

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

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

12FE4M5

John Mills for Congress

ADDRESS (number and street) 1940 Boardwalk Drive

Check if different than previously reported. (ACC)

Miramar Beach

FL

32550

2. FEC IDENTIFICATION NUMBER ▼

C C00565366

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer James C Thomas III

Signature of Treasurer James C Thomas III

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	805.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	805.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	4225.64	8801.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4225.64	8801.49
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	288.45	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	14085.58	

**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 12/2003)

Write or Type Committee Name

**John Mills for Congress**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	300.00
(ii) Unitemized.....	0.00	505.00
(iii) TOTAL of contributions from individuals ▶	0.00	805.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	805.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	3850.64	9234.94
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	3850.64	9234.94
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3850.64	10039.94

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4225.64	8801.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4225.64	8801.49

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	663.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3850.64
25. SUBTOTAL (add Line 23 and Line 24).....	4514.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4225.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	288.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 13
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

Mailing Address 1940 Boardwalk Drive

City Miramar Beach State FL Zip Code 32550

FEC ID number of contributing federal political committee. **C** H6FL01143

Name of Employer Requested Occupation Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4850.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 02 / 2016

**Transaction ID : SA13A.4299**

Amount of Each Receipt this Period  
 3850.64

Memo Item  
 Travel and Overhead Expenses

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

3850.64

3850.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. AA Air</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 2500 Victory Ave		Amount of Each Disbursement this Period 179.60
City Dallas	State TX	
Purpose of Disbursement Air Travel		Memo Item <input type="checkbox"/>
Candidate Name <b>Ralph John MILLS III</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: FL	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Courtyard</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2016
Mailing Address 100 Grand Blvd		Amount of Each Disbursement this Period 536.77
City Miramar Beach	State FL	
Purpose of Disbursement Travel Accomodations Guest #60326		Memo Item <input type="checkbox"/>
Candidate Name <b>Ralph John MILLS III</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: FL	District: 01	

Full Name (Last, First, Middle Initial) <b>C. Fairfield Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 2997 Apalachee Pkw		Amount of Each Disbursement this Period 100.13
City Tallahassee	State FL	
Purpose of Disbursement Travel Accomodations Guest#72105		Memo Item <input type="checkbox"/>
Candidate Name <b>Ralph John MILLS III</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: FL	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	816.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Fairfield Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 2997 Apalachee Pkwy		Amount of Each Disbursement this Period 100.13
City Tallahassee	State FL	
Zip Code 32301	Purpose of Disbursement Travel Accomodations Guest#72104	<input type="checkbox"/> Memo Item
Candidate Name <b>Ralph John MILLS III</b>	Category/Type 002	<b>Transaction ID : SB17.4269</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 01		

Full Name (Last, First, Middle Initial) <b>B. Law Office of James C. Thomas III</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300		Amount of Each Disbursement this Period 375.00
City Kansas City	State MO	
Zip Code 64153	Purpose of Disbursement Legal & Reporting Services	<input type="checkbox"/> Memo Item
Candidate Name <b>Ralph John MILLS III</b>	Category/Type 001	<b>Transaction ID : SB17.4240</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 01		

Full Name (Last, First, Middle Initial) <b>c. Ralph John MILLS III</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 1940 Boardwalk Drive		Amount of Each Disbursement this Period 838.11
City Miramar Beach	State FL	
Zip Code 32550	Purpose of Disbursement Paid on Campaign Phones/iPad	<input type="checkbox"/> Memo Item
Candidate Name <b>Ralph John MILLS III</b>	Category/Type 001	<b>Transaction ID : SB17.4265</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1313.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial)  
**A. Republican Party of Tallahassee FL**

Mailing Address 420 E Jefferson St

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement Filing Fees

Candidate Name **Ralph John MILLS III**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: FL District: 01

Date of Disbursement: 01 / 26 / 2016

Amount of Each Disbursement this Period: 150.00

Memo Item

Transaction ID : **SB17.4295**

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

Mailing Address 5828 Hazeltine National Dr

City Orlando State FL Zip Code 32822

Purpose of Disbursement Travel Accomodations Guest#59493

Candidate Name **Ralph John MILLS III**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: FL District: 01

Date of Disbursement: 01 / 21 / 2016

Amount of Each Disbursement this Period: 210.60

Memo Item

Transaction ID : **SB17.4272**

Full Name (Last, First, Middle Initial)  
**c. Springhill Suites**

Mailing Address 5828 Hazeltine National Dr

City Orlando State FL Zip Code 32822

Purpose of Disbursement Travel Accomodations Guest#59492

Candidate Name **Ralph John MILLS III**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: FL District: 01

Date of Disbursement: 01 / 21 / 2016

Amount of Each Disbursement this Period: 210.60

Memo Item

Transaction ID : **SB17.4274**

**SUBTOTAL** of Disbursements This Page (optional) ..... 571.20

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address Post Office Box 660108		Amount of Each Disbursement this Period 436.56 <input type="checkbox"/> Memo Item
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Wireless Service	Transaction ID : <b>SB17.4277</b>
Candidate Name <b>Ralph John MILLS III</b>	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 01		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State	
Zip Code	Purpose of Disbursement	Transaction ID :  
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State	
Zip Code	Purpose of Disbursement	Transaction ID :  
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	436.56
<b>TOTAL</b> This Period (last page this line number only).....	3137.50

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

Transaction ID : **SC/10.4106**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**Ralph John MILLS III**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
1940 Boardwalk Drive

City State ZIP Code  
Miramar Beach FL 32550

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:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

Transaction ID : **SC/10.4116**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**Ralph John MILLS III**

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
1940 Boardwalk Drive

City State ZIP Code  
Miramar Beach FL 32550

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:  
M 07 / D 18 / Y 2014 M M / D D / Y Y Y Y % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

Transaction ID : **SC/10.4197**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**Ralph John MILLS III**

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
1940 Boardwalk Drive

City State ZIP Code  
Miramar Beach FL 32550

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
1000.00 0.00 1000.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 1000.00

**TOTALS** This Period (last page in this line only)..... ▶

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

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

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4299**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**Ralph John MILLS III** Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
1940 Boardwalk Drive

City State ZIP Code  
Miramar Beach FL 32550

Original Amount of Loan 3850.64	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3850.64
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred: M 01 / D 02 / Y 2016  
Date Due: M M / D D / Y Y Y Y  
Interest Rate: % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 3850.64
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ] 14085.58

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