	tate	ZIP Code		Outstanding:		7	7	1 4	
4. Full Name (Last, First, Middle Initia	ıl)	•		Name of Em	ployer				
Mailing Address		Occupation							
011		TID O I		Amount Guaranteed					$\overline{\neg}$
City	tate	ZIP Code		Outstanding:		7	7	1 4	
SUBTOTALS This Period This Page (opt	ional)				···· >		7	, 14	475.00
TOTALS This Period (last page in this lin	ne only)				▶		7	7	
Carry outstanding balance only to LINE	3, Sche	dule D, for this	line. If	no Schedule	D, carry f	orward	to appropria	te line of	Summary.

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OF

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	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	saction ID : SC/10.4831			
Ľ									
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Item Election: 2018				
	John Mills for Congress					Primary General			
	Mailing Address					Other (specify)			
	Mailing Address 9059 Orlando Avenue					——————————————————————————————————————			
	City		State	de Personal Funds of the Cand					
	Navarre		FL B	32566					
	Original Amount of Loan		Cumulative Pay	yment Io	Date	Balance Outstanding at Close of This Period			
	600	0.00			0.00	600.00			
	TERMS Date Incurred		D	Date Due	Interest F (If none, e				
	M06M / D15D / Y Z018	Y	M M / D D	/ YO8	3/28/2018 ^Y	0.00 % (apr) Yes No			
	List All Endorsers or Guarantors	(if anv) to	o Loan Source						
	1. Full Name (Last, First, Middle I				Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
		1			Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	3. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
				Amount					
	City	State	ZIP Code		Guaranteed Outstanding:	9 9			
_ ا	UDTOTAL O This Desired This Desire	4: 1\							
5	UBTOTALS This Period This Page (optional)			<u> </u>	600.00			
T	OTALS This Period (last page in this	line only	·) ·······						
_	Annual Control of the				0.1 7				
l c	arry outstanding balance only to LI	NE 3, Sch	eaule D, for this	s line. If	no Schedule D, carry f	orward to appropriate line of Summary.			

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						130			
	OF COMMITTEE (In Full) n Mills for Congress				Transa	action ID : SC/10.4832			
LO	AN SOURCE Full Name (Last	First, Mic	☐ Memo Iten	n Election: 2018					
Jo	hn Mills for Congress					Primary			
N4-	ilio o Addus -	General							
905	illing Address 59 Orlando Avenue				Other (specify) ———————————————————————————————————				
City	-		State	de Personal Funds of the Cano					
Nav	varre		FL	32566	i 				
C	Original Amount of Loan		Cumulative Pa	yment To	Date Ba	lance Outstanding at Close of This Period			
	3	5.10	7		0.00	35.10			
TEF	RMS Date Incurred		С	Date Due	Interest Ra (If none, ent				
	^M 06 ^M / ^D 27 ^D / ^Y Ž018	Y	M M / D D	/ YO	3/20/2010	0.00 % (apr) Yes X No			
Lis	st All Endorsers or Guarantors	(if anv) to	o Loan Source						
	Full Name (Last, First, Middle	, ,,			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed	7			
2.	Full Name (Last, First, Middle I	_ nitial)			Name of Employer				
					Occupation				
	Mailing Address								
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9 9			
3.	Full Name (Last, First, Middle I	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	y y x			
4.	Full Name (Last, First, Middle I	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
		1			1				
SUBT	TOTALS This Period This Page	(optional)			······	35.10			
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Carry	, outstanding balance only to L	ııv⊏ J, SCh	ieauie D, for this	s line. If	no schedule D, carry to	rward to appropriate line of Summary.			

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

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Transaction ID: SC/10.4841 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D05D M 07M Ž018 Y08/28/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Guillinary I	13b						
NAME OF COMMITTEE (In Full) John Mills for Congress		Trans	action ID : SC/10.4842						
John Mills for Congress									
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Iter	m Election: 2018						
John Mills for Congress			x Primary						
			General						
Mailing Address 9059 Orlando Avenue			Other (specify) \blacktriangledown						
City	State	ZIP Code							
Navarre	FL	32566	Personal Funds of the Candidate						
Original Amount of Loan	Cumulative Pa	yment To Date Ba	alance Outstanding at Close of This Period						
2000.00		0.00	2000.00						
2000.00		0.00	2000.00						
TERMS Date Incurred	Γ	Date Due Interest Ra							
M07 ^M / D05 ^D / Y Ž018 Y	M M / D D		0.00						
07 05 2018		06/26/2016	% (apr) Yes X No						
List All Endorsers or Guarantors (if ar	ny) to Loan Source								
1. Full Name (Last, First, Middle Initial)		Name of Employer							
		Occupation							
Mailing Address		Occupation	Occupation						
		Amount							
City	e ZIP Code	Guaranteed							
,		Outstanding:	, , , , , , , , , , , , , , , , , , , ,						
2. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer						
Mailing Address		Occupation	Occupation						
maining / taurees		'							
		Amount							
City	e ZIP Code	Guaranteed Outstanding:	9 9 9						
3. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer						
or rain rearise (East, First, Wildels Hillar)									
Mailing Address		Occupation	Occupation						
		Amazoumt							
City Stat	e ZIP Code	Amount Guaranteed							
City	e Zir Code	Outstanding:	7						
4. Full Name (Last, First, Middle Initial)	'	Name of Employer							
A4 :::									
Mailing Address		Occupation							
		Amount							
City	e ZIP Code	Guaranteed							
		Outstanding:	-,,						
SUBTOTALS This Period This Page (option	nal)		2000.00						
			, 2000.00						
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			7						
Carry outstanding balance only to LINE 3.	Schedule D, for this	s line. If no Schedule D, carry fo	rward to appropriate line of Summary.						

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	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	action ID : SC/10.4874			
Ľ,									
	LOAN SOURCE Full Name (Last,	First, Mid	ldle Initial)		☐ Memo Ite				
	John Mills for Congress					Primary General			
	Mailing Address					Other (specify)			
	Mailing Address 9059 Orlando Avenue					- Curior (speedily) V			
	City		State	de Personal Funds of the Cand					
	Navarre		FL B	32566					
	Original Amount of Loan		Cumulative Pay	yment Io	Date Ba	alance Outstanding at Close of This Period			
	500	0.00	7		0.00	500.00			
	TERMS Date Incurred		D	Date Due	Interest Ra (If none, en				
	M03M / D18D / Y 2019	Y	M M / D D	/ You	8/17/2020 ^v	0.00 % (apr) Yes X No			
	List All Endorsers or Guarantors	(if anv) to	o Loan Source						
	1. Full Name (Last, First, Middle I				Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City State ZIP Code				Guaranteed				
					Outstanding: Name of Employer	7			
	2. Full Name (Last, First, Middle In	illai)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	3. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7 7			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
				Amount					
	City	State	ZIP Code		Guaranteed Outstanding:	7			
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ľ	arry outstanding balance only to Li	v⊏ J, SCh	iedule D, for this	s iine. IT	ino schedule D, carry fo	orward to appropriate line of Summary.			

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AME OF COMMITTEE (In Full) John Mills for Congress					Transac	ction ID : SC/10.4106	
LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III					Memo Item	Election: 2014 x Primary General	
Mailing Address 1940 Boardwalk Drive						Other (specify)	
City		State	ZIP Cod	le		X Personal Funds of the Cand	didate
Miramar Beach		FL	32550			1 croonal rando di the cane	
Original Amount of Loan Cumulative Payment			yment To	Date Balance Outstanding at Close of This Period			
5000	0.00			5000.00	Ш		
TERMS Date Incurred		С	Date Due		Interest Rate (If none, enter		
M06 ^M / D24 ^D / Y Ž014 Y			/ Y	Y Y Y	0.	00 % (apr) Yes	No
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed			
-		2 0000		Outstanding:		7	
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:		9	
4. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
			•	Amount			
City	State	ZIP Code		Guaranteed Outstanding:		7	
SUBTOTALS This Period This Page (optional).					5000.00	
TOTALS This Period (last page in this	line only	/)				7 7 7	
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		130				
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4116				
Ğ						
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	☐ Memo Item				
MILLS, Ralph, John, , III		Primary				
Mailing Address		General Other (specify) ▼				
Mailing Address 1940 Boardwalk Drive		Other (specify) •				
City	State	ZIP Code Personal Funds of the Candidate				
Miramar Beach	FL	32550				
Original Amount of Loan	Cumulative Pay	To Date Balance Outstanding at Close of This Period				
4234.94		0.00 4234.94				
TERMS Date Incurred	D	ate Due Interest Rate Secured:				
M07M / P18P / Y Ž014 Y	M M / D D	(If none, enter 0)				
		% (apr) Yes X No				
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
M ''' A L L		Occupation				
Mailing Address		Occupation				
		Amount Guaranteed				
City	ZIP Code	Outstanding:				
3. Full Name (Last, First, Middle Initial)	•	Name of Employer				
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed				
4. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer				
4. Full Name (East, First, Whade Illian)		Traine of Employer				
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:				
'	1	1				
SUBTOTALS This Period This Page (optional)		4234.94				
TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.				

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NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4197			
LOAN SOURCE Full Name (Last, First MILLS, Ralph, John, , III	st, Middle Initial)	Memo Item Election: Primary General			
Mailing Address 1940 Boardwalk Drive	Mailing Address 1940 Boardwalk Drive				
City	State	ZIP Code Personal Funds of the Candidate			
Miramar Beach	FL	32550			
Original Amount of Loan		Payment To Date Balance Outstanding at Close of This Period			
1000.00		0.00 1000.00			
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)			
M09M / D08D / Y Ž01Š Y	M M / D	□ / Y Y Y Y Y Y No % (apr) Yes X No			
List All Endorsers or Guarantors (if a	•,				
Full Name (Last, First, Middle Initial	al)	Name of Employer			
Mailing Address		Occupation			
City	ate ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City	ate ZIP Code	Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address		Occupation			
City	ate ZIP Code	Amount Guaranteed			
4. Full Name (Last, First, Middle Initial		Outstanding: Name of Employer			
)				
Mailing Address		Occupation			
City	ate ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (opti	onal)	1000.00			
TOTALS This Period (last page in this lin	e only)	7 7			
		7 7			
Carry outstanding balance only to LINE	ડ, Schedule D, for th	nis line. If no Schedule D, carry forward to appropriate line of Summary.			

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13b Transaction ID: SC/10.4299 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown State ZIP Code City X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3850.64 0.00 3850.64 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D02D M01M ž016 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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Transaction ID: SC/10.4337 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 345.33 0.00 345.33 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D30 D M 06M ž016 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 345.33 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.

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		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID: SC/10.4342
LOAN SOURCE Full Name (Last, First, Mi	ddla Initial\	
MILLS, Ralph, John, , III	☐ Memo Item Election: 2018 ▼ Primary General	
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Pag	yment To Date Balance Outstanding at Close of This Period
1500.00		0.00 1500.00
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M07 ^M / D18 ^D / Y Ž016 Y	M M / D D	/ Poěmaňd Y 0.00 % (apr) Yes ▼ No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u>.</u>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
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		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4343
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	Memo Item Election: 2018
MILLS, Ralph, John, , III	Memo Item Clection: 2018	
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Page	yment To Date Balance Outstanding at Close of This Period
300.00		0.00 300.00
TERMS Date Incurred		late Due Interest Rate Secured: (If none, enter 0)
M09 ^M / D06 ^D / Y Z016 Y	M M / D D	✓ Pěmaňd Ý 0.00 % (apr) Yes 🗶 No
List All Endorsers or Guarantors (if any) t	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
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Transaction ID: SC/10.4344 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D23^D M09M ž016 Děmaňd x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.4351 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D02D M 05M Ž017 Děmaňd x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4357		
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	ddle Initial)	☐ Memo Item		
Mailing Address 1940 Boardwalk Drive		General Other (specify) ▼		
City	State	ZIP Code 32550 Personal Funds of the Candidate		
Miramar Beach				
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 150.00		
TERMS Date Incurred	Г	Date Due Interest Rate Secured:		
^M 07 ^M / ^D 26 ^D / ^Y Ž017 ^Y	M M / D D	/		
List All Endorsers or Guarantors (if any) t	o Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	City State ZIP Code Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	'	150.00		
TOTALS This Period (last page in this line only		100.00		
Carry outstanding balance only to LINE 3, Sci	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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Transaction ID: SC/10.4358 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 750.00 0.00 750.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D13^D M09M ž017 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4811
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	ddle Initial)	☐ Memo Item
Mailing Address 1940 Boardwalk Drive		General Other (specify) ▼
City Miramar Beach	State FL	ZIP Code 32550 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	
16.95	odificiative Fa.	0.00 16.95
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M04 ^M / D07 ^D / Y Ž018 Y	M M / D D	/ Y11/ŏ8/2ŏ18
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	L	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
Only	Zii Gode	Outstanding:
SUBTOTALS This Period This Page (optional)		16.95
TOTALS This Period (last page in this line only	/)	
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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						130	
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID: SC/10.4899		
Ľ							
	LOAN SOURCE Full Name (Last,	First, Mic	ddle Initial)		☐ Memo Item		
	MILLS, Ralph, John, , III				General		
	Mailing Address 1940 Boardwalk Drive				Other (specify) ▼		
	City		State	ZIP Cod	Personal Funds of the Can	ndidate	
	Miramar Beach		FL	32550			
	Original Amount of Loan		Cumulative Pay	ment To	Date Balance Outstanding at Close of This	Period	
	300	0.00			0.00 300.00)	
	TERMS Date Incurred			ate Due	Interest Rate Secured: (If none, enter 0)		
	M07 ^M / D12 ^D / Y Ž019	Y	M M / D D	/ Y	0.00 % (apr) Yes	x No	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
	3. Full Name (Last, First, Middle In	itial)	1		Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
	4. Full Name (Last, First, Middle In	itial)	1		Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
			·				
SI	UBTOTALS This Period This Page (optional)			300.00)	
т	OTALS This Period (last page in this	line only	/)		······································		
c	Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry forward to appropriate line of Sumr	mary.	
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

		13b
AME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4900
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive	ddle Initial)	☐ Memo Item
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550 Total Funds of the Garidian
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Perio
1200.00	7	0.00 1200.00
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)
M07 ^M / D18 ^D / Y Ž019 Y	M M / D D	/
List All Endorsers or Guarantors (if any) to	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	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
011	710.0.1	Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional). FOTALS This Period (last page in this line only		,
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

										130
AME OF COMMITTEE (In Full) Ohn Mills for Congress					Trans	saction	ID : SC/10.49	901		
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive	First, Mic	ddle Initial)			Memo Ite	em Elec	ction: Primary General Other (spec	ify) ▼		
City		State	ZIP Code				7			
Miramar Beach		FL	32550				Personal F	unds of t	he Cand	idate
Original Amount of Loan		Cumulative Pay	ment To Date		В	alance (Outstanding	at Close	of This F	erioc
1500	0.00	2		0.00			,	,	1500.00	
TERMS Date Incurred		D	ate Due		Interest R (If none, er			Seci	ured:	
M09M / P10P / Y Ž01Š	Y	M M / D D	/ Y Y	YY		0.00	% (apr)		Yes x	No
List All Endorsers or Guarantors	(if any) t	o Loan Source								
1. Full Name (Last, First, Middle I	nitial)		Nar	me of Emp	ployer					
Mailing Address			Occ	cupation						
			Am	ount	-				-	
City	State	ZIP Code		aranteed standing:	L	7	7			
2. Full Name (Last, First, Middle In	itial)		Nar	Name of Employer						
Mailing Address			Occ	cupation						
				ount		-			-	
City	State	ZIP Code		aranteed standing:		7	7			
3. Full Name (Last, First, Middle In	itial)		Nar	ne of Emp	ployer					
Mailing Address			Occ	cupation						
				ount					-	
City	State	ZIP Code		aranteed standing:		7	,			
4. Full Name (Last, First, Middle In	itial)	1	Nar	me of Emp	ployer					
Mailing Address			Occ	cupation						
	1			ount		-			-	
City	State	ZIP Code		aranteed standing:		7	7			
SUBTOTALS This Period This Page (optional).				···•		7	1	500.00	
OTALS This Period (last page in this	line only	v)			▶		7	,		
Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	line. If no S	chedule [D, carry fo	orward	to appropria	ate line o	f Summa	ary.

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

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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID: SC/10.4929
LOAN SOURCE Full Name (Last, First, MMILLS, Ralph, , , III	☐ Memo Item Election: 2020 ✓ Primary	
Mailing Address 9059 Orlando Avenue		General Other (specify) ▼
City	State	ZIP Code
Navarre	FL	32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
1500.00	,	0.00 1500.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M12M / D30D / Y 2019 Y	M M / D D	/
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
611	710.0.1	Amount Guaranteed
City State	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	710.0	Amount Guaranteed
City State	ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optional)	1500.00
TOTALS This Period (last page in this line or	nly)	42143.37
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 51 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

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NAME OF COMMITTEE (In Full)

John	Mills	for	Congress
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A. Full Name (Last, First, Middle Initial) of De Law Office of James C. Thoma	Nature of Debt (Purpose): Legal and Reporting Services		
Mailing Address 7509 NW Tiffany Springs Pk Suite 300			
City	State	Zip Code	
Kansas City	MO	64153	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4881
162.50			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00	L	162.50	0.00
B. Full Name (Last, First, Middle Initial) of De	btor or Cred	litor	Nature of Debt (Purpose):
Law Office of James C. Thoma		Legal and Reporting Fees	
Mailing Address 7509 NW Tiffany Springs Pk Suite 300	wy		
City	State	Zip Code	
Kansas City	МО	64153	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4903
162.50			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		162.50	0.00
C. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
Law Office of James C. Thomas III			Legal and Reporting Fees
Mailing Address 7509 NW Tiffany Springs Pk Suite 300	wy		
City	State	Zip Code	
Kansas City	МО	64153	
Outstanding Balance Beginning This Period			Transaction ID : SD10.4904
325.00			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		325.00	0.00
SUBTOTALS This Period This Page (optional	l))	0.00
) TOTALS This Period (last page this line num			
TOTAL OUTSTANDING LOANS from Sched			
ADD 2) and 3) and carry forward to appropri	iate line of	Summary Page (last page only)	

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 52 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

52

NAME OF COMMITTEE (In Full)

John Mills for Congress

John Mills for Congre	SS:				
A. Full Name (Last, First, Middle Initial) of D	Nature of Debt (Purpose):				
Law Office of James C. Thomas III			Legal and Reporting Fees		
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300			-		
City	State	Zip Code	_		
Kansas City	МО	64153			
Outstanding Balance Beginning This Period	t		Transaction ID : SD10.4905		
162.50					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
0.00		162.50	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	 				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
7		7	y y		
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	 d				
	1				
Amount Incurred This Period	1	Payment This Period	Outstanding Balance at Close of This Period		
7 Miledia Media Mile 1 Giled	1	raymont this rand	Data and a close of the cone		
7 7 7		7 7	, , , , , , , , , , , , , , , , , , ,		
1) SUBTOTALS This Period This Page (optional)					
2) TOTALS This Period (last page this line nur	0.00				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					