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FEC FORM 3

FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Auth	orized Commi	tee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ole: If typing, t	type	12FE4M5	
John Mills for Congre	!SS					
I						
	ı 1940 Boardwalk Dri	ve				
ADDRESS (number and street)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Check if different						
than previously reported. (ACC)	Miramar Beach				FL 3	32550
2. FEC IDENTIFICATION	NUMBER ▼	CITY A		S	TATE A	ZIP CODE
C C00565366	3	. IS THIS REPORT	× NEW (N) C	OR	AMEND (A)	STATE ▼ DISTRICT ED FL 01
4. TYPE OF REPORT (C	Choose One) (b)	12-Day PRE -Ele	ection Report f	or the:		
(a) Quarterly Reports:		Pr	imary (12P)	П	General (1	2G) Runoff (12R)
X April 15 Quarterly	/ Report (Q1)					
July 15 Quarterly	Report (Q2)	Co	onvention (12C	S)	Special (12	2S)
October 15 Quar	terly Report (Q3)	Election on	M M / D	D /	Y	in the State of
January 31 Year-	End Report (YE) (c)	30-Day POST -E	lection Report	for the:		
		G	eneral (30G)		Runoff (30	R) Special (30S)
Termination Repo	ort (TER)	Election on	M M / D	D D /	Y Y Y Y	in the State of
5. Covering Period	01 / D D / Y	y y y 2016	through	M M 03	/ 31 /	Y Y Y Y Y Y Z Y Z Z Z Z Z Z Z Z Z Z Z Z
I certify that I have examined	this Report and to the	best of my know	edge and belie	ef it is true	e, correct and	complete.
Type or Print Name of Treasur	rer James C Thomas	III				
Signature of Treasurer Ja	nnes C Thomas III	[El	ectronically Filed	d] Da	nte 04	08 / 2016
NOTE: Submission of false, error	oneous, or incomplete in	formation may sub	ject the person	signing th	is Report to th	e penalties of 2 U.S.C. §437g.
Office						
Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

John Mills for Congress	John	Mills	for	Congress
-------------------------	------	-------	-----	----------

01 03 31 2016 01 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period 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)) Net Operating Expenditures (a) Total Operating Expenditures 4225.64 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 4225.64 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 288.45 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 14085.58 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 12/2003)

PAGE 3 / 13

Write or Type Committee Name

01 03 2016 01 2016 31 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 3850.64 9234.94 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 3850.64 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) 10039.94 3850.64 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	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.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	4225.64	8801.49
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING 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 (fro	om Line 22)	4225.64
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	288.45

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FO	R LINE	NU	MBER:	PAGE	5 OF	-	13
Use separate schedule(s)	(ch	eck only	or	ne)				
for each category of the		11a		11b	11c	11d		
Detailed Summary Page		12	X	13a	13b	14		15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Mills for Congress Full Name (Last, First, Middle Initial) Ralph John MILLS III Date of Receipt Mailing Address 1940 Boardwalk Drive 2016 02 City State Zip Code Transaction ID: SA13A.4299 FL 32550 Miramar Beach FEC ID number of contributing Amount of Each Receipt this Period H6FL01143 federal political committee. 3850.64 Name of Employer Occupation Requested Requested Memo Item Travel and Overhead Expenses Receipt For: 2016 Election Cycle-to-Date | Primary General 4850.64 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt B. 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) 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) 3850.64 SUBTOTAL of Receipts This Page (optional)..... 3850.64 TOTAL This Period (last page this line number only).....

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summan	of the	FOR LINE NUMBER: PAGE 6 OF 13 (check only one) X 17		
	ly information copied from such Reports and Statements m for commercial purposes, other than using the name and a					
\rangle	NAME OF COMMITTEE (In Full) John Mills for Congress					
	Full Name (Last, First, Middle Initial) AA Air			Date of Disbursement		
Α.				M M / D D / Y Y Y Y		
	Mailing Address 2500 Victory Ave	01 20 2016				
	City State	Zip Code		Amount of Each Disbursement this Period		
	Dallas TX	75219		179.60		
	Purpose of Disbursement Air Travel		002	179.60		
	Candidate Name			Memo Item		
	Ralph John MILLS III		Category/ Type			
	Office Sought: House Senate President Disbursement Form Primary Other (s	General	- ,,	Transaction ID : SB17.4298		
	State: FL District: 01					
В.	Full Name (Last, First, Middle Initial) Courtyard			Date of Disbursement		
	Mailing Address 100 Grand Blvd			01 03 7 4 4 4 7		
	City State	Zip Code		Amount of Each Disbursement this Period		
	amanar 2000:					
	Purpose of Disbursement Travel Accomodations Guest #60326	536.77				
	Candidate Name	Memo Item				
	Ralph John MILLS III	Transaction ID : SB17.4270				
	Office Sought: House Disbursement Form	General	Туре	Transaction is 1 ob 17.4270		
	Full Name (Last, First, Middle Initial)					
C.	Fairfield Inn			Date of Disbursement		
	Mailing Address 2997 Apalachee Pkwy			01		
		p Code		Amount of Each Disbursement this Period		
	Tallahassee FL 3. Purpose of Disbursement	2301		100.13		
	Travel Accomodations Guest#72105		002	Memo Item		
	Candidate Name Ralph John MILLS III		Category/ Type			
	Office Sought: House Disbursement Form	General	.,,,,	Transaction ID: SB17.4268		
	President Other (s State: FL District: 01	pecity)				
State: FL District: 01						
s	UBTOTAL of Disbursements This Page (optional)			816.50		

SCHEDULE B (FEC Form 3)

PAGE 7 13 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 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 Fairfield Inn 2016 Mailing Address 2997 Apalachee Pkwy 02 City State Zip Code Amount of Each Disbursement this Period FΙ Tallahassee 32301 Purpose of Disbursement Travel Accomodations Guest#72104 100.13 002 Memo Item Candidate Name Category/ Ralph John MILLS III Type Transaction ID: SB17.4269 Disbursement For: 2016 Office Sought: Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Law Office of James C. Thomas III Date of Disbursement Mailing Address 7509 NW Tiffany Springs Pkwy 02 04 2016 Suite 300 City State Zip Code Amount of Each Disbursement this Period MO 64153 Kansas City Purpose of Disbursement Legal & Reporting Services 375.00 001 Memo Item Candidate Name Category/ Ralph John MILLS III Type Transaction ID: SB17.4240 Disbursement For: Office Sought: 2016 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Ralph John MILLS III Mailing Address 1940 Boardwalk Drive 03 2016 City State Zip Code Amount of Each Disbursement this Period Miramar Beach FL 32550 Purpose of Disbursement Paid on Campaign Phones/iPad 838.11 001 Memo Item Candidate Name Category/ Ralph John MILLS III Type Transaction ID: SB17.4265 Office Sought: Disbursement For: 2016 House General Senate Primary President Other (specify) State: FL District: 1313.24 SUBTOTAL of Disbursements This Page (optional).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 13 (check only one) X 17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions
John Mills for Congress		
Full Name (Last, First, Middle Initial) A. Republican Party of Tallahassee FL		Date of Disbursement
Mailing Address 420 E Jefferson St		01 26 2016
City State Tallahassee FL	Zip Code 32301	Amount of Each Disbursement this Period
Purpose of Disbursement Filing Fees	001	150.00 Memo Item
Candidate Name Ralph John MILLS III Office Sought: House Disbursement For	Category, Type	Transaction ID : SB17.4295
Senate Primary President Other (s	General	
Full Name (Last, First, Middle Initial) B. Springhill Suites		Date of Disbursement
Mailing Address 5828 Hazeltine National Dr		01 / D D / Y Y Y Y Y 2016
City State Orlando FL	Zip Code 32822	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Accomodations Guest#59493	002	210.60 Memo Item
Candidate Name Ralph John MILLS III	Category, Type	Transaction ID : SB17.4272
Office Sought: Youse Disbursement For	General	
Full Name (Last, First, Middle Initial) c. Springhill Suites		Date of Disbursement
Mailing Address 5828 Hazeltine National Dr		01 D D / Y Y Y Y Y 2016
	p Code 2822	Amount of Each Disbursement this Period 210.60
Travel Accomodations Guest#59492 Candidate Name	002 Category	Memo Item
Ralph John MILLS III Office Sought:	Type	Transaction ID : SB17.4274
Senate President State: FL District: 01	General pecify)	
SUBTOTAL of Disbursements This Page (optional)		571.20

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) A, Verizion Mailing Address Post Office Box 660108 City State Zip Code TX 75266 Purpose of Disbursement Wireless Service Candidate Name Ralph John MILLS III Office Sought: House Disbursement For: 2016 State: FL District: 01 Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement For: 2016 State: FL District: 01 Category/ Type Other (specify) Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Other (specify) State: Zip Code Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District: District: District: Primary General Other (specify) Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Date of Disbursement this Period Date of Disbursement this Period				
Temized Disbursement Disbursemen	SCHEDULE B (FEC Form 3)	Use separate sche	dule(s)	TOTI EINE NOMBETT.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Principle) John Mills for Congress Full Name (Last, First, Middle Initial) A. Verizion Mailing Address Post Office Box 660108 City State Zip Code Dallas TX 75266 Purpose of Disbursement Wireless Service Candidate Name Office Sought: House President Principle General Principle Sende Principle General P	TEMIZED DISBURSEMENTS			X 17 18 19a 19b
John Mills for Congress Full Name (Last, First, Middle Initial) A. Verizion Mailing Address Post Office Box 660108 City				person for the purpose of soliciting contributions
A. Verizion Mailing Address Post Office Box 660108 City State Zip Code TX 75266 Purpose of Disbursement City State Zip Code TX 75266 Purpose of Disbursement Other (specify) Date of Disbursement this Period Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Other (specify) Date of Disbursement this Period Primary General Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID : SB17.4277 Tansaction ID : SB17.4277 Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Office Sought: Senate Primary General Date of Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Date of Disbursement this Period Date of Disbursement this Period Category/ Type Office Sought: Senate Primary General Date of Disbursement Category/ Type Date of Disbursement Memo Item Memo Item Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: Primary General Other (specify) Date of Disbursement Memo Item				
Mailing Address Post Office Box 660108 City State Zip Code TX 75266 Purpose of Disbursement Wireless Service Office Sought: State TL District: 01 Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Amount of Each Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB17.4277 Transaction ID: SB17.4277 Date of Disbursement Candidate Name City State Zip Code Amount of Each Disbursement this Period Memo Item Date of Disbursement this Period Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name City State Zip Code Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name City State Zip Code Amount of Each Disbursement this Period Memo Item Memo Item	Martin .			
Dallas TX 75266 Pyrrose of Disbursement Wireless Service Raiph John MILLS III Office Sought: House Senate President State: FL District: Other (specify) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) State: District: District: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Office Sought: House Disbursement For: Category/ Type	Mailing Address Post Office Box 660108			
Candidate Name Ralph John MILLS III Office Sought:				Amount of Each Disbursement this Period
Ralph John MILLS III Office Sought: House			001	
State: FL District: 01 Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Primary General Other (specify) Date of Disbursement this Period Amount of Each Disbursement this Period Disbursement For: General Primary General Other (specify) Office Sought: House General Other (specify) Date of Disbursement This Period Memo Item	Ralph John MILLS III	5		Transaction ID : SB17.4277
Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Office Sought: President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Date of Disbursement this Period Memo Item Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: Category/ Type Office Sought: Candidate Name Office Sought: Date of Disbursement this Period Date of Disbursement this Period Memo Item Memo Item Memo Item Memo Item Office Sought: Date of Disbursement this Period Office Sought: Office Sought: Date of Disbursement this Period Office Sought: O	Senate President C	rimary General		
City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Date of Disbursement M M / D D / Y Y Y Y Y Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Candidate Name Office Sought: House Primary General Other (specify) Other (specify)	Full Name (Last, First, Middle Initial)			Date of Disbursement
Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Other (specify)	Mailing Address		— M " M / D " D / Y " Y " Y " Y	
Candidate Name Category/Type	·	ate Zip Code		Amount of Each Disbursement this Period
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) Date of Disbursement Amount of Each Disbursement this Period Memo Item Memo Item				Memo Item
Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify)	Senate President C	rimary General	Турс	
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) M M / D D / Y Y Y Y Y Amount of Each Disbursement this Period Memo Item	Full Name (Last, First, Middle Initial)			Date of Disbursement
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary Other (specify) Memo Item				M " M / D " D / Y " Y " Y " Y
Candidate Name Category/ Type Office Sought: House Senate Primary Other (specify) Memo Item Memo Item	City State	Zip Code		Amount of Each Disbursement this Period
Candidate Name Category/ Type Office Sought: House Senate Primary Other (specify) Category/ Type Category/ Type	· 			Memo Item
Senate Primary General Other (specify)				
State: District:	Senate P	rimary General		
SUBTOTAL of Disbursements This Page (optional)				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)

PAGE 10

13a 13b

OF

	Detailed Summary Page 13b				
AME OF COMMITTEE (In Full) Transaction ID : SC/10.4106					
John Mills for Congress					
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUR Ralph John MILLS III	Primary General				
Mailing Address 1940 Boardwalk Drive	Other (specify) ▼				
City State ZIP Cod	de				
Miramar Beach FL 32550					
Original Amount of Loan Cumulative Payment To 5000.00	Date Balance Outstanding at Close of This Period 0.00 5000.00				
TERMS Date Incurred Date Due	Internat Data				
M 06 M / D 24 D / Y Ž014 Y M M / D D / Y	Interest Rate Secured: 9 (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				
	Amount				
City State ZIP Code	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				
maining / tablees	·				
City State ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)					
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)

PAGE 11

13a 13b

OF

	Detailed Summary Page 13b				
AME OF COMMITTEE (In Full) Transaction ID : SC/10.4116					
John Mills for Congress					
LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FOR Ralph John MILLS III	Primary General				
Mailing Address 1940 Boardwalk Drive	Other (specify) ▼				
City State ZIP Co	de				
Miramar Beach FL 32550					
Original Amount of Loan Cumulative Payment To 4234.94	Date Balance Outstanding at Close of This Period 0.00 4234.94				
TERMS					
Date Incurred Date Due M 07	Interest Rate Secured: % (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				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed				
4. Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)					
*					
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)

PAGE 12 OF

X	13a
	13b

	Detailed Summary Page 13b			
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4197			
ohn Mills for Congress				
LOAN SOURCE Full Name (Last, First, Middle Initial)				
Ralph John MILLS III	Primary General			
Mailing Address 1940 Boardwalk Drive	Other (specify) ▼			
City State	ZIP Code			
Miramar Beach FL	32550			
Original Amount of Loan Cumulativ	ve 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 09 / D 08 / Y 2015 Y	% (apr)			
List All Endorsers or Guarantors (if any) to Loan So	urce			
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Cod	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Cod	de Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Cod	de Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Cod	Guaranteed Outstanding:			
LIPTOTALS. This Devied This Dage (entire)				
UBTOTALS This Period This Page (optional)				
OTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, fo	or this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 13 OF

×	13a
	13b

JAN5		Detailed Summary Page	e (crieck only one)
AME OF COMMITTEE (In Full) ohn Mills for Congress		Transact	ion ID : SC/10.4299
Ralph John MILLS III	First, Middle Initial) 'PERSONAL I	FUNDS]	Election: 2016 Primary General
Mailing Address 1940 Boardwalk Drive			Other (specify) ▼
City	State ZIP C		
Miramar Beach	FL 32550	0	
Original Amount of Loan	Cumulative Payment T	o Date Balar	nce Outstanding at Close of This Period
3850.	64	0.00	3850.64
Date Incurred Mo1 Do2 / Y 2016	Date Duc	e Interest Rate	Secured:
List All Endorsers or Guarantors (if any) to Loan Source		Yes No
1. Full Name (Last, First, Middle In	= :	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle Init	iial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle Init	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
UBTOTALS This Period This Page (o	ptional)	<u> </u>	3850.64
OTALS This Period (last page in this	line only)		14085.58
Carry outstanding balance only to LIN	E 3, Schedule D, for this line. I	f no Schedule D, carry forw	ard to appropriate line of Summary.