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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An	0	Office Use Only			
NAME OF COMMITTEE (in full) TYPE OR PRIMARY TYPE O	·	ample: If typing, type er the lines.	12FE4M5		
John Mills for Congress				I	
ADDRESS (number and street)	Avenue				
▼ Check if different					
than previously reported. (ACC)			FL 32	2566	
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲	
C C00565366	3. IS THIS REPORT	NEW (N) OR	AMENDEI (A)	STATE ▼ DISTRICT	
		. ,	. ,	_	
4. TYPE OF REPORT (Choose One)	(b) 12-Day PRE	-Election Report for the):		
(a) Quarterly Reports:		Primary (12P)	General (120	Runoff (12R)	
April 15 Quarterly Report (Q1)		Convention (12C)	Special (12S)	
July 15 Quarterly Report (Q2)		M M / D D	/ Y Y Y Y	in the	
October 15 Quarterly Report (Q3)	Election on			State of	
January 31 Year-End Report (YE)	(c) 30-Day POS	T -Election Report for the	ne:		
		General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on	M M / D D	/ Y " Y " Y " Y	in the State of	
5. Covering Period 01 01 01	/ Y Y Y Y Y 2020	through 0	M / D D / 3	2020	
I certify that I have examined this Report and a Adams, Chr Type or Print Name of Treasurer		nowledge and belief it is	s true, correct and c	complete.	
Adams, Christopher, , Signature of Treasurer	,	[Electronically Filed]	Date 04	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
NOTE: Submission of false, erroneous, or incomp	lete information mav s	subject the person sianin	ng this Report to the	penalties of 52 U.S.C. §30109	
Office		T T			
Use Only				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 03 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 162.50 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 162.50 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 145.02 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 43155.97 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

01 03 01 2020 31 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 (add Lines 11(a)(iii), (b), (c), and (d)).. 805.00 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 9234.94 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 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) 0.00 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	162.50	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
	(b) Political Party Committees(c) Other Political Committees	7 7 7	7 7 7
	(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)	162.50	8801.49
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	307.52
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		307.52
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	162.50
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	145.02

SCHEDULE B (FEC Form 3)

PAGE 5 48 FOR LINE NUMBER: Use separate schedule(s) (check only one) **x** 17 18 19a 20a 20b 20c 21

for each category of the ITEMIZED DISBURSEMENTS 19b Detailed Summary Page 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 07 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 C00565366 001 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: Disbursement For: 2020 162.50 House Senate Primary General Transaction ID: SB17.4932 Other (specify) President Memo Item FL State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 162.50 TOTAL This Period (last page this line number only)..... 162.50

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

PAGE 6
FOR LINE NUMBER: (check only one)

X 13a

OF

										130
AME OF COMMITTEE (In Full) John Mills for Congress	, ,					action I	D : SC/10.47	11		
LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress Mailing Address 9059 Orlando Avenue] Memo Ite	'''	ction: 2018 Primary General Other (speci			
City	;	State	ZIP Co	de		×	Personal F	unds of t	he Can	didate
Navarre		FL	32566							
Original Amount of Loan		Cumulative Pay	ment To			alance C	Outstanding a	at Close o	-	
126.34		7		0.00			7	7	126.34	
TERMS Date Incurred		Da	ate Due		Interest Ra (If none, en			Secu	ured:	
M09 ^M / D21 D / Y Ž017 Y	М	M / D D	/ ^Y 11	/08/2018 ^Y		0.00	% (apr)		Yes x	€ No
List All Endorsers or Guarantors (if	any) to	Loan Source								
1. Full Name (Last, First, Middle Initi	al)			Name of Em	ployer					
Mailing Address				Occupation						
				Amount					-	
City	tate	ZIP Code		Guaranteed Outstanding:		7	-			
2. Full Name (Last, First, Middle Initia	ıl)			Name of Employer						
Mailing Address				Occupation						
				Amount						
City	tate	ZIP Code		Guaranteed Outstanding:		7				
3. Full Name (Last, First, Middle Initia	ıl)	1		Name of Employer						
Mailing Address				Occupation						
		1		Amount	-				$\overline{}$	
City	tate	ZIP Code		Guaranteed Outstanding:		7	7			
4. Full Name (Last, First, Middle Initia	ıl)	1		Name of Employer						
Mailing Address				Occupation						
				Amount						
City	tate	ZIP Code		Guaranteed Outstanding:		7	7			
CURTOTALO This Deviced This Days (see	:N									$\overline{}$
DOBIOTALS THIS PERIOD THIS Page (OPT	UBTOTALS This Period This Page (optional)									
TOTALS This Period (last page in this lin	ne only)				▶		7	7		
Carry outstanding balance only to LINE	3, Sche	edule D, for this	line. If	no Schedule	D, carry fo	rward t	o appropria	te line o	f Sumn	nary.

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

PAGE 7
FOR LINE NUMBER: (check only one)

13a

			Detailed Garrinary 1	age	13b				
NAME OF COMMITTEE (In Full) John Mills for Congress			Trans	action ID : SC/10.4742					
•									
LOAN SOURCE Full Name (Last, First, M	iddle Initial)		☐ Memo Iter						
John Mills for Congress				Primary					
Mailing Address				General Other (specify) ▼					
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 D	ate Ba	alance Outstanding at Close of	This Period				
303.01			0.00	30	03.01				
303.01		2	0.00	300	3.01				
TERMS Date Incurred	Γ	Date Due	Interest Ra (If none, en		d:				
M10 ^M / D04 ^D / Y Ž017 Y	08/2018 ^Y	0.00 % (apr) Yes	s X No						
List All Endorsers or Guarantors (if any)	to Loan Source								
1. Full Name (Last, First, Middle Initial)			Name of Employer						
Molling Address			Occupation						
Mailing Address	Mailing Address								
			Amount		$\overline{}$				
City	ZIP Code		Guaranteed Outstanding:						
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)				Name of Employer				
Mailing Address		(Occupation						
			Amount						
City State	ZIP Code		Guaranteed						
Gity	ZIP Code		Outstanding:	9 9					
3. Full Name (Last, First, Middle Initial)		1	Name of Employer						
Mailing Address		(Occupation						
			Amount						
City State	ZIP Code		Guaranteed						
Citato	Zii Gode	(Outstanding:	7					
4. Full Name (Last, First, Middle Initial)	·	1	Name of Employer						
Mailing Address			Occupation						
			Amount		_				
City State	ZIP Code		Guaranteed						
		(Outstanding:	7					
SUBTOTALS This Period This Page (optional)			······	30	3.01				
TOTALS This Period (last page in this line on	ly)			7 7	卌				
				7					
Carry outstanding balance only to LINE 3, So	hedule D, for thi	is line. If no	Schedule D, carry fo	rward to appropriate line of S	ummary.				

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

FOR LINE NUMBER: (check only one)

PAGE

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13a

OF

							100
AME OF COMMITTEE (In Full) John Mills for Congress					Transa	ction ID : SC/10.4743	
LOAN SOURCE Full Name (Last, John Mills for Congress	LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress					Election: 2018 x Primary General	
Mailing Address 9059 Orlando Avenue						Other (specify) ▼	
City Navarre		State ZIP Code FL 32566				Personal Funds of the Car	ndidate
Original Amount of Loan		Cumulative Pay	yment To [Date	Bal	ance Outstanding at Close of This	Period
7	1.24	7	,	0.00		4.24	1
TERMS Date Incurred		D	Date Due		Interest Rat (If none, enter	er 0)	
M10M / D05D / Y 2017	Y	M M / D D	/ Y11/	Ŏ8/2Ŏ18 ^Ÿ	0	.00 % (apr) Yes	x No
List All Endorsers or Guarantors	(if anv) t	o Loan Source					
1. Full Name (Last, First, Middle I	, ,,			Name of Em	ployer		
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:		7	
3. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		, ,	
4. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
			-	Amount			
City	State	ZIP Code		Guaranteed Outstanding:		, , , , , , ,	
SUBTOTALS This Period This Page (optional).					4.24	1
TOTALS This Period (last page in this	line only	/)				y	
Carry outstanding balance only to LI	NE 3, Scl	nedule D, for this	s line. If n	o Schedule	D, carry for	ward to appropriate line of Sumi	mary.

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	
AME OF COMMITTEE (In Full) John Mills for Congress					Transac	ction ID : SC/10.4744	
John Mills for Congress						Election: 2018 Primary General	
Mailing Address 9059 Orlando Avenue						Other (specify)	
City Navarre		State	ZIP Cod	le	Personal Funds of the Candidate		
Original Amount of Loan		Cumulative Pay		Date	Bala		
35	.00	2		0.00		35.00	
TERMS Date Incurred		D	Date Due		Interest Rate (If none, ente		
M10 ^M / D10 ^D / Y Ž017	Υ	M M / D D	/ ^Y 11/	′08/2018 [×]	0.	.00 % (apr) Yes X No	
List All Endorsers or Guarantors	(if anv) t	o Loan Source					
1. Full Name (Last, First, Middle II	,			Name of Em	ployer		
Mailing Address				Occupation			
			-	Amount			
City	State	ZIP Code Guaranteed Outstanding:				7	
2. Full Name (Last, First, Middle In	itial)	1		Name of Employer			
Mailing Address				Occupation			
	1			Amount Guaranteed			
City	State	ZIP Code		Outstanding:		7	
3. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed		7	
4. Full Name (Last, First, Middle In	l itial)			Outstanding: Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:		7	
SUBTOTALS This Period This Page (o	ptional).					35.00	
TOTALS This Period (last page in this	line only	y)				7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	
Carry outstanding balance only to LII	NE 3, Scl	nedule D, for this	s line. If n	o Schedule	D, carry for	ward 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

AME OF COMMITTEE (In Full) John Mills for Congress					Transac	tion ID : SC/10.4745		
LOAN SOURCE Full Name (Last, F John Mills for Congress	LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress				Memo Item	Election: 2018 X Primary General		
Mailing Address 9059 Orlando Avenue						Other (specify)		
City Navarre		State FL	ZIP Code 32566			Personal Funds of the Candidate		
Original Amount of Loan		Cumulative Pay	ment To Da	te	Balaı	nce Outstanding at Close of This Period		
21.	63		,	0.00		21.63		
TERMS Date Incurred			ate Due	(If none, enter 0)				
M10M / D12D / Y 2017	Y	M M / D D	/ ^Y 11/Ŏ8	/2018 ^Y	0.0	0/ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
List All Endorsers or Guarantors (1. Full Name (Last, First, Middle In		Loan Source	N:	ame of Em	ployer			
Mailing Address				Occupation				
Mailing Address				mount				
City	State	ZIP Code	G	nount uaranteed utstanding:		9		
2. Full Name (Last, First, Middle Init	2. Full Name (Last, First, Middle Initial)				ployer			
Mailing Address			0	Occupation				
City	State	ZIP Code	G	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Init	tial)		N	ame of Em	ployer			
Mailing Address			0	Occupation				
City	State	ZIP Code	G	mount uaranteed utstanding:		, , , , , , ,		
4. Full Name (Last, First, Middle Init	tial)		N	Name of Employer				
Mailing Address			0	Occupation				
City	State	ZIP Code	G	mount uaranteed utstanding:		7		
UBTOTALS This Period This Page (optional)								
CATALS This Period (last page in this line only)								

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

FOR LINE NUMBER: (check only one)

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OF

			130
AME OF COMMITTEE (In Full) John Mills for Congress			Transaction ID : SC/10.4746
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9059 Orlando Avenue	First, Mid	ddle Initial)	☐ Memo Item Election: 2018 X Primary General Other (specify) ▼
9059 Orlando Avenue			
City		State	ZIP Code Responsible to the Candidate of the Candidate o
Navarre		FL	32566
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
	7.95		0.00 7.95
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)
M10M / D17D / Y 2017	Y	M M / D D	
List All Endorsers or Guarantors	(if any) t	o Loan Source	
1. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	nitial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle In	nitial)	'	Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle In	nitial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional).		7.95
TOTALS This Period (last page in thi	s line onl	y)	
Carry outstanding balance only to Li	NE 3, Sc	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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OF

		130
AME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4747
LOAN SOURCE Full Name (Last, First, M John Mills for Congress Mailing Address 9059 Orlando Avenue	liddle Initial)	☐ Memo Item
	10	700.4
City Navarre	State FL	ZIP Code 32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	
72.49	ournature 1 a	0.00 72.49
TERMS Date Incurred	D	Interest Rate Secured: (If none, enter 0)
M10 ^M / D30 ^D / Y Ž017 Y	M M / D D	/ Y11/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 State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
,	211 00006	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) FOTALS This Period (last page in this line or	ıly)	
Carry outstanding balance only to LINE 3, So	chedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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	13b

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4748
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	Memo Item Election: 2018
John Mills for Congress	Memo Item Primary General	
Mailing Address 9059 Orlando Avenue	Other (specify) ▼	
City	ZIP Code Response Funds of the Candidate	
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	
196.54		0.00 196.54
TERMS Date Incurred		ate Due Interest Rate Secured: (If none, enter 0)
M10M / D31D / Y Z017 Y	M M / D D	/ ¹ 11/08/2018
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	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 State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		196.54
TOTALS This Period (last page in this line onl	y)	
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.

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

FOR LINE NUMBER: (check only one)

PAGE 14

13a

OF

				130				
NAME OF COMMITTEE (In Full) John Mills for Congress			-	Transaction ID : SC/10.4749				
)								
LOAN SOURCE Full Name (L	ast, First, Mid	ldle Initial)	☐ Mem	no Item Election: 2018				
John Mills for Congres	Primary							
Na-ilia a A-lalua a				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 Page	yment To Date	Balance Outstanding at Close of This Period				
2	41.21	7	0.00	41.21				
TERMS Date Incurred		С		est Rate Secured: ne, enter 0)				
M11M / D01D / Y 2	017 Y	M M / D D	/ ^Y 11/Ŏ8/2Ŏ18 ^Y	0.00 % (apr) Yes X No				
List All Endorsers or Guaran	tors (if any) to	o Loan Source						
1. Full Name (Last, First, Mid	dle Initial)		Name of Employe	r				
Mailing Address			Occupation	Occupation				
			Amount	Amount				
City	State	ZIP Code	Guaranteed Outstanding:	, ,				
2. Full Name (Last, First, Midd	dle Initial)		Name of Employe	r				
Mailing Address			Occupation					
			Amount					
City	State	ZIP Code	Guaranteed Outstanding:					
3. Full Name (Last, First, Midd	dle Initial)		-	ame of Employer				
o. Faii Haino (Laot, Filot, Mide								
Mailing Address			Occupation					
			Amount					
City	State	ZIP Code	Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , ,				
4. Full Name (Last, First, Midd	dle Initial)	·	Name of Employe	Name of Employer				
Mailing Address			Occupation					
			Amount					
City	State	ZIP Code	Guaranteed Outstanding:	7 7 7 7				
	ı	1	I					
SUBTOTALS This Period This Pa	age (optional)		······	41.21				
TOTALS This Period (last page in	n this line only	·) ·······	·····	7				
Carry outstanding balance only	to LINE 3. Sch	edule D. for this	s line. If no Schedule D. ca	rry forward to appropriate line of Summary.				
,,	3, 3311	,		,				

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

PAGE 15 FOR LINE NUMBER: **X** 13a (check only one)

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OF

13b Transaction ID: SC/10.4750 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 804.08 0.00 804.08 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M 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)..... 804.08 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)

X 13a

OF

						130		
AME OF COMMITTEE (In Full) John Mills for Congress					Transa	ction ID : SC/10.4751		
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mid	ddle Initial)			Memo Item	Election: 2018 X Primary General		
Mailing Address 9059 Orlando Avenue						Other (specify)		
City Navarre		State FL	ZIP Cod 32566	е		X Personal Funds of the Candida		
Original Amount of Loan		Cumulative Pay	yment To [Date	Bal	ance Outstanding at Close of This Peri		
19	.08		,	0.00		19.08		
TERMS Date Incurred		D	Date Due		Interest Rat (If none, enter	er 0)		
M11M / D08D / Y 2017	Υ	M M / D D	/ ¥11/	Ŏ8/2Ŏ18 ^Y	0	.00 % (apr) Yes X N		
List All Endorsers or Guarantors	(if anv) t	o Loan Source						
Full Name (Last, First, Middle III)	` ,	20011 000100		Name of Em	ployer			
Mailing Address				Occupation				
			-	Amount				
City	State	ZIP Code Guaranteed				9		
2. Full Name (Last, First, Middle In	itial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:		9 9		
3. Full Name (Last, First, Middle In	itial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed		m		
4. Full Name (Last, First, Middle In	l itial)			Outstanding: Name of Employer				
Mailing Address				Occupation				
			-					
City	State	ZIP Code		Amount Guaranteed Outstanding:		, , , , , , , , , , , , , , , , , , , ,		
SUBTOTALS This Period This Page (o	optional).					19.08		
FOTALS This Period (last page in this	line only	y)				, , , , , , , , , , , , , , , , , , , ,		
Carry outstanding balance only to LII	NE 3, Sc	nedule D, for this	s line. If n	o Schedule	D, carry for	ward to appropriate line of Summary		

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

FOR LINE NUMBER: (check only one)

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OF

		130
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4752
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.

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/10.4753
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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Transaction ID: SC/10.4754 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 308.00 0.00 308.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D22^D M 12M Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 308.00 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

PAGE 20 FOR LINE NUMBER: (check only one)

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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	
Mailing Address		General
Mailing Address 9059 Orlando Avenue	Other (specify) ▼	
City	State	ZIP Code Responsible to the Candidate X Personal 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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OF

				<u> </u>		130				
AME OF COMMITTEE (In Full) John Mills for Congress					Transa	ction ID : SC/10.4756				
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mi	ddle Initial)			Memo Item	Election: 2018 X Primary General				
Mailing Address 9059 Orlando Avenue						Other (specify)				
City Navarre		State FL	ZIP Cod	е		Personal Funds of the Candidate				
Original Amount of Loan		Cumulative Pay	yment To I	Date	Bal	ance Outstanding at Close of This Period				
208	.00		, ,	0.00		208.00				
TERMS Date Incurred		D	Date Due		Interest Rat (If none, enter					
M12 ^M / D29 ^D / Y Ž01Ť	Υ	M M / D D	/ Y11/	Ŏ8/2Ŏ18 ^Ÿ	0	% (apr) Yes X No				
List All Endorsers or Guarantors	(if anv) t	o Loan Source								
Full Name (Last, First, Middle III)	(),			Name of Em	ployer					
Mailing Address				Occupation						
				Amount						
City	State	ZIP Code Guaranteed Outstanding:				7				
2. Full Name (Last, First, Middle In	2. Full Name (Last, First, Middle Initial)					Name of Employer				
Mailing Address				Occupation						
	_			Amount Guaranteed						
City	State	ZIP Code		Outstanding:		9 9				
3. Full Name (Last, First, Middle In	itial)			Name of Employer						
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed		2				
4. Full Name (Last, First, Middle In	l itial)			Outstanding: Name of Employer						
Mailing Address				Occupation						
			-	Amount						
City	State	ZIP Code		Guaranteed Outstanding:	L	7				
SUBTOTALS This Period This Page (o	optional).					208.00				
FOTALS This Period (last page in this	line only	y)			}					
Carry outstanding balance only to LII	NE 3, Scl	hedule D, for this	s line. If n	o 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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		136
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4678
,		
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)	Memo Item Election: 2018
John Mills for Congress		rimary Primary
John Mills for Congress		General
Mailing Address		Other (specify) ▼
9059 Ŏrlando Avenue		
City	State	ZIP Code Personal Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
400.00		0.00 400.00
TERMS Date Incurred	D	Oate Due Interest Rate Secured:
M01M / P17P / Y Z018 Y	M M / D D	/ ^Y 11/ŏ8/2ŏ18 ^Y 0.00
		% (apr) Yes No
List All Endorsers or Guarantors (if any) to	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed
Otto	2.11 0000	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
, , ,		
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Walling Address		Codpation
		Amount
City	ZIP Code	Guaranteed Outstanding:
	<u> </u>	'
SUBTOTALS This Period This Page (optional)		400.00
TOTALS This Period (last page in this line only	v)	
12.1.120 mile 1.100 (labe page in ano line only	,	7 7 7
Carry outstanding balance 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

									130
AME OF COMMITTEE (In Full) John Mills for Congress					Transa	action II	D : SC/10.470	9	
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9059 Orlando Avenue	First, Mic	ddle Initial)			Memo Iter	<u> </u>	tion: 2018 Primary General Other (specify	/) ▼	
City		State	ZIP Code			_			
Navarre		FL	32566			×	Personal Fu	nds of the	Candidate
Original Amount of Loan		Cumulative Pay	ment To Da	nte	Ba	alance C	outstanding at	Close of	This Period
2231	.10	,		0.00			,		31.10
TERMS Date Incurred		D	ate Due		Interest Ra			Secure	ed:
M03M / D31D / Y Ž01Š	Y	M M / D D	/ Y11/ŏ8	3/2Ŏ18 ^Y		0.00	% (apr)	Ye	es 🗶 No
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle I	nitial)		N	lame of Emp	ployer				
Mailing Address			С	ccupation					
				Amount					
City	State	ZIP Code Guaranteed Outstanding:				7	- 9	1	
2. Full Name (Last, First, Middle In	itial)		N	Name of Employer					
Mailing Address			C	Occupation					
	1			mount Juaranteed				-	_
City	State	ZIP Code		outstanding:		7	-		
3. Full Name (Last, First, Middle In	itial)	·	٨	Name of Employer					
Mailing Address			С	occupation					
0::		710.0		mount Juaranteed					_
City	State	ZIP Code		outstanding:		7	7	- T	
4. Full Name (Last, First, Middle In	itial)		N	Name of Employer					
Mailing Address				ccupation					
	T_	1		mount					_
City	State	ZIP Code		luaranteed Outstanding:		7	7	-	
SUBTOTALS This Period This Page (···• [,	22:	31.10
TOTALS This Period (last page in this		,			▶		7	7	
Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	line. If no	Schedule I	D, carry fo	rward t	o appropriate	e line of S	Summary.

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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			Detailed Out	illiary i age		13b					
AME OF COMMITTEE (In Full) John Mills for Congress				Transaction	n ID : SC/10.4829						
LOAN SOURCE Full Name (Last, First, Mid John Mills for Congress Mailing Address 9059 Orlando Avenue		□ M	iemo item _	ection: 2018 Primary General Other (specify)							
City Navarre	State FL	ZIP Code 32566			Personal Funds of the C	Candidate					
Original Amount of Loan	0.00	Balance	Outstanding at Close of Ti								
TERMS Date Incurred Date Due Interest R (If none, er					Secured % (apr) Yes	: x No					
List All Endorsers or Guarantors (if any) to	Loan Source										
Full Name (Last, First, Middle Initial)		N	ame of Emplo	oyer							
Mailing Address		С	Occupation								
City	ZIP Code Amount Guaranteed Outstanding:										
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)				Name of Employer						
Mailing Address		C	ccupation								
City	ZIP Code	G	Amount Guaranteed Outstanding:								
3. Full Name (Last, First, Middle Initial)	•	N	Name of Employer								
Mailing Address		C	ccupation								
City	ZIP Code	G	Amount Guaranteed Outstanding:								
4. Full Name (Last, First, Middle Initial)	'	N	ame of Emplo	oyer							
Mailing Address		C	ccupation								
City State	ZIP Code	G	mount juaranteed jutstanding:		7						
SUBTOTALS This Period This Page (optional) FOTALS This Period (last page in this line only				>	150	.67					
Carry outstanding balance only to LINE 3, Sch	edule D, for this	s line. If no	Schedule D.	carry forward	d to appropriate line of Su	mmary.					

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				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:				
2. Full Name (Last, First, Middle In	itial)	1		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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FOR LINE NUMBER: (check only one)

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				Detailed C	Julilliary 1 c	ige				13b	
AME OF COMMITTEE (In Full) John Mills for Congress					Transa	ction ID	: SC/10.48	30			
John Mills for Congress Mailing Address 9059 Orlando Avenue	t, First, Mi	ddle Initial)			Memo Item	_ x (ion: 2018 Primary General Other (speci				
City Navarre		State ZIP Code FL 32566					Personal F	unds of the	Cano	didate	
Original Amount of Loan	Original Amount of Loan Cumulative Payment To Date				Ва	lance O	utstanding a	at Close of	This I	Period	
					Interest Ra (If none, enter		% (apr)	Secure Ye		(No	
List All Endorsers or Guaranton		to Loan Source									
1. Full Name (Last, First, Middle	nitial)			Name of Em	ployer						
Mailing Address				Occupation							
City	State	State ZIP Code Amount Guaranteed Outstanding:				7	,				
2. Full Name (Last, First, Middle	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:		9	7				
SUBTOTALS This Period This Page TOTALS This Period (last page in the							,	147	' 5.00		
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	s line. If n	o Schedule I	D, carry for	ward to	appropria	te line of S	Summ	narv.	

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

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FOR LINE NUMBER: (check only one)

X 13a

OF

				130				
NAME OF COMMI John Mills for			Transa	action ID : SC/10.4831				
LOAN SOURCE	E Full Name (Last, First, M	iddle Initial)	☐ Memo Item	Election: 2018				
John Mills f	or Congress	x Primary						
Mailia a Aalalaa a				General				
Mailing Address 9059 Orlando Av	s venue	Other (specify) ▼						
City		State	ZIP Code	Personal Funds of the Candidate				
Navarre		FL	32566					
Original Amou	int of Loan	Cumulative Pa	yment To Date Ba	lance Outstanding at Close of This Period				
	600.00		0.00	600.00				
TERMS	Date Incurred	Γ	Pate Due Interest Ra					
M06M /	² 15 ^D / ^Y Ž018 ^Y	M M / D D	[/] ^Y 08/Ž8/2Ŏ18 ^Y	0.00 % (apr) Yes X No				
List All Endors	sers or Guarantors (if any)	to Loan Source						
	(Last, First, Middle Initial)		Name of Employer					
Mailing Add	dress		Occupation	Occupation				
			Amount	Amount				
City	State	ZIP Code	Guaranteed	7				
2. Full Name (L			Name of Employer					
Mailing Add	ress		Occupation					
			Amount					
City	State	ZIP Code	Guaranteed Outstanding:	7				
3. Full Name (L	ast, First, Middle Initial)		Name of Employer	-				
NA 111 A 1 1			Occupation					
Mailing Add	ress		Occupation					
			Amount					
City	State	ZIP Code	Guaranteed Outstanding:	7				
4. Full Name (L	ast, First, Middle Initial)		Name of Employer	Name of Employer				
Mailing Add	ress		Occupation					
			Amount					
City	State	ZIP Code	Guaranteed Outstanding:	7				
	l	<u> </u>	l					
SUBTOTALS This	Period This Page (optional)		······································	600.00				
TOTALS This Peri	od (last page in this line on	ly)						
Carry outstanding	balance only to LINE 3 Se	chedule D. for thi	s line. If no Schedule D. carry for	ward to appropriate line of Summary.				
- Jany Jangtanuling	,		Joneane D, carry lor	to appropriate into or outlinary.				

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OF

						130			
	OF COMMITTEE (In Full) Mills for Congress				Transa	action ID : SC/10.4832			
LO	AN SOURCE Full Name (Last,	First, Mid	ldle Initial)		☐ Memo Iten	n Election: 2018			
Jo	hn Mills for Congress					Primary			
N4=	History Ashabasas					General			
905	Mailing Address 9059 Orlando Avenue					Other (specify) ———————————————————————————————————			
City			State	ZIP Co		Personal Funds of the Candidate			
Nav	rarre		FL	32566					
C	Original Amount of Loan		Cumulative Pag	yment To	Date Balance Outstanding at Close of This Period				
	3	5.10	7		0.00 35.10				
TEF	RMS Date Incurred		С	Date Due	Interest Ra (If none, ent				
	M06M / D27D / Y Ž018	Y	M M / D D	/ YO	08/28/2018				
Lis	t All Endorsers or Guarantors	(if anv) to	o Loan Source						
	Full Name (Last, First, Middle	` • •			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed	7			
2. I	2. Full Name (Last, First, Middle Initial)				Name of Employer				
'	Mailing Address				Occupation				
					Amount Guaranteed				
(City	State	ZIP Code			9 9 9			
3. I	Full Name (Last, First, Middle In	nitial)			Name of Employer				
ı	Mailing Address				Occupation				
					Amount				
(City	State	ZIP Code		Guaranteed Outstanding:	y y x			
4. 1	Full Name (Last, First, Middle In	nitial)			Name of Employer				
ı	Mailing Address				Occupation Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
		[<u> </u>				
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TOTAL	TOTALS This Period (last page in this line only)								
C =	outstanding balance only to 11	NE 2 Cal	odulo D. for this	o line If	no Cobodulo D. source fo	muord to appropriate line of Comment			
carry	outstanding balance only to Li	ın⊑ J, Sch	ieauie ש, tor this	s line. If	no acneaule D, carry fo	rward to appropriate line of Summary.			

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

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OF

						3D			
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID : SC/10.4841				
Ľ									
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Item Election: 2018				
	John Mills for Congress				Primary General				
	Mailing Address				Other (specify) ▼				
	Mailing Address 9059 Orlando Avenue				□ Stile! (opesity) ▼				
	City State ZIP Cod			Personal Funds of the Candid	date				
	Navarre FL 32566								
	Original Amount of Loan		Cumulative Pay	ment To	Date Balance Outstanding at Close of This Period				
	2000	0.00			0.00 2000.00				
	TERMS Date Incurred			ate Due	Interest Rate Secured:	_			
					(If none, enter 0)				
	M07 ^M / D05 ^D / Y Ž018	Y	M M / D D	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	08/28/2018				
	List All Endorsers or Guarantors	(if any) to	Loan Source						
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	2. Full Name (Last, First, Middle Initial)				Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed				
					Outstanding:				
	3. Full Name (Last, First, Middle In	itial)			Name of Employer Occupation				
	Mailing Address								
		_			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:				
П			l		1				
SI	UBTOTALS This Period This Page (optional)			2000.00	٦			
T	OTALS This Period (last page in this	s line only	·)			ī			
					7 7	_			
C	carry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry forward to appropriate line of Summa	ry.			

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

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OF

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AME OF COMMITTEE (In Full) John Mills for Congress			_		Trans	saction	ID : SC/10.48	342		
LOAN SOURCE Full Name (Last, F John Mills for Congress Mailing Address 9059 Orlando Avenue	irst, Mid	Idle Initial)			Memo Ite	em Ele	ection: 2018 Primary General Other (spec			
City		State	ZIP Cod	le						
Navarre		FL	32566				Personal F	Funds of t	the Cano	didate
Original Amount of Loan		Cumulative Pay	ment To	Date	В	alance	Outstanding	at Close	of This I	Period
2000.	00		,	0.00			,	7	2000.00	
TERMS Date Incurred		D	ate Due		Interest R (If none, er			Sec	ured:	
M07M / D05D / Y Ž01Ř	Y	M M / D D	/ Y08	/28/2018 ^Y		0.00	% (apr)		Yes x	No
List All Endorsers or Guarantors (i	f any) to	o Loan Source								
1. Full Name (Last, First, Middle In	itial)			Name of Em	ployer					
Mailing Address				Occupation						
			-	Amount						
City	State	ZIP Code		Guaranteed Outstanding:		7				
2. Full Name (Last, First, Middle Init	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 Init	ial)			Name of Em	ployer					
Mailing Address				Occupation						
0''	01.1	710.0		Amount Guaranteed					7	
,	State	ZIP Code		Outstanding:		7	7			
4. Full Name (Last, First, Middle Init	ial)			Name of Employer						
Mailing Address				Occupation						
		T=		Amount		-				
City	State	ZIP Code		Guaranteed Outstanding:		7	7			
SUBTOTALS This Period This Page (o	otional)				▶	-	7	2	2000.00	
TOTALS This Period (last page in this	line only	')			▶		,	,		
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Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.4874 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 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 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 18D M 03M ž019 Y03/17/2020 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)..... 500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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				130			
AME OF COMMITTEE (In Full) Iohn Mills for Congress				Fransaction ID : SC/10.4106			
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive	First, Mic	ddle Initial)	☐ Men	Election: 2014			
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 Period			
5000	0.00	,	0.00	5000.00			
TERMS Date Incurred		D		est Rate Secured:			
^M 06 ^M / ^D 24 ^D / Y Ž014	Y	M M / D D	/ Y Y Y Y	0.00 % (apr) Yes X No			
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle I	nitial)		Name of Employe	r			
Mailing Address			Occupation				
			Amount				
City	State	ZIP Code	Guaranteed Outstanding:	7 7 7			
2. Full Name (Last, First, Middle In	itial)		Name of Employe	Name of Employer			
Mailing Address			Occupation	Occupation			
au.				Amount Guaranteed			
City	State	ZIP Code	Outstanding:	7 7 7			
3. Full Name (Last, First, Middle In	itial)		Name of Employe	Name of Employer			
Mailing Address			Occupation	Occupation			
	I_	T	Amount Guaranteed				
City	State	ZIP Code	Outstanding:	7 7 7			
4. Full Name (Last, First, Middle In	itial)		Name of Employe	r			
Mailing Address			Occupation	Occupation			
0.1	0	710.0	Amount Guaranteed				
City	State	ZIP Code	Outstanding:	9			
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NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4116				
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Middle Initial)	Memo Item Election: Primary General				
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼				
City Miramar Beach	State	ZIP Code 32550 Personal Funds of the Candidate				
Original Amount of Loan 4234.94	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 4234.94				
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)				
M07 ^M / D18 ^D / Y 2014 Y	M M / D D	/ Y Y Y Y Y W 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	ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City	ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City	ZIP Code	Amount Guaranteed Outstanding:				
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Transaction ID: SC/10.4197 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 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D08D M09M Ž015 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)..... 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.

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

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

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NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID: SC/10.4342
LOAN SOURCE Full Name (Last, First, Mi	ddla Initial\	
MILLS, Ralph, John, , III	☐ Memo Item Election: 2018 ▼ Primary General	
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Pag	yment To Date Balance Outstanding at Close of This Period
1500.00		0.00 1500.00
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M07 ^M / D18 ^D / Y Ž016 Y	M M / D D	√ Poémaňd Y 0.00 M (apr) Yes No √
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u>.</u>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
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Transaction ID: SC/10.4343 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 300.00 0.00 300.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D06D M09M ž016 Děmaňd x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 300.00 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/10.4344 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D23^D M09M ž016 Děmaňd x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

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AME OF COMMITTEE (In Full) Ohn Mills for Congress			Transaction ID : SC/10.4351
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive	First, Mid	ddle Initial)	☐ Memo Item Election: 2018 Primary General Other (specify) ▼
		10	
City Miramar Beach		State FL	ZIP Code 32550 Personal Funds of the Candi
Original Amount of Loan	0.00	Cumulative Pay	yment To Date Balance Outstanding at Close of This P
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)
^M 05 ^M / ^D 02 ^D / ^Y Ž017	Y	M M / D D	
List All Endorsers or Guarantors	(if any) t	o Loan Source	
1. Full Name (Last, First, Middle I	nitial)		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:
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	COMMITTEE (In Full) Mills for Congress				Tra	nsaction ID : SC/10.4357	
						l	
	SOURCE Full Name (Last,	First, Mid	ldle Initial)		☐ Memo		
MILL	S, Ralph, John, , III					X Primary General	
Mailing	a Address					Other (specify)	
1940 È	Mailing Address 1940 Boardwalk Drive					——————————————————————————————————————	
City	au Danah		State FL	ZIP Cod 32550	de ** Personal Funds of the Candida *		
	ar Beach				Dete	Delayer Outstanding at Olege of This Device	
Orig	inal Amount of Loan		Cumulative Pay	yment 10	Date	Balance Outstanding at Close of This Period	
	150	0.00	7		0.00	150.00	
TERM	S Date Incurred		D	ate Due	Interest (If none,	Rate Secured: enter 0)	
МО	7 ^M / ^D 26 ^D / ^Y Ž01Ť	Υ	M M / D D	/ Y	YYY	0.00 % (apr) Yes X No	
List A	All Endorsers or Guarantors	(if any) to	o Loan Source				
	III Name (Last, First, Middle				Name of Employer		
Ma	ailing Address				Occupation		
					Amount		
Ci	tv	State	ZIP Code		Guaranteed		
	City State ZIP Code				Outstanding:	7 7 7	
2. Full Name (Last, First, Middle Initial)					Name of Employer		
Ма	iling Address				Occupation		
					Amount		
City	у	State	ZIP Code		Guaranteed Outstanding:	9 9 9 9 9	
3. Full	l Name (Last, First, Middle Ir	nitial)	'		Name of Employer		
Ма	iling Address				Occupation		
					Amount		
City	City State ZIP Code				Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Ма	iling Address				Occupation		
					Amount		
City	у	State	ZIP Code		Guaranteed Outstanding:	, , , , , ,	
		1					
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Transaction ID: SC/10.4358 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 750.00 0.00 750.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D13^D M09M ž017 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 750.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4811
LOAN SOURCE Full Name (Last, First, Mi MILLS, Ralph, John, , III	ddle Initial)	☐ Memo Item Election: 2018 ▼ Primary
Mailing Address 1940 Boardwalk Drive		General Other (specify) ▼
City Miramar Beach	State	ZIP Code 32550 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	
16.95	Outridiative 1 a	0.00 16.95
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M04 ^M / D07 ^D / Y Z018 Y	M M / D D	/ Y11/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
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City.	ZID Code	Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
Oity	Zii Oode	Outstanding:
SUBTOTALS This Period This Page (optional)		16.95
TOTALS This Period (last page in this line onl	y)	
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.

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

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Transaction ID: SC/10.4899 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 300.00 0.00 300.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D12^D 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 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)..... 300.00 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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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 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)..... 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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List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Employer Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer	AME OF COMMITTEE (In Full) ohn Mills for Congress		Transaction ID : SC/10.49	01		
City Miramar Beach Criginal Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Personal Funds of the Candid Date Due Interest Rate (If none, enter 0) TERMS Date Incurred Date Due Interest Rate (If none, enter 0) MogM / D10 / Y 2019	MILLS, Ralph, John, , III	, First, Middle Initial)	Primary General			
Miramar Beach FL 32550 Personal Funds of the Candid Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Pe 1500.00 TERMS Date Incurred Date Due Interest Rate (If none, enter 0)	Mailing Address 1940 Boardwalk Drive		Other (speci	ify) ▼		
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Pe 1500.00 TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Y 2019 Y	City	State		and a state of the October		
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Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	City	State ZIP Code	Guaranteed			
City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	3. Full Name (Last, First, Middle I	 Initial)	Name of Employer			
City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer	Mailing Address	_	Occupation			
	City	State ZIP Code	Guaranteed			
	4. Full Name (Last, First, Middle II	Initial)	Name of Employer			
Mailing Address Occupation	Mailing Address	_	Occupation			
City State ZIP Code Amount Guaranteed Outstanding:	City	State ZIP Code	Guaranteed			
SUBTOTALS This Period This Page (optional) 1500.00 TOTALS This Period (last page in this line only)				1500.00		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summar	Carry outstanding balance only to L	INE 3, Schedule D, fo	is line. If no Schedule D, carry forward to appropria	te line of Summary.		

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

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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 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) 42143.37 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

Exc

Excluding Loans			numbered line)	(check only one)	x 10
NAME OF COMMITTEE (In Full)				•	
John Mills for Congre	SS				
A. Full Name (Last, First, Middle Initial) of D Law Office of James C. Thom		Nature of Debt (Purpose): Legal and Reporting Services			
Mailing Address 7509 NW Tiffany Springs Pl Suite 300	кwy				
City Kansas City	State MO	Zip Code 64153			
Outstanding Balance Beginning This Period	<u>'</u>		Transac	tion ID : SD10.4933	
0.00					
Amount Incurred This Period		Payment This Period	Outstan	ding Balance at Close of	f This Period
845.10		0.0	00	, ,	845.10
B. Full Name (Last, First, Middle Initial) of De Law Office of James C. Thom		ditor		Debt (Purpose): d Reporting Services	
Mailing Address 7509 NW Tiffany Springs Pk Suite 300					
City Kansas City	State MO	Zip Code 64153			
Outstanding Balance Beginning This Period	t		Transac	tion ID : SD10.4934	
0.00					
Amount Incurred This Period		Payment This Period		ding Balance at Close of	
167.50		0.0	00	-	167.50
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cre	editor	Nature of	Debt (Purpose):	
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period	d	I			
Amount Incurred This Period		Payment This Period	Outstan	ding Balance at Close of	f This Period
7		7 7		7	
1) SUBTOTALS This Period This Page (optional	al)		>	10	012.60
2) TOTALS This Period (last page this line num	nber only) ····		···· 	10	012.60
3) TOTAL OUTSTANDING LOANS from Sched	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				143.37
4) ADD 2) and 3) and carry forward to approp	riate line of	Summary Page (last page or	nly) ▶	43	155.97

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FOR LINE NUMBER:

(Use separate schedule(s)