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FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

1 011111 0	For An	Authorized Co	Offic	Office Use Only		
NAME OF COMMITTEE (in	TYPE OR PRIM	NT ▼	Example: If typing, type over the lines.	12FE4M5		
John Mills for C	Congress					
	<u> </u>					
ADDRESS (number and	9059 Orlando	Avenue				
▼ .			<u> </u>			
Check if diff than previou reported. (A0	ısly _I Navarre			FL 325	66	
	ATION NUMBER ▼	CITY 4	•	STATE A	ZIP CODE ▲	
2. FEC IDENTIFIC		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT	
4. TYPE OF REF	PORT (Choose One)	(b) 12-Day P	PRE -Election Report for the	e:		
			Primary (12P)	General (12G)	Runoff (12R)	
	April 15 Quarterly Report (Q1)		Convention (12C)	Special (12S)		
	Quarterly Report (Q2) 15 Quarterly Report (Q3)	Election	on M M / D D	/ Y = Y = Y	in the State of	
January	31 Year-End Report (YE)	(c) 30-Day P	POST-Election Report for t	he:		
			General (30G)	Runoff (30R)	Special (30S)	
Terminat	tion Report (TER)	Election	on	/ Y " Y " Y " Y	in the State of	
5. Covering Period	M M / D D D 01	/ Y Y Y Y Y 2020	through C	M / D D / Y	y y y 2020	
I certify that I have ex	Thomas III,		vknowledge and belief it i	s true, correct and co	mplete.	
Signature of Treasure	Thomas III, James C, ,	,	[Electronically Filed]	Date 07	15 /	
NOTE: Submission of f	alse, erroneous, or incomp	lete information m	ay subject the person signi	ng this Report to the pe	enalties of 52 U.S.C. §30109	
Office Use Only				F	FEC FORM 3 (Revised 05/2016)	

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Mills for Congress

2020 2020 06 30 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 11633.10 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 11633.10 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 511.92 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 54918.55 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

04 06 01 2020 30 2020 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) 0.00 805.00 (add Lines 11(a)(iii), (b), (c), and (d))... 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 12000.00 9234.94 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 12000.00 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) 12000.00 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 A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	11633.10	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
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	, , , ,	0.00
	(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)	11633.10	8801.49
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	145.02
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	12000.00
25.	SUBTOTAL (add Line 23 and Line 24)		12145.02
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	11633.10
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		511.92

SCHEDULE A (FEC Form 3)

PAGE 5 OF 52 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the ITEMIZED RECEIPTS 11a 11b 11d 11c **Detailed Summary Page x** | 13a 12 13b 14 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) MILLS, Ralph, , , III Date of Receipt Mailing Address 9059 Orlando Avenue 2020 City State Zip Code Transaction ID: SA13A.4936 FL 32566 Navarre FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 12000.00 Name of Employer Occupation Memo Item Receipt For: 2020 Election Cycle-to-Date loan from candidate **x** Primary General 13500.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Occupation Name of Employer Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 12000.00 SUBTOTAL of Receipts This Page (optional).....

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

12000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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 20a 20b 20c

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 Florida Department of State Division of Elections 2020 20 Mailing Address R. A. Gray Building, Room 316 500 South Bronough Street City State Zip Code **FEC Identification Number** FΙ Tallahassee 32399 Purpose of Disbursement filing fee 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 10440.00 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.4945 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 2020 04 Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement payment of incurred expense 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 845.10 Disbursement For: Office Sought: House Senate Primary General Transaction ID: SB17.4937 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 04 2020 Suite 300 City Zip Code State **FEC Identification Number** Kansas City MO 64153 Purpose of Disbursement payment of incurred expense 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 167.50 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.4939 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 11452.60 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 7 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 2020 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: 167.50 Senate Primary General Transaction ID: SB17.4941 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)..... 167.50 TOTAL This Period (last page this line number only)..... 11620.10

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

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FOR LINE NUMBER: (check only one)

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OF

					130
NAME OF COMMITTEE (In Full) John Mills for Congress				Transa	action ID : SC/10.4711
9					
LOAN SOURCE Full Name (Las	st, First, Mid	ldle Initial)		☐ Memo Iten	
John Mills for Congress					Primary
Mailing Address					General
Mailing Address 9059 Orlando Avenue					Other (specify) ———————————————————————————————————
City		State	ZIP Cod	de	X Personal Funds of the Candidate
Navarre	Navarre FL 32566				To resonal reliate or the cartalant
Original Amount of Loan		Cumulative Page	yment To	Date Ba	lance Outstanding at Close of This Period
1	26.34	2		0.00	126.34
TERMS Date Incurred		С	Date Due	Interest Ra (If none, ent	
M ₀₉ M / D ₂₁ D / Y Ž01	7 Y	M M / D D	/ Y11	I/Ŏ8/2Ŏ18 ^Y	0.00 % (apr) Yes X No
List All Endorsers or Guaranton	co (if any) to	a Loop Course			70 (apr) 103 1100
Full Name (Last, First, Middle)	` •,	D LOAIT SOUICE		Name of Employer	
Mailing Address				Occupation	
Mailing Address	Mailing Address			- Cooupanon	
				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:	7
3. Full Name (Last, First, Middle	Initial)			Name of Employer	
Mailing Address				Occupation	
Mailing Address				Occupation	
		1		Amount	
City	State	ZIP Code		Guaranteed Outstanding:	9 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	e (optional)			······	126.34
TOTALS This Period (last page in t	his line only)		·····	
Carry outstanding halance only to	LINE 3. Sch	edule D. for this	s line. If	no Schedule D. carry fo	rward to appropriate line of Summary.
,,		, and			

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

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OF

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Transaction ID: SC/10.4742 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 303.01 0.00 303.01 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 D04D 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)..... 303.01 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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52

Transaction ID: SC/10.4743 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 4.24 0.00 4.24 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 D05D 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)..... 4.24 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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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	ction: 2018
	John Mills for Congress				x	Primary
	Mailing Address					General Others (are a sife)
	Mailing Address 9059 Orlando Avenue					Other (specify) ▼
	City		State	ZIP Co	de x	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 (If none, enter 0)	Secured:
	M10 ^M / D10 ^D / Y 2017	Y	M M / D D	/ Y11	/ŏ8/2ŏ18	% (apr) Yes X No
	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 In	itial)			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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OF

NAME OF COMMITTEE (In John Mills for Congi	,		Tran	saction ID : SC/10.4745
John Mills for Cor	•	☐ Memo It	em Election: 2018 x Primary General	
Mailing Address 9059 Orlando Avenue				Other (specify)
City		State	ZIP Code	Personal Funds of the Candidate
Navarre		FL	32566	1 croonal runus of the Ganadate
Original Amount of Loa	ın	Cumulative Pa	yment To Date	Balance Outstanding at Close of This Period
	21.63		0.00	21.63
TERMS Date Inc	urred	Γ	Date Due Interest I	
M10 ^M / D12 ^D /	Y Ž017 Y	M M / D D	[/] 11/ŏ8/2ŏ18 ^Y	0.00 % (apr) Yes X No
List All Endorsers or G	, ,	o Loan Source		
1. Full Name (Last, Fire	st, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	. , ,
2. Full Name (Last, Firs	t, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
	la.		Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9 9 9
3. Full Name (Last, Firs	t, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
Oit.	04-4-	7ID 0- 4-	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9
4. Full Name (Last, Firs	t, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
0::	ļ _{o.} .		Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9 9
SUBTOTALS This Period	This Page (optional)	'	·····	21.63
TOTALS This Period (last	page in this line only	·) ·······	>	, , , , , , , , , , , , , , , , , , ,
Carry outstanding halance	only to LINE 3 Sch	edule 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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OF

NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID: SC/10.4746
LOAN SOURCE Full Name (Last, First, John Mills for Congress	Middle Initial)	☐ Memo Item
Mailing Address 9059 Orlando Avenue		Other (specify) ▼
City	State	ZIP Code
Navarre	FL	32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
7.95		0.00 7.95
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D17 ^D / Y Ž01Ť Y	M M / D D	/ ^Y 11/ŏ8/2ŏ18
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	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 Guaranteed
City	ZIP Code	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	ai)	7.95
TOTALS This Period (last page in this line of	only)	······································
Carry outstanding balance only to LINE 3,	Schedule 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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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID: SC/10.4747
LOAN COURCE SHALL (L. L. S. L. M.		
LOAN SOURCE Full Name (Last, First, Mind John Mills for Congress	ddle Initial)	☐ Memo Item
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
72.49	,	0.00 72.49
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M10M / D30D / Y Ž017 Y	M M / D D	/ ^Y 11/ŏ8/2ŏ18 ^Y 0.00
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
		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)		70 /0
,		, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line on	ly)	
Carry outstanding balance only to LINE 3, So	hedule 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

FOR LINE NUMBER: (check only one)

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13b Transaction ID: SC/10.4748 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 196.54 0.00 196.54 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 D31 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)..... 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.

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

FOR LINE NUMBER: (check only one)

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	13h

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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) \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 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.

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

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FOR LINE NUMBER:
(check only one)

13a

					130	
NAME OF COMMITTEE (In Full) John Mills for Congress				Transa	action ID : SC/10.4750	
9						
LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2018						
John Mills for Congress					* Primary	
Mailing Address					General	
Mailing Address 9059 Orlando Avenue		Other (specify) ▼				
City		State	ZIP Co	de	Personal Funds of the Candidate	
Navarre		FL	32566		The second relies of the canadate	
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 Lagra Caussa			% (apr) Yes X 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	Initial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed	7	
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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OF

						130
	IE OF COMMITTEE (In Full)				Transa	action ID : SC/10.4751
	<u> </u>					
L	OAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Iter	n Election: 2018
J	John Mills for Congress					Primary
_	Anilian Antono					General
1 1	Mailing Address 9059 Orlando Avenue					Other (specify) ———————————————————————————————————
	Dity		State	ZIP Co		X Personal Funds of the Candidate
N	lavarre		FL	32566	i 	
	Original Amount of Loan		Cumulative Pa	yment To	Date Ba	lance Outstanding at Close of This Period
	1	9.08	7		0.00	19.08
Т	TERMS Date Incurred		С	Date Due	Interest Ra (If none, ent	
	M11M / D08D / Y Z017	Y	M M / D D	/ Y1	1/00/2010	0.00 % (apr) Yes X No
L	ist All Endorsers or Guarantors	(if any) to	o Loan Source			
	I. Full Name (Last, First, Middle	, ,,			Name of Employer	
	Mailing Address				Occupation	
					Amount	
	City	State	ZIP Code		Guaranteed	9
2	2. Full Name (Last, First, Middle I	 nitial)			Name of Employer	
-	AA 2P A L L				Occupation	
	Mailing Address				Occupation	
_		T_	T		Amount Guaranteed	
	City	State	ZIP Code			7
3	3. Full Name (Last, First, Middle I	nitial)			Name of Employer	
	Mailing Address				Occupation	
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	9 9
4	1. Full Name (Last, First, Middle I	nitial)			Name of Employer	
	Mailing Address				Occupation	
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	9
			1		ı	
SUE	BTOTALS This Period This Page	(optional)			······	19.08
тот	TALS This Period (last page in thi	s line only	')		······	
0.0	un, autotomálico halanas anti-ta-ti-	INE O O	adula D. farrati	a line If	no Cohodule D. com C	muond to annuanciate live of Comme
_ cai	rry outstanding balance only to L	แง⊏ उ, ocr	ieuuie D, for this	s ime. it	no ochequie 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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OF

		130
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4752
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	Memo Item Election: 2018
John Mills for Congress		x Primary
Mailing Address		General Other (constitution)
Mailing Address 9059 Orlando Avenue		Other (specify) ▼
City	State	ZIP Code X Personal Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	ment To Date Balance Outstanding at Close of This Period
93.73		0.00 93.73
TERMS Date Incurred		ate Due Interest Rate Secured:
M11M / D08D / Y Z017 Y	M M / D D	(If none, enter 0) / \frac{\text{Y11/08/2018}^{\text{Y}}}{\text{0.00}}
2017		% (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
2. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer
2. Full Name (Last, First, Middle Illitial)		realite of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	1	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 (Last, First, Middle Illitial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
	'	'
SUBTOTALS This Period This Page (optional)		93.73
TOTALO This D	1\	
TOTALS This Period (last page in this line on	iy)	<u> </u>
Carry outstanding balance only to LINE 3, So	hedule D, for this	s 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/10.4753
9		
LOAN SOURCE Full Name (Last, First, M	liddle Initial)	☐ Memo Item
John Mills for Congress		x Primary
Mailing Address		General Other (appeils)
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
6.00		0.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M12M / D21D / Y Ž017 Y	M M / D D	/ Y11/08/2018
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)	I	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:
	1	
SUBTOTALS This Period This Page (optional))	6.00
TOTALS This Period (last page in this line or	ily)	
Carry outstanding balance only to LINE 3, Se	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

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OF

									130	,
AME OF COMMITTEE (In Full) John Mills for Congress					Transa	action IC) : SC/10.47	54		_
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9059 Orlando Avenue			Memo Iten		tion: 2018 Primary General Other (speci	fy) ▼				
City		State	ZIP Code							_
City		FL	32566			x	Personal Fu	unds of th	ne Candida	te
Original Amount of Loan		Cumulative Pay		ate	Ba	alance O	utstanding a	t Close o	f This Per	od
308	.00		,	0.00			1	-	308.00	
TERMS Date Incurred		D	ate Due		Interest Ra			Secu	red:	
M12M / D22D / Y Ž01Ť	Υ	M M / D D	/ Y11/C	8/2018 ^Y		0.00	% (apr)		Yes X	10
List All Endorsers or Guarantors	(if any) t	o Loan Source								
1. Full Name (Last, First, Middle I	nitial)		1	Name of Emp	ployer					
Mailing Address			(Occupation						
				Amount	_					
City	State	ZIP Code		Guaranteed Outstanding:						
2. Full Name (Last, First, Middle In	itial)		1	Name of Employer						
Mailing Address			(Occupation						
211	0	710.0.1		Amount Guaranteed						
City	State	ZIP Code		Outstanding:		7	7	1 4		
3. Full Name (Last, First, Middle In	itial)		1	Name of Employer						
Mailing Address			(Occupation						
City	State	ZIP Code		Amount Guaranteed						
-		Zir Code		Outstanding:		7	7	-		
4. Full Name (Last, First, Middle In	itial)			Name of Emp	ployer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7				
SUBTOTALS This Period This Page (coronal transfer of the coronal transfer of t	line only	/)					7	7	308.00]
Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If no	Schedule I	D, carry fo	rward to	o appropriat	e line of	Summary	١.

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

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OF

		135					
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID: SC/10.4755					
9							
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Item					
John Mills for Congress	x Primary General						
Mailing Address	A Direction of the control of the co						
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					
56.34		0.00 56.34					
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)					
M12M / D24D / Y Ž01Ť Y	M M / D D	/ ^Y 11/Ŏ8/2Ŏ18					
List All Endorsers or Guarantors (if an	y) to Loan Source						
1. Full Name (Last, First, Middle Initial)	•	Name of Employer					
Mailing Address		Occupation					
		Amount					
City	e ZIP Code	Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)		Name of Employer					
M. W. A. I.		Occupation					
Mailing Address		Occupation					
		Amount Guaranteed					
City	e ZIP Code	Outstanding:					
3. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City	e ZIP Code	Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City	e ZIP Code	Guaranteed Outstanding:					
	I						
SUBTOTALS This Period This Page (option	nal)	56.34					
TOTALS This Period (last page in this line	only)	•					
Corny outstanding balance cally to LINE C	Schodulo D. for this	s line If no Schodule D. comm. famured to appropriate line of Summer					
carry outstanding palance only to LINE 3,	Scriedule 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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				,	13b
NAME OF COMMITTEE (In Full) John Mills for Congress			Tra	ansaction I	D : SC/10.4756
,					
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)		☐ Memo	Item Elec	ction: 2018
John Mills for Congress				×	Primary
					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 Pay	ment To D	ate	Balance (Outstanding at Close of This Period
208.00	7	7	0.00		208.00
TERMS Date Incurred	D	ate Due	Interes (If none	, enter 0)	Secured:
M12 ^M / D29 ^D / Y Ž017 Y	M M / D D	/ ¥11/č	8/2Ŏ18 ^Y	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to	o Loan Source				
1. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
		7	Amount		
City	ZIP Code		Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
		,	Amount		
City State	ZIP Code		Guaranteed Outstanding:	7	9
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
		7	Amount		
City State	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:	7	
1					
SUBTOTALS This Period This Page (optional)				<u></u>	208.00
TOTALS This Period (last page in this line only	r)		······		7
Carry outstanding balance only to LINE 3. Sch	edule D for this	line. If no	Schedule D. carn	v forward t	to appropriate line of Summary

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

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Transaction ID: SC/10.4678 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 400.00 0.00 400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D17D M 01M Ž018 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)..... 400.00 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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52

Transaction ID: SC/10.4709 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 2231.10 0.00 2231.10 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D31 D M 03M Ž018 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)..... 2231.10 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/10.4829
LOAN SOURCE Full Name (Last, First, N	/liddle 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 Personal Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
150.67		0.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M04 ^M / D20 ^D / Y Ž018 Y	M M / D D	/ Y08/Ž8/2Ŏ18
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 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
		A
City State	ZIP Code	Amount Guaranteed
Oity	Zii Oode	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	l)	150.67
TOTALS This Period (last page in this line of	nly)	
Carry outstanding balance only to LINE 3, S	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

					130
NAME OF COMMITTEE (In Full) John Mills for Congress				Transa	action ID : SC/10.4815
LOAN SOURCE Full Name (Last,	First, Midd	lle Initial)		☐ Memo Item	
John Mills for Congress		x Primary			
Mailing Address		General Other (specify) ▼			
Mailing Address 9059 Orlando Avenue	Other (specify) •				
City	State	ZIP Co	de	Personal Funds of the Candidate	
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)			Name of Employer	
Mailing Address				Occupation	
				Amount	
City	State	ZIP Code		Guaranteed	7
				Outotailailig.	7 -
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.

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

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OF

						130
	OMMITTEE (In Full) Is for Congress				Trans	action ID : SC/10.4830
	OURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Iter	
John Mills for Congress						Primary
Mailing	Addross					General Other (appoint)
9059 Orla	Address ando Avenue	Other (specify) ———————————————————————————————————				
City			State	ZIP Co		Personal Funds of the Candidate
Navarre			FL	32566		resolution and of the callatation
Origina	al Amount of Loan		Cumulative Page	yment To	Date Ba	alance Outstanding at Close of This Period
	147	5.00			0.00	1475.00
TERMS	Date Incurred			Date Due	Interest Ra	ate Secured:
		v	M M / D D		(If none, en	
^M 06 ^M	/ P15 ^D / Y 2018		M M / D D	/ 108	5/20/2010	% (apr) Yes No
List All	Endorsers or Guarantors	(if any) to	o Loan Source			
1. Full	Name (Last, First, Middle	Initial)			Name of Employer	
Maili	ng Address				Occupation	
					Amount	
		12	T		Amount Guaranteed	
City		State	ZIP Code			9 9
2. Full N	lame (Last, First, Middle II	nitial)	<u>'</u>		Name of Employer	
Mailin	ig Address				Occupation	
					Amount	
City		State	ZIP Code		Guaranteed Outstanding:	9 9 9
3. Full N	Jame (Last, First, Middle II	 nitial)			Name of Employer	
Mailin	ng Address				Occupation	
					Amount	
City		State	ZIP Code		Guaranteed Outstanding:	9 9
4. Full N	lame (Last, First, Middle II	nitial)			Name of Employer	
Mailin	ng Address				Occupation	
					Amount	
City		State	ZIP Code		Guaranteed	
					Outstanding:	,
		· »				
SUBTOTAL	S This Period This Page	(optional)			······	1475.00
TOTALS Th	nis Period (last page in thi	s line only	y)			
0.000	Landing halana a	INIE O O :	and by the state of the state o	- II	no Ookod U. D	musual to assure state Proc. (2)
carry outs	tanding 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.

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52

Transaction ID: SC/10.4831 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 600.00 0.00 600.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 15D M 06M 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)..... 600.00 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

				<u> </u>		130
AME OF COMMITTEE (In Full) John Mills for Congress					Trans	action ID : SC/10.4832
LOAN SOURCE Full Name (Last,	First, Mi	ddle Initial)			Memo Itei	m Election: 2018
John Mills for Congress				_	,oo	x Primary
Mailing Address						General Other (specify) ▼
Mailing Address 9059 Orlando Avenue						Other (specify) V
City		State	ZIP Code)		Bound For the Continue
Navarre		FL	32566			Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pay	yment To D	ate	Ва	alance Outstanding at Close of This Period
35	.10	7	,	0.00		35.10
TERMS Date Incurred		D	Date Due		Interest Ra	
^M 06 ^M / ^D 27 ^D / ^Y Ž018	Υ	M M / D D	/ Y08/2	2018 ^Y	T	0.00 % (apr) Yes X No
List All Endorsers or Guarantors	(if anv) t	o Loan Source				
Full Name (Last, First, Middle Ir	,	3 234.7 334.33		Name of Em	ployer	
Mailing Address				Occupation		
				Amount	_	
City	State	ZIP Code		Guaranteed Outstanding:		
2. Full Name (Last, First, Middle In	itial)	<u>'</u>		Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:		9 9
3. Full Name (Last, First, Middle In	tial)			Name of Employer		
Mailing Address				Occupation		
				Amount Guaranteed		
City	State	ZIP Code		Guaranteed Outstanding:		, , , , , , , , , , , , , , , , , , , ,
4. Full Name (Last, First, Middle In	tial)			Name of Employer		
Mailing Address				Occupation		
				Amount	_	
City	State	ZIP Code		Guaranteed Outstanding:		9 9
SUBTOTALS This Period This Page (c	ntional\					
TIIS FEIIOU TIIIS Fage (C	יףנוטוומו).				···· •	35.10
TOTALS This Period (last page in this	line only	y) ·····			▶	, ,
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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.

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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					
		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					
or rain rearise (East, First, Wildels Hillar)							
Mailing Address		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				
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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 (specifiy) V	
· _ _				ZIP Co		Personal Funds of the Candidate	
	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 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		
	2. Full Name (Last, First, Middle In	illai)			Occupation		
	Mailing Address						
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	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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Transaction ID: SC/10.4106 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \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 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D24D M 06M ž014 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.4116 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 4234.94 0.00 4234.94 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D 18D M 07M ž014 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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)..... 4234.94 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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AME OF COMMITTEE (In Full) ohn Mills for Congress			-	Fransaction ID: SC/10.4197		
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive	First, Mid	ddle Initial)	☐ Mem	Description: Primary General Other (specify) ▼		
City		State	IP Code			
Miramar Beach		FL	32550	Personal Funds of the Candidate		
Original Amount of Loan		Cumulative Pay	ent To Date	Balance Outstanding at Close of This Perio		
1000	0.00	2	0.00	1000.00		
TERMS Date Incurred		D		est Rate Secured: ne, enter 0)		
M09 ^M / D08 ^D / Y Ž01Š	Y	M M / D D	/	% (apr) Yes X No		
List All Endorsers or Guarantors	(if any) t	o Loan Source				
1. Full Name (Last, First, Middle I	nitial)		Name of Employe	r		
Mailing Address			Occupation			
	Τ_	T	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	y		
2. Full Name (Last, First, Middle In	itial)	•	Name of Employe	Name of Employer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	, ,		
3. Full Name (Last, First, Middle In	itial)		Name of Employe	Name of Employer		
Mailing Address			Occupation	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle In	itial)		Name of Employe	r		
Mailing Address			Occupation			
011	lo. :		Amount			
City	State	ZIP Code	Guaranteed Outstanding:			
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AME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID : SC/10.4299		
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive	First, Mid	ddle Initial)		Memo Item Election: 2016 x Primary General Other (specify) ▼		
City		State	ZIP Code			
Miramar Beach		FL	32550	Personal Funds of the Candidat		
Original Amount of Loan		Cumulative Pay	nent To Date	Balance Outstanding at Close of This Perio		
3850).64		C	0.00 3850.64		
TERMS Date Incurred		D	te Due	Interest Rate Secured: (If none, enter 0)		
M01 ^M / D02 ^D / Y Ž016	Y	M M / D D	/ Y Y Y Y	% (apr) Yes X N		
List All Endorsers or Guarantors	(if any) t	o Loan Source				
1. Full Name (Last, First, Middle I	nitial)		Name of	f Employer		
Mailing Address			Occupation	ion		
	T		Amount Guarantee	and		
City	State	ZIP Code	Outstandi			
2. Full Name (Last, First, Middle In	itial)	1	Name of	Name of Employer		
Mailing Address			Occupation	ion		
City	State	ZIP Code	Amount Guarantee Outstandi			
3. Full Name (Last, First, Middle In	itial)		Name of	f Employer		
Mailing Address			Occupation	ion		
Cit.	Ctata	ZID Code	Amount Guarantee	ped .		
City	State	ZIP Code	Outstandi	ding:		
4. Full Name (Last, First, Middle In	itial)		Name of	f Employer		
Mailing Address			Occupation	ion		
City	State	ZIP Code	Amount Guarantee Outstandi			
SUBTOTALS This Period This Page (s line only	y) ······				
Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	line. If no Schedu	ule 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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Transaction ID: SC/10.4342 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 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 18D M 07M 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)..... 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.

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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	adie ilitial)	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:
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	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction II	D : SC/10.4344	
Ľ							
	LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mic	ldle Initial)		x	tion: 2018 Primary	
						General	
	Mailing Address 1940 Boardwalk Drive					Other (specify) ▼	
	City		State FL	ZIP Cod	le	Personal Funds of the Candidate	
	Miramar Beach			32550	Data Balance C	Nutationalism at Olean of This Deviced	
	Original Amount of Loan		Cumulative Pay	ment 10	Date Balance C	Outstanding at Close of This Period	
	500	0.00	9		0.00	500.00	
	TERMS Date Incurred		D	ate Due	Interest Rate (If none, enter 0)	Secured:	
	M09M / D23D / Y Ž016	Y	M M / D D	/ Y [ěmaňd ^Ý 0.00	% (apr) Yes No	
	List All Endorsers or Guarantors	(if any) 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		
					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	
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т	OTALS This Period (last page in this	line only	·)			7	
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NAME OF COMMITTEE (In Full) John Mills for Congress				Trans	action ID : SC/10.4351	
LOAN SOURCE Full Name (Last. First. Mid	Idle Initial)		□ Mama Ita	m Election: 2018	
MILLS, Ralph, John, ,		,	☐ Memo Iter	Primary General		
Mailing Address 1940 Boardwalk Drive					Other (specify) ▼	
City		State	ZIP Cod	е	Personal Funds of the Candidate	
Miramar Beach		FL	32550			
Original Amount of Loan		Cumulative Page	yment To [Date Ba	alance Outstanding at Close of This Period	
	500.00		,	0.00	500.00	
TERMS Date Incurred		С	Date Due	Interest Ra (If none, en		
M05 ^M / D02 ^D / Y 2	2017 Y	M M / D D) / Y D	Cilialiu	0.00 % (apr) Yes X No	
List All Endorsers or Guaran	ntors (if any) to	Loan Source				
1. Full Name (Last, First, Mic	ddle Initial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	City State ZIP Code			Guaranteed Outstanding:		
2. Full Name (Last, First, Mide	dle Initial)			Name of Employer		
Mailing Address				Occupation		
	T			Amount Guaranteed		
City	State	ZIP Code		Outstanding:		
3. Full Name (Last, First, Mide	dle Initial)	•		Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7	
4. Full Name (Last, First, Mide	dle Initial)	'		Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	9 9	
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AME OF COMMITTEE (In Full) John Mills for Congress					Transa	ction ID : SC/10.4357	
LOAN SOURCE Full Name (Last MILLS, Ralph, John, , III	, First, Mi	ddle Initial)			Memo Item	Election: 2018 X Primary General	
Mailing Address 1940 Boardwalk Drive						Other (specify)	
City		State	ZIP Code			Personal Funds of the Candid	ate
Miramar Beach		FL	32550			7 51501121 7 31132 51 3115 5311313	
Original Amount of Loan	0.00	Cumulative Pa	ayment To D			ance Outstanding at Close of This Pe	iod
9 9	50.00		7	0.00		150.00	
TERMS Date Incurred			Date Due		Interest Rate (If none, ente	r 0)	
M07 ^M / D26 ^D / Y Ž017	Y	M M / D C	D / Y Y	YY	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 Em	ployer		
Mailing Address			(Occupation			
City	State	ZIP Code Amou Guara Outst				7	
2. Full Name (Last, First, Middle	nitial)		1	Name of Employer			
Mailing Address			(Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
3. Full Name (Last, First, Middle	nitial)			Name of Em			
Mailing Address			(Occupation			
City	State	ZIP Code	(Amount Guaranteed Outstanding:		7 7	
4. Full Name (Last, First, Middle	nitial)			Name of Em			
Mailing Address			(Occupation			
0:4:	04-4-	71D O1-		Amount Guaranteed			
City	State	ZIP Code		Outstanding:		9 9	
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Carry outstanding balance only to L	INE 3, Sc	hedule D, for thi	is line. If no	Schedule	D, carry for	ward to appropriate line of Summar	 у.

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		130
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4358
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Middle Initial)	☐ Memo Item Election: 2018 ✓ Primary
Mailing Address 1940 Boardwalk Drive		General Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
750.00		0.00 750.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M09M / D13D / Y Ž017 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
City State	ZIP Code	Amount Guaranteed
Glate	Zii Oode	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
3. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer
3. Full Name (Last, First, Middle Illitial)		wante of Employer
Mailing Address		Occupation
City	ZIP Code	Amount 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 (options	al)	750.00
TOTALS This Period (last page in this line of		, , , , , , , , , , , , , , , , , , , ,
		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.

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

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		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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AME OF COMMITTEE (In Full) John Mills for Congress					Transa	ction ID : SC/10.4899
LOAN SOURCE Full Name (Las MILLS, Ralph, John, , III		ddle Initial)] Memo Item	Election: Primary General
Mailing Address 1940 Boardwalk Drive						Other (specify) ▼
City		State	ZIP Code			Personal Funds of the Candidat
Miramar Beach		FL	32550			
Original Amount of Loan	00.00	Cumulative Pa	ayment to D	o.00		ance Outstanding at Close of This Perio
TERMS Date Incurred		Γ	Date Due		Interest Rat	
^M 07 ^M / □12□ / Y Ž01	ğΥ	M M / D D	D / Y Y	YY	,	0.00
List All Endorsers or Guaranton	rs (if any)	to Loan Source				
1. Full Name (Last, First, Middle	e Initial)		1	lame of Em	ployer	
Mailing Address			(Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		7
2. Full Name (Last, First, Middle	Initial)		1	lame of Em	ployer	
Mailing Address			(Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		7
3. Full Name (Last, First, Middle	Initial)		1	lame of Em	ployer	
Mailing Address			(Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		7
4. Full Name (Last, First, Middle	Initial)		1	Name of Em	ployer	
Mailing Address			(Occupation		
0.1	0	710.0		Amount Guaranteed		
City	State	ZIP Code		Outstanding:		7 7
SUBTOTALS This Period This Page	e (optional)					300.00
TOTALS This Period (last page in t	his line onl	у)			▶	
Carry outstanding balance only to	LINE 3, Sc	hedule D, for thi	is line. If no	Schedule	D, carry for	ward to appropriate line of Summary.

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

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Transaction ID: SC/10.4900 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \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 1200.00 0.00 1200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 18D M 07M ž019 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)..... 1200.00 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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		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4901
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Middle Initial)	☐ Memo Item
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼
City Miramar Beach	State	ZIP Code 32550 Personal Funds of the Candidate
Original Amount of Loan		yment To Date Balance Outstanding at Close of This Period
1500.00	Guindiative 1 a	0.00 1500.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M09M / D10D / Y Ž01Š Y	M M / D D	0.00 % (apr) Yes ▼ No
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	e ZIP Code	Amount Guaranteed
	211 0000	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	e ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option TOTALS This Period (last page in this line		, , , ,
	~···//	
Carry outstanding balance only to LINE 3,	Schedule 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

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.4929 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary MILLS, Ralph, , , III 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 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 M 12M D30 D ž019 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)..... 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.

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/10.4936
LOAN SOURCE Full Name (Last, First, Min MILLS, Ralph, , , III	ddle Initial)	Memo Item Election: 2020 ** Primary One world One world
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 Page	ment To Date Balance Outstanding at Close of This Period
12000.00	9	0.00 12000.00
TERMS Date Incurred	Г	ate Due Interest Rate Secured: (If none, enter 0)
M04 ^M / P17 ^D / Y Z020 Y	M M / D D	√ Y Y Y Y Y Y No Yes X 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
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u> </u>	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 Guaranteed
City	ZIP Code	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)		12000.00
TOTALS This Period (last page in this line only	y)	54143.37
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

Exc

EXCLUDING LOADS	for each numbered line)	(check only one)	9 10			
NAME OF COMMITTEE (In Full)					~ 10	
John Mills for Congre	99					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Law Office of James C. Thomas III				Nature of Debt (Purpose): Legal and Reporting Services		
Mailing Address 7509 NW Tiffany Springs Pk	wy					
City Kansas City	State MO	Zip Code 64153				
Outstanding Balance Beginning This Period	l	·	Transac	tion ID : SD10.4933		
845.10						
Amount Incurred This Period		Payment This Period	Outstand	ding Balance at Close of	of This Period	
0.00		845.1		, , , ,	0.00	
B. Full Name (Last, First, Middle Initial) of De Law Office of James C. Thom Mailing Address 7509 NW Tiffany Springs Pk		Nature of Debt (Purpose): Legal and Reporting Services				
Suite 300						
City Kansas City	State MO	Zip Code 64153				
Outstanding Balance Beginning This Period 167.50	I		Transac	tion ID : SD10.4934		
Amount Incurred This Period		Payment This Period	Outstand	ding Balance at Close of	of This Period	
0.00		167.5		, , , , , ,	0.00	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Law Office of James C. Thomas III				Nature of Debt (Purpose): Legal and Reporting Services		
Mailing Address 7509 NW Tiffany Springs Pl Suite 300	xwy					
City	State	Zip Code				
Kansas City	MO	64153				
Outstanding Balance Beginning This Period	l 		Transac	ction ID : SD10.4949		
0.00		Barrard This Barrad	0.111	Palacas at Observ	CTU: Doda	
Amount Incurred This Period		Payment This Period		ding Balance at Close of		
473.68		0.0	00	7 7	473.68	
1) SUBTOTALS This Period This Page (optional	ıl)		•		473.68	
2) TOTALS This Period (last page this line num	nber only) ····		··· •	, , , , ,		
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last p	page only)	··· • [, , ,		
4) ADD 2) and 3) and carry forward to approp	riate line of	Summary Page (last page or	nly) ►	7		

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FOR LINE NUMBER:

(Use separate schedule(s)

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

Exc

1)

2)

3)

NAI

Sluding Loans					(check only one)	9 X 10		
ME OF COMMITTEE (In Full)				,		• 10		
ohn Mills for Congre	SS							
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Law Office of James C. Thomas III				Nature of Debt (Purpose): Legal and Reporting Services				
Mailing Address 7509 NW Tiffany Springs Pkv Suite 300	wy							
City Kansas City	State MO	Zip Code 64153						
Outstanding Balance Beginning This Period				Transaction	on ID : SD10.4947			
0.00								
Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Clos	e of This Period		
167.50		0.0			7 7	167.50		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Law Office of James C. Thomas III					Nature of Debt (Purpose): Legal and Reporting Services			
Mailing Address 7509 NW Tiffany Springs Pkv Suite 300	vy							
City Kansas City	State MO	Zip Code 64153						
Outstanding Balance Beginning This Period				Transaction	on ID : SD10.4948			
0.00								
Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Clos	e of This Period		
134.00		0.0	00		7 7	134.00		
C. Full Name (Last, First, Middle Initial) of De	ebtor or Credito	or		Nature of D	ebt (Purpose):			
Mailing Address								
City	State	Zip Code						
Outstanding Balance Beginning This Period								
Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Clos	e of This Period		
SUBTOTALS This Period This Page (optional)		···· >			301.50		
TOTALS This Period (last page this line number only)			···· •		, , ,	775.18		
TOTAL OUTSTANDING LOANS from Schedule C (last page only)					, , , ,	54143.37		
ADD 2) and 3) and carry forward to appropri	iate line of Sur	nmary Page (last page or	nly) ►		7 7	54918.55		

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(Use separate schedule(s)