01/13/2023 10 : 57

PAGE 1 / 59

FEC FORM 3		EPORT ND DIS For An Au	-	MENTS			Office Use Only
1. NAME OF COMMITTEE (in		iype or print	-	Example: If typin over the lines.	g, type	12FE4M5	
John Mills for	Congress						
ADDRESS (number ar	nd street)	9065 Orlando Av	venue				
▼							
Check if dir than previo reported. (A	usly	Navarre					32566
			CITY 🔺			STATE 🔺	ZIP CODE
2. FEC IDENTIFIC			3. IS THIS REPORT	× NEW (N)	OR	AMEND (A)	ED STATE ▼ DISTRICT
	eports: 5 Quarterly Re	eport (Q1)	(b) 12-Day PF	RE-Election Repo Primary (12P) Convention (General (1 Special (12	
	Quarterly Re	port (Q2) / Report (Q3)	Election o	n M M /	D D /	Y Y Y Y	in the State of
× January	/ 31 Year-Enc	Report (YE)	(c) 30-Day PC	ST-Election Rep	oort for the:		
				General (30G)	Runoff (30	R) Special (30S)
Termina	ation Report (TER)	Election o	n /	D D /	Y Y Y Y	in the State of
5. Covering Period	M 10		Y Y Y Y 2022	through	M M 12	/ D D / 31	Y Y Y Y 2022
I certify that I have e	examined this	s Report and to Thomas III, Jar		knowledge and l	belief it is tr	rue, correct and	complete.
Type or Print Name	of Treasurer						
Signature of Treasure		as III, James C, , ,		[Electronically]	Filed]	Date	/ D D / Y Y Y Y 13 / 2023
NOTE: Submission of	false, erroned	ous, or incomplete	e information mag	y subject the per	son signing	this Report to th	e penalties of 52 U.S.C. §30109.
Office Use Only							FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements PAGE 2 / 59 FEC Form 3 (Revised 05/2016) Write or Type Committee Name John Mills for Congress D D D D ž022 10 2022 . 12 31 01 Report Covering the Period: From: To: COLUMN A COLUMN B This Period **Election Cycle-to-Date** 6. 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 1800.00 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1800.00 8801.49 (subtract Line 7(b) from Line 7(a)) 8. Cash on Hand at Close of 310.91 Reporting Period (from Line 27)..... 9. 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 70697.49 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

1	202204	420E7	4000004
imaue#	202301	139374	4689224

	EC Form 3 (Revised 05/2016)	DETAILED SUMMARY PAGE of Receipts	PAGE 3 / 59
	Type Committee Name Mills for Congress		
Report C	Covering the Period: From:	10 / D D / Y Y Y Y 10 01 2022 To:	M M / D D / Y Y Y Y 12 31 2022
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONT	RIBUTIONS (other than loans) FROM:		
()	ndividuals/Persons Other Than olitical Committees) Itemized (use Schedule A)	0.00	300.00
(ii) Unitemized	0.00	505.00
(ii	ii) TOTAL of contributions from individuals	0.00 7 7 0 .00	805.00
	olitical Party Committees	0.00	0.00
~ /	other Political Committees such as PACs)	0.00	0.00
(e) T	he Candidate OTAL CONTRIBUTIONS	0.00	0.00
	other than loans) add Lines 11(a)(iii), (b), (c), and (d))	0.00	805.00
	SFERS FROM OTHER ORIZED COMMITTEES	0.00 7 7	0.00
13. LOAN (a) M	S: lade or Guaranteed by the		
	andidate	2000.00	9234.94
()	ll Other Loans OTAL LOANS	0.00	0.00
.,	add Lines 13(a) and (b))	2000.00	9234.94
EXPE	ETS TO OPERATING NDITURES Ids, Rebates, etc.)	0.00	0.00
	R RECEIPTS ends, Interest, etc.)	0.00	0.00
11(e),	L RECEIPTS (add Lines 12, 13(c), 14, and 15) Total to Line 24, page 4)	2000.00	10039.94

 FEC Form 3 (Revised 05/2016)
 DETAILED SUMMARY PAGE of Disbursements

 II. DISBURSEMENTS
 COLUMN A Total This Period

COLUMN B

		Total This Period	Election Cycle-to-Date
7.	OPERATING EXPENDITURES	1800.00	8801.49
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
9.	 LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) 		
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees(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
1.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	1800.00	8801.49

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	110.91
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	2000.00
25.	SUBTOTAL (add Line 23 and Line 24)	2110.91
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	1800.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	310.91

-				FOR LINE NUMBER: PAGE 5 OF 59			
S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		for each category of the	11a 11b 11c 11d			
_			Detailed Summary Page	12 X 13a 13b 14 15			
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
$\left \right\rangle$	John Mills for Congress						
Α.	Full Name (Last, First, Middle Initial) MILLS, Ralph, , , III			Date of Receipt			
А.	Mailing Address 9065 Orlando Avenue			11 17 2022			
	City	State	Zip Code	Transaction ID : SA13A.5071			
	Navarre	FL	32566				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer	Occupation	า				
	Receipt For:	Election C	ycle-to-Date	Memo Item			
	Primary General			Personal Funds of the Candidate			
	Other (specify) V	L	30059.12	1			
в.	Full Name (Last, First, Middle Initial)			Date of Receipt			
Б.	Mailing Address			M = M / D = D / Y = Y = Y			
	City	State	Zip Code				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer	Occupation	ו				
	Receipt For:	Election C	ycle-to-Date	Memo Item			
	Primary General	Election					
	Other (specify) ▼	L	9 9 9 9 9	1			
_	Full Name (Last, First, Middle Initial)			Date of Receipt			
C.	Mailing Address			M = M / D = D / Y = Y = Y			
	City	State	Zip Code				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer	Occupation	า				
	Receipt For:	Election C	ycle-to-Date	Memo Item			
	Primary General						
	Other (specify)		y				
Γ				2000.00			
F	SUBTOTAL of Receipts This Page (optional)						
1	OTAL This Period (last page this line number of	only)		▶ 2000.00			

IT	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	y of the y Page	FOR LINE NUMBER: PAGE 6 OF 59 (check only one) I17 18 19a 19b 20a 20b 20c 21
	y information copied from such Reports and State for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) John Mills for Congress				
Full Name (Last, First, Middle Initial) A. Law Office of James C. Thomas III Mailing Address 7509 NW Tiffany Springs Pkwy					Date of Disbursement
	Suite 300 City Kansas City	State MO	Zip Code 64153		FEC Identification Number
	Purpose of Disbursement Legal and Reporting Fees Candidate Name			001 Category/ Type	C Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President State: District:	ment For Primary Other (s	: 2024		612.00 Transaction ID : SB17.5072 Memo Item
B.	Full Name (Last, First, Middle Initial) Law Office of James C. Thomas II Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300	1			Date of Disbursement
	City Kansas City Purpose of Disbursement Legal and Reporting Fees	State MO	Zip Code 64153	001	FEC Identification Number
	Office Sought: House Disburse Senate President State: District:	ment For Primary Other (s	: 2024 X General pecify) V	Category/ Type	Amount of Each Disbursement this Period 180.00 Transaction ID : SB17.5073 Memo Item
C.	Full Name (Last, First, Middle Initial) Law Office of James C. Thomas II Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300	I			Date of Disbursement
	City Kansas City Purpose of Disbursement Legal and Reporting Fees Candidate Name	State MO	Zip Code 64153	001 Category/ Type	FEC Identification Number C Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President District:	ment For Primary Other (s	X General		180.00 Transaction ID : SB17.5074 Memo Item
	SUBTOTAL of Disbursements This Page (optional)				

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	y of the	FOR LINE NUMBER: PAGE 7 OF 59 (check only one) # 17 18 19a 19b 20a 20b 20c 21
	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)				person for the purpose of soliciting contributions
	John Mills for Congress				
A.	Full Name (Last, First, Middle Initial) Law Office of James C. Thomas I				Date of Disbursement
	Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300				11 17 2022
	City Kansas City	State MO	Zip Code 64153		FEC Identification Number
	Purpose of Disbursement Legal and Reporting Fees			001	С
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburs Senate President State: District:	ement For Primary Other (s	: 2024 ✗ General pecify) ▼		648.00 Transaction ID : SB17.5075 Memo Item
в.	Full Name (Last, First, Middle Initial) Law Office of James C. Thomas I	11			Date of Disbursement
	Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300				
	City Kansas City	State MO	Zip Code 64153		FEC Identification Number
	Purpose of Disbursement Legal and Reporting Fees			001	C
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburs Senate President State: District:	ement For Primary Other (s	: 2024 ✔ General pecify) ▼		180.00 Transaction ID : SB17.5076 Memo Item
	Full Name (Last, First, Middle Initial)				
C.	Mailing Address				Date of Disbursement
	City	State	Zip Code		FEC Identification Number
	Purpose of Disbursement				C
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburs Senate	ement For Primary	: General		
	State: District:	Other (s	pecify)		Memo Item
	SUBTOTAL of Disbursements This Page (optiona	l)			828.00
	TOTAL This Period (last page this line number or	ıly)			

age# 202301133314003223					
CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) X 13a	
ME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4711	
LOAN SOURCE Full Name (Last, First, M	iddle Initial)		Memo Item	Election: 2018	
John Mills for Congress				X Primary General	
Mailing Address 9065 Orlando Avenue				Other (specify)	
City	State	ZIP Code)		
Navarre	FL	32566		Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	ayment To D	ate Bala	nce Outstanding at Close of This Peric	
126.34	,		0.00	126.34	
TERMS Date Incurred	[Date Due	Interest Rate		
M09 ^M / D21 ^D / Y Ž017 Y	M M / D .	° 11/č	(If none, enter 08/2018 [×] 0.0		
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City State ZIP Code			Guaranteed Outstanding:	9 9	
4. Full Name (Last, First, Middle Initial)	I	1	Name of Employer		
Mailing Address		(Occupation		
City State	ZIP Code	(Amount Guaranteed Dutstanding:	y 1 1 y 1 1 x 1	
UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line on			H	7 7 126.34 7 7	

HEDULE C (FEC For	a)				PAGE 9 OF 59	
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full)				Transac	ction ID : SC/10.4742	
LOAN SOURCE Full Name (La John Mills for Congress		ddle Initial)		🗌 Memo Item	Election: 2018	
Mailing Address 9065 Orlando Avenue					General Other (specify) ▼	
City Navarre		State FL	ZIP Code 32566	9	✓ Personal Funds of the Candidat	
				ato Bolo		
Original Amount of Loan	303.01	Cumulative Pa		0.00	ance Outstanding at Close of This Peric 303.01	
TERMS Date Incurred			Date Due	Interest Rate (If none, enter		
M10 ^M / D04 ^D / Y Ž0	17 Y	M M / D	° ′ ¥11/Č		00 % (apr) Yes 🗶 No	
List All Endorsers or Guaranto	ors (if any) t	o Loan Source				
1. Full Name (Last, First, Middl	le Initial)		1	Name of Employer		
Mailing Address			(Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle	e Initial)		1	Name of Employer		
Mailing Address			(Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle	e Initial)		1	Name of Employer		
Mailing Address				Occupation		
City State ZIP Code			(Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle	e Initial)		1	Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code	(Amount Guaranteed Outstanding:	y y	
JBTOTALS This Period This Pag	e (optional).				303.01	

-					
CHEDULE C (FEC Form 3) DANS		Use separate s for each catego Detailed Summ	ory of the (check only one) X 13a		
ME OF COMMITTEE (In Full) ohn Mills for Congress		Т	ransaction ID : SC/10.4743		
LOAN SOURCE Full Name (Last, First, M John Mills for Congress	iddle Initial)	Mem	o Item Election: 2018		
Mailing Address 9065 Orlando Avenue			General Other (specify)		
City Navarre	State	ZIP Code 32566	Personal Funds of the Candidat		
Original Amount of Loan	Cumulative Pa		Balance Outstanding at Close of This Perio		
4.24		0.00	4.24		
TERMS Date Incurred			est Rate Secured:		
M10 ^M / D05 ^D / Y Ž017 Y	M M / D I	[/] ^Y 11/Ŏ8/2Ŏ18 ^Y	0.00 % (apr) Yes X N		
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:	Guaranteed		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	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:	· · · · · · · · · · · ·		
UBTOTALS This Period This Page (optional)			4.24		

CHEDULE C (FEC Form 3) DANS		Use separate so for each catego Detailed Summa	ry of the (check only one) X 13a
ME OF COMMITTEE (In Full) ohn Mills for Congress		т	ransaction ID : SC/10.4744
LOAN SOURCE Full Name (Last, First, Mi John Mills for Congress	ddle Initial)		Election: 2018
Mailing Address 9065 Orlando Avenue			General Other (specify) ▼
City	State	ZIP Code	
Navarre	FL	32566	Personal Funds of the Candidat
Original Amount of Loan	Cumulative Pa	ment To Date	Balance Outstanding at Close of This Peric
35.00		0.00	35.00
TERMS Date Incurred			st Rate Secured: e, enter 0)
^M 10 ^M / ^D 10 ^D / ^Y Ž017 ^Y	M M / D I	[/] ^Y 11/Ŏ8/2Ŏ18 ^Y	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
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:	
UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line onl			35.00

age# 20250115	3374003233				
CHEDULE C (FEC Form 3) DANS				Use separate schedule for each category of th Detailed Summary Pag	1e (check only one) X 13a
	/ITTEE (In Full) or Congress			Transac	tion ID : SC/10.4745
LOAN SOUR	CE Full Name (Last, First, N	liddle Initial)		Memo Item	Election: 2018
John Mills	for Congress				Y Primary General
Mailing Addre 9065 Orlando	ess Avenue				Other (specify)
City State ZIP Co				e	
Navarre		FL	32566		Personal Funds of the Candidate
Original Am	ount of Loan	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perio
	21.63	,		0.00	21.63
TERMS	Date Incurred	[Date Due	Interest Rate (If none, enter	
^M 10 ^M /	^D 12 ^D / ^Y Ž017 ^Y	M M / D D	/ ^Y 11/	Ŏ8/2Ŏ18 ^Ÿ 0.(
List All Endo	orsers or Guarantors (if any)	to Loan Source			
1. Full Name	e (Last, First, Middle Initial)			Name of Employer	
Mailing A	ddress			Occupation	
City	City State ZIP Code			Amount Guaranteed Outstanding:	
2. Full Name	(Last, First, Middle Initial)			Name of Employer	
Mailing Ac	ldress			Occupation	
			_	Amount	
City	State	ZIP Code		Guaranteed	y y
3. Full Name	(Last, First, Middle Initial)			Name of Employer	
Mailing Ac	ldress			Occupation	
				Amount	
City	State	State ZIP Code		Guaranteed Outstanding:	y y
4. Full Name	(Last, First, Middle Initial)	I		Name of Employer	
Mailing Ac	dress			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
	is Period This Page (optiona eriod (last page in this line o			H	21.63
Carry outstandi	ng balance only to LINE 3, S	chedule D, for thi	s line. If n	o Schedule D, carry forw	vard to appropriate line of Summ

-				PAGE 13 OF 59	
CHEDULE C (FEC Form 3) DANS			Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4746	
LOAN SOURCE Full Name (Last, First, Mic John Mills for Congress	ddle Initial)		Memo Item	Election: 2018	
Mailing Address 9065 Orlando Avenue				General Other (specify) ▼	
City	State	ZIP Code	e		
Navarre	FL	32566		Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perio	
7.95			0.00	7.95	
TERMS Date Incurred	[Date Due	Interest Rate (If none, enter		
^M 10 ^M / ^D 17 ^D / ^Y Ž017 ^Y	M M / D C	° 11/0	Ď8/2Ŏ18 ^Ÿ 0.(
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	State ZIP Code			y	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	State ZIP Code			y y	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y	
UBTOTALS This Period This Page (optional). OTALS This Period (last page in this line only			H	7.95	

CHEDULE C (FEC Form 3) DANS			Use separate schedule(s) for each category of the Detailed Summary Page	
AME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4747
LOAN SOURCE Full Name (Last, First, Mid John Mills for Congress	ddle Initial)		Memo Item	Election: 2018 Primary General
Mailing Address 9065 Orlando Avenue				Other (specify) ▼
City Navarre				× Personal Funds of the Candidate
Original Amount of Loan 72.49	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Period 72.49
TERMS Date Incurred M10M / D30D / Y Ž017 Y	M M / D D	Date Due	Interest Rate (If none, enter 08/2018 ^Y 0.	00 0 0
List All Endorsers or Guarantors (if any) t 1. Full Name (Last, First, Middle Initial)	o Loan Source		Name of Employer	
Mailing Address			Occupation Amount	
City State	State ZIP Code			y 1 1 y 1 1 x 1
2. Full Name (Last, First, Middle Initial)	L		Name of Employer	
Mailing Address			Occupation Amount	
City State	ZIP Code		Guaranteed	y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	State ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1
UBTOTALS This Period This Page (optional).				72,49

3)			Use separate schedule	PAGE 15 OF 59	
CHEDULE C (FEC Form 3) DANS				P(S) FOR LINE NUMBER: (check only one) 13a (13b)	
			Transac	tion ID : SC/10.4748	
irst, Mide	dle Initial)		🗌 Memo Item	Election: 2018	
				General Other (specify) ▼	
	State FL	ZIP Code 32566	e	Personal Funds of the Candidate	
	Cumulative Pa		Date Bala	unce Outstanding at Close of This Perio	
54		,	0.00	196.54	
	C	Date Due	Interest Rate (If none, enter		
Y	M / D D	/ ^Y 11/		00 % (apr) Yes 🗶 No	
any) to	Loan Source				
1. Full Name (Last, First, Middle Initial)				Name of Employer	
			Occupation		
State ZIP Code			Guaranteed	y y	
al)			Name of Employer		
			Occupation		
State	ZIP Code		Guaranteed	y y	
al)			Name of Employer		
			Occupation		
State ZIP Code			Guaranteed	y 1 y 1 n n 1	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
			Occupation		
State	ZIP Code		Guaranteed	y y x .	
				196.54	
	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Cumulative Pa Cumulative Pa Cumula	State ZIP Code Image: State ZIP Code Image: State ZIP Code al) Image: State State ZIP Code	State ZIP Code FL 32566 Cumulative Payment To Date Bala Date Due Interest Rate (If none, enter M D / Y1/08/2018Y Occupation Amount Guaranteed Outstanding: al) Name of Employer Occupation Amount Guaranteed Outstanding: al) Name of Employer Occupation Amount Guaranteed Outstanding: al) Name of Employer State ZIP Code Amount Guaranteed Outstanding: al) Name of Employer Occupation Amount Guaranteed Outstanding: al) Name of Employer Occupation Amount Guaranteed Outstanding: al) Name of Employer	

.ge# 202001100014000201				I 1	
CHEDULE C (FEC Form 3) DANS				Use separate schedule(s) for each category of the Detailed Summary Page	
ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID : SC/10.4749	
LOAN SOURCE Full Name John Mills for Congre	•	Idle Initial)		Memo Item Election: 2018	
Mailing Address 9065 Orlando Avenue				General Other (specify)	
City Navarre		State FL	ZIP Code 32566	✓ Personal Funds	of the Candidat
Original Amount of Loan		Cumulative Pa	yment To D	ate Balance Outstanding at Clo	se of This Peric
	41.21	,	,	0.00	41.21
TERMS Date Incurred		C	Date Due	Interest Rate S (If none, enter 0)	Secured:
M 11 M / D 01 D / Y	ž017 ^v	M M / D D	/ ^Y 11/Ò	8/2018 [×] 0.00 % (apr)	Yes 🗴 No
List All Endorsers or Guara	ntors (if any) to	o Loan Source			
1. Full Name (Last, First, Mi	ddle Initial)			Name of Employer	
Mailing Address				Dccupation	
City State ZIP Code			(Amount Guaranteed Dutstanding:	
2. Full Name (Last, First, Mic	dle Initial)			Name of Employer	
Mailing Address			(Dccupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	
3. Full Name (Last, First, Mic	dle Initial)			lame of Employer	
Mailing Address				Decupation	
City	State	ZIP Code	(Amount Guaranteed Dutstanding:	
4. Full Name (Last, First, Mic	Idle Initial)		1	Name of Employer	
Mailing Address				Dccupation	
City	State	ZIP Code	(Amount Guaranteed Dutstanding:	
JBTOTALS This Period This F					41.21

HEDULE C (FEC Form 3) ANS		Use separate sche	edule(s) FOR LINE NUMBER:
		for each category Detailed Summary	of the (check only one) X 13a
ME OF COMMITTEE (In Full)		Tran	nsaction ID : SC/10.4750
LOAN SOURCE Full Name (Last, First John Mills for Congress	t, Middle Initial)	☐ Memo It	tem Election: 2018
Mailing Address 9065 Orlando Avenue			Other (specify) ▼
City Navarre	State FL	ZIP Code 32566	Personal Funds of the Candidate
Original Amount of Loan	Cumulative F	ayment To Date	Balance Outstanding at Close of This Perio
804.08		0.00	804.08
TERMS Date Incurred		Date Due Interest I (If none, e	
M11M / D05D / Y Ž017 Y	M M / D	⁷ ¹ 1/08/2018 ¹	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a	ny) to Loan Sourc		
1. Full Name (Last, First, Middle Initia	I)	Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	y
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	y
JBTOTALS This Period This Page (optic		►	804.08

				r	PAGE 18 OF 59
CHEDULE C (FEC Form 3) DANS				Use separate schedule(s) for each category of the Detailed Summary Page	
ME OF COMMITTEE (In Full)				Transac	tion ID : SC/10.4751
LOAN SOURCE Full Name (Last, Fir John Mills for Congress	rst, Midd	le Initial)		🗌 Memo Item	Election: 2018
Mailing Address 9065 Orlando Avenue					General Other (specify) ▼
City Navarre	S	State	ZIP Code 32566	e	Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pa		Date Bala	unce Outstanding at Close of This Perio
			,	0.00	
TERMS Date Incurred		C	Date Due	Interest Rate (If none, enter	
^M 11 ^M / ^D 08 ^D / ^Y Ž017 ^Y	M	M / D D	/ ^Y 11/	-	00 % (apr) Yes 🗶 No
List All Endorsers or Guarantors (if	any) to	Loan Source			
1. Full Name (Last, First, Middle Initi	ial)			Name of Employer	
Mailing Address				Occupation	
City	tate	ZIP Code		Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
City St	tate	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First, Middle Initia	al)	1		Name of Employer	
Mailing Address				Occupation	
City St	ty State ZIP Code			Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Address				Occupation	
City St	tate	ZIP Code		Amount Guaranteed Outstanding:	y y x .
UBTOTALS This Period This Page (opt	tional)				19.08

-			r	PAGE 19 OF 59
CHEDULE C (FEC Form 3) DANS			Use separate schedule(s) for each category of the Detailed Summary Page	
ME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4752
LOAN SOURCE Full Name (Last, First, Mic John Mills for Congress	dle Initial)		Memo Item	Election: 2018
				General
Mailing Address 9065 Orlando Avenue				Other (specify) v
City	State	ZIP Code	e	✗ Personal Funds of the Candidate
Navarre	FL	32566		
Original Amount of Loan	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perio
93.73			0.00	93.73
TERMS Date Incurred	[Date Due	Interest Rate (If none, enter	
M11M / D08D / Y Ž017 Y	M M / D C	′ ¥11/Č	-	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	
City State	State ZIP Code			y y
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	City State ZIP Code			y
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y y
UBTOTALS This Period This Page (optional)				93.73

age# 202301133374003241				
CHEDULE C (FEC Form 3) DANS				Use separate schedule(s) for each category of the Detailed Summary Page
ME OF COMMITTEE (In Full)				Transaction ID : SC/10.4753
LOAN SOURCE Full Name John Mills for Congre	•	Idle Initial)		Memo Item Election: 2018
Mailing Address 9065 Orlando Avenue				Other (specify)
City Navarre		State FL	ZIP Code 32566	e Personal Funds of the Candida
Original Amount of Loan	6.00	Cumulative Pa	l lyment To D	Date Balance Outstanding at Close of This Peri 0.00 6.00
TERMS Date Incurred	3	7	Date Due	Interest Rate Secured:
M12M / D21D / Y	Ž017 ^v	M M / D D	° ′ ¥11/ď	(If none, enter 0) Ď8/2Ď18 [×] 0.00 % (apr) Yes ✗ №
List All Endorsers or Guar	antors (if any) t	o Loan Source		
1. Full Name (Last, First, N	Aiddle Initial)			Name of Employer
Mailing Address				Occupation
City State ZIP Code				Amount Guaranteed Outstanding:
2. Full Name (Last, First, M	iddle Initial)			Name of Employer
Mailing Address				Occupation
City	State	ZIP Code		Amount Guaranteed Outstanding:
3. Full Name (Last, First, M	iddle Initial)			Name of Employer
Mailing Address				Occupation
City	State	ZIP Code		Amount Guaranteed Outstanding:
4. Full Name (Last, First, M	iddle Initial)			Name of Employer
Mailing Address				Occupation
City	State	ZIP Code		Amount Guaranteed Outstanding:
UBTOTALS This Period This OTALS This Period (last page				7 7 7

st, Midd			for each category of th	1e (check only one) × 13a
st, Midd			Use separate schedule(s) FOR LINE NUMBER:	
st, Midd			Transac	tion ID : SC/10.4754
	le Initial)		🗌 Memo Item	Election: 2018
				General Other (specify) ▼
S			9	X Personal Funds of the Candidat
100	Cumulative Pay	yment To L	0.00	nce Outstanding at Close of This Perio 308.00
	C	ate Due	Interest Rate	
М	M / D D	′ [×] 11/0		0) 00
any) to	Loan Source			
al)			Name of Employer	
			Occupation	
State ZIP Code			Amount Guaranteed Outstanding:	
)			Name of Employer	
			Occupation	
ate	ZIP Code		Guaranteed	y 1 1 y 1 1 x 1
)	I		Name of Employer	
			Occupation	
State ZIP Code			Guaranteed	y y
4. Full Name (Last, First, Middle Initial)			Name of Employer	
			Occupation	
ate	ZIP Code		Guaranteed	y y
				308.00 7 7 7 T
	Image: Image	ate ZIP Code b	FL 32566 Cumulative Payment To D Date Due Image:	FL 32566 Cumulative Payment To Date Bala 0.00 0.00 Date Due Interest Rate (If none, enter M M 0 any) to Loan Source 0.00 any) to Loan Source 0ccupation Amount Guaranteed Outstanding: 0ccupation Amount Guaranteed Outstanding: 0ccupation Name of Employer 0ccupation Amount Guaranteed Outstanding: 0ccupation Name of Employer 0ccupation Amount Guaranteed Outstanding: 0ccupation Amount Guaranteed Outstanding:

age# 202001100014000240			
HEDULE C (FEC Form 3) ANS		Use separate schedu for each category of Detailed Summary Pa	the (check only one) × 13a
ME OF COMMITTEE (In Full)		Transa	action ID : SC/10.4755
LOAN SOURCE Full Name (Last, First, N John Mills for Congress	Aiddle Initial)	Memo Item	Election: 2018
v			General Other (specify) ▼
Mailing Address 9065 Orlando Avenue			
City Navarre	State FL	ZIP Code 32566	Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa		lance Outstanding at Close of This Perio
56.34		0.00	56.34
TERMS Date Incurred		e Due Interest Ra (If none, ente	
M12M / D24D / Y Ž017 Y	M M / D I		0.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y
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:	y
UBTOTALS This Period This Page (optiona	I)	······	56.34

-)			Use separate schedule	PAGE 23 OF 59 FOR LINE NUMBER:
CHEDULE C (FEC Form 3) OANS				for each category of t Detailed Summary Pag	he (check only one) × 13a
ME OF COMMITTEE (In Full)				Transac	ction ID : SC/10.4756
LOAN SOURCE Full Name (Last, Fin John Mills for Congress	rst, Midd	le Initial)		🗌 Memo Item	Election: 2018
Mailing Address 9065 Orlando Avenue					General Other (specify) ▼
City Navarre	5	State	ZIP Code 32566	•	Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pa		ate Bala	ance Outstanding at Close of This Perio
208.0	0			0.00	
TERMS Date Incurred		[Date Due	Interest Rate (If none, enter	
M12 ^M / D29 ^D / Y Ž017	Y	M / D D	/ ¥11/ð		00 % (apr) Yes 🗶 No
List All Endorsers or Guarantors (if	any) to	Loan Source			
1. Full Name (Last, First, Middle Init	ial)		1	Name of Employer	
Mailing Address			(Dccupation	
City S	state	ZIP Code	(Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initia	al)		1	Name of Employer	
Mailing Address			(Occupation	
City	State ZIP Code			Amount Guaranteed Dutstanding:	y y
3. Full Name (Last, First, Middle Initia	al)		1	Name of Employer	
Mailing Address			(Occupation	
City	state	ZIP Code	(Amount Guaranteed Dutstanding:	y y
4. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Address				Occupation	
City	state	ZIP Code	(Amount Guaranteed Dutstanding:	y y
JBTOTALS This Period This Page (op					208.00

age# 202301133374003243					
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 24 OF 59 FOR LINE NUMBER: (check only one) Image: Check only one) Image: Check only one) Image: Check only one)
ame of committee (in full) ohn Mills for Congress	6			Transaction	ID : SC/10.4678
LOAN SOURCE Full Name John Mills for Congre	•	ddle Initial)		Memo Item	ection: 2018 Primary General
Mailing Address 9065 Orlando Avenue					Other (specify)
City Navarre		State FL	ZIP Code 32566		Personal Funds of the Candidat
Original Amount of Loan	400.00	Cumulative Pa	yment To D	ate Balance	Outstanding at Close of This Perio 400.00
TERMS Date Incurred	Ž018 ^Y	M M / D C	Date Due	Interest Rate (If none, enter 0) 08/2018 ^Y 0.00	Secured:
List All Endorsers or Guara	antors (if any) t	o Loan Source			% (apr) Yes X No
1. Full Name (Last, First, M				Name of Employer	
Mailing Address				Occupation	
City State ZIP Code				Amount Guaranteed Outstanding:	· · · · · · · · ·
2. Full Name (Last, First, Mi	ddle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Mi	ddle 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:	
UBTOTALS This Period This					400.00 7 7

HEDULE C (FEC Form 3) ANS		Use separate sched	PAGE 25 OF 59	
AN5		for each category of Detailed Summary F	of the (check only one) × 13a	
ME OF COMMITTEE (In Full)		Trans	saction ID : SC/10.4709	
LOAN SOURCE Full Name (Last, First, John Mills for Congress	Middle Initial)	Memo Ite	em Election: 2018 X Primary General	
Mailing Address 9065 Orlando Avenue			Other (specify)	
City Navarre	State FL	ZIP Code 32566	X Personal Funds of the Candidate	
Original Amount of Loan	Cumulative P	yment To Date B	lalance Outstanding at Close of This Perio	
, 2231.10		0.00	2231.10	
TERMS Date Incurred		Date Due Interest Ra (If none, en		
^M 03 ^M / ^D 31 ^D / ^Y Ž018 ^Y	M M / D	[/] ^Y 11/Ŏ8/2Ŏ18 ^Y	0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if an	ny) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer	
Mailing Address		Occupation		
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	Guaranteed	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Stat	e ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	y y	
JBTOTALS This Period This Page (option		······	2231.10	

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CHEDULE C (FEC Form 3) OANS				Use separate schedul for each category of t Detailed Summary Pa	the (check only one) 13a
ME OF COMMITTEE (In Full)				Transa	ction ID : SC/10.4829
LOAN SOURCE Full Name John Mills for Congre	•	Idle Initial)		Memo Item	x Primary
Mailing Address 9065 Orlando Avenue					General Other (specify) ▼
City Navarre		State FL	ZIP Code 32566	;	Personal Funds of the Candidat
Original Amount of Loan		Cumulative Pa	yment To D	ate Bala	ance Outstanding at Close of This Perio
, ,	150.67			0.00	150.67
TERMS Date Incurred	Ł	Γ	Date Due	Interest Rat (If none, ente	
^M 04 ^M / ^D 20 ^D / ^Y	Ž018 ^Y	M M / D D	[/] ^v 08/2	8/2Ŏ18 ^Ÿ 0	.00 % (apr) Yes 🗴 No
List All Endorsers or Guar		o Loan Source	T .		
1. Full Name (Last, First, N	/liddle Initial)			Name of Employer	
Mailing Address				Dccupation	
City	State	ZIP Code	(Amount Guaranteed Dutstanding:	y
2. Full Name (Last, First, M	iddle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	y
3. Full Name (Last, First, M	iddle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code	(Amount Guaranteed Dutstanding:	y y
4. Full Name (Last, First, M	iddle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code	(Amount Guaranteed Dutstanding:	7
JBTOTALS This Period This DTALS This Period (last page					150.67

			DUDE 07 05 50		
HEDULE C (FEC Form 3) ANS		Use separate schedu for each category of Detailed Summary Pa	the (check only one) × 13a		
ME OF COMMITTEE (In Full)		Transa	action ID : SC/10.4815		
LOAN SOURCE Full Name (Last, First, John Mills for Congress	Middle Initial)	Memo Iten	n Election: 2018		
Mailing Address 9065 Orlando Avenue			Other (specify) v		
City Navarre	State FL	ZIP Code 32566	Personal Funds of the Candidat		
Original Amount of Loan	Cumulative Pa	nent To Date Ba	Iance Outstanding at Close of This Perio		
8500.00	7	700.00	7800.00		
TERMS Date Incurred		te Due Interest Ra (If none, ente			
M04 ^M / ^D 24 ^D / ^Y Ž018 ^Y	M M / D	[/] ^Y 11/08/2018 ^Y	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any	y) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	y		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:	y		
3. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:	y y		
4. Full Name (Last, First, Middle Initial)	I	Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	y y y y y		
JBTOTALS This Period This Page (option	al)	·····	7800.00		

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CHEDULE C DANS	(FEC Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page	
ame of committe	, ,			Transad	ction ID : SC/10.4830
LOAN SOURCE	Full Name (Last, First, Mic Congress	ddle Initial)		🗌 Memo Item	Election: 2018 X Primary General
Mailing Address 9065 Orlando Avenu	Je				Other (specify)
City Navarre		State FL	ZIP Code 32566	e	Personal Funds of the Candidate
Original Amount of	of Loan	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio
	1475.00			0.00	1475.00
TERMS Dat	te Incurred	Γ	Date Due	Interest Rate (If none, enter	
^M 06 ^M / ^D 15	D / Y Ž018 Y	M M / D D	[/] ^v 08/2	Ž8/2Ŏ18 [×] 0.	.00 (apr) Yes X No
List All Endorsers	s or Guarantors (if any) t	o Loan Source			
1. Full Name (Las	st, First, Middle Initial)			Name of Employer	
Mailing Addres	S			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
2. Full Name (Last	, First, Middle Initial)			Name of Employer	
Mailing Address	3			Occupation	
City	State	State ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last	, First, Middle Initial)			Name of Employer	
Mailing Address	3			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	-y
4. Full Name (Last	, First, Middle Initial)	Į		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
	riod This Page (optional). (last page in this line only				1475.00
Carry outstanding ba	alance only to LINE 3, Sch	nedule D, for this	s line. If n	o Schedule D, carry for	ward to appropriate line of Summa

age# 202001100014000200				
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page
ME OF COMMITTEE (In Full)				Transaction ID : SC/10.4831
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mie	ddle Initial)		Memo Item Election: 2018 Memo Item Flection: 2018 General General
Mailing Address 9065 Orlando Avenue				Other (specify) V
City Navarre		State FL	ZIP Code 32566	e Personal Funds of the Candid
Original Amount of Loan).00	Cumulative Pa	yment To D	
TERMS Date Incurred			Date Due	0.00 600.00 Interest Rate Secured:
M06 ^M / D15 ^D / Y Ž018	Y	M M / D D	_	(If none, enter 0) 0.00 % (apr) Yes
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	City State ZIP Code			Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	itial)			Name of Employer
Mailing Address				Occupation
City	State	ZIP Code		Amount Guaranteed Outstanding:
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
City	State	ZIP Code		Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (OTALS This Period (last page in this				7 7 7 8 8 8 8

age# 202001100014000201				
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page
ME OF COMMITTEE (In Full)				Transaction ID : SC/10.4832
LOAN SOURCE Full Name (Last John Mills for Congress	, First, Mio	ddle Initial)		Memo Item Election: 2018
Mailing Address 9065 Orlando Avenue				Other (specify) ▼
City Navarre		State FL	ZIP Code 32566	e Personal Funds of the Candida
Original Amount of Loan	5.10	Cumulative Pa	yment To E	0.00 35.10
TERMS Date Incurred		7	Date Due	Interest Rate Secured: (If none, enter 0)
^M 06 ^M / ^D 27 ^D / ^Y Ž018	Y	M M / D D	[/] ^Y 08/2	Ž8/2Ŏ18 ^Y 0.00 % (apr) Yes ✗ №
List All Endorsers or Guarantors	; (if any) t	o Loan Source		
1. Full Name (Last, First, Middle	Initial)			Name of Employer
Mailing Address				Occupation
City State ZIP Code				Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle I	nitial)			Name of Employer
Mailing Address				Occupation
City	State	ZIP Code		Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle I	nitial)			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:
UBTOTALS This Period This Page OTALS This Period (last page in th				7 7 7 7 7 7

Use separate schedule	PAGE 31 OF 59
Detailed Summary Page	e (check only one) × 13a
Transact	tion ID : SC/10.4841
Memo Item	Election: 2018 X Primary General
	Other (specify) V
le	Personal Funds of the Candidate
Date Balar	nce Outstanding at Close of This Perio
0.00	2000.00
Interest Rate (If none, enter	
/ž8/2Ŏ18 ^Ÿ 0.0	00 % (apr) Yes X No
Name of Employer	
Occupation	
Amount Guaranteed Outstanding:	y
Name of Employer	
Occupation	
Amount Guaranteed Outstanding:	y
Name of Employer	
Occupation	
Amount Guaranteed Outstanding:	y
Name of Employer	
Occupation	
Amount Guaranteed Outstanding:	y
	2000.00
	Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed

age# 202001100014000200					
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page	
ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID : SC/10.4842	
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mic	ddle Initial)		Memo Item Election: 2018	
Mailing Address 9065 Orlando Avenue				Other (specify)	
City Navarre		State FL	ZIP Code 32566	e Personal Funds of t	the Candidat
Original Amount of Loan		Cumulative Pa	yment To D	Date Balance Outstanding at Close	of This Peric
2000	.00			0.00	2000.00
TERMS Date Incurred		[Date Due	(If none, enter 0)	ured:
^M 07 ^M / ^D 05 ^D / ^Y Ž018	Y	M M / D D	[/] ^v 08/2	28/2018 [×] 0.00 % (apr)	Yes 🗴 No
List All Endorsers or Guarantors	(if any) t	o Loan Source			
1. Full Name (Last, First, Middle Ir	nitial)			Name of Employer	
Mailing Address				Occupation	
City State ZIP Code				Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Ini	tial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Ini	tial)	I		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:	
UBTOTALS This Period This Page (c OTALS This Period (last page in this				7 7	2000.00

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CHEDULE C (FEC Form 3) OANS				Use separate schedule for each category of th Detailed Summary Pag	he (check only one) X 13a
ME OF COMMITTEE (In Full)				Transac	ction ID : SC/10.4874
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mic	ddle Initial)		🗌 Memo Item	Election: 2020 X Primary General
Mailing Address 9065 Orlando Avenue					Other (specify)
City Navarre		State FL	ZIP Code 32566	9	Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pa	yment To D	Pate Bala	ance Outstanding at Close of This Peric
500	.00				500.00
TERMS Date Incurred M03 ^M / P18 ^D / Y Ž019	Y	M M / D D	Date Due	Interest Rate (If none, enter (7/2Ŏ20 ^Y 0.	0) 00 X
List All Endorsers or Guarantors	(if any) t	o Loan Source			
1. Full Name (Last, First, Middle Ir	nitial)			Name of Employer	
Mailing Address				Occupation	
City	City State ZIP Code			Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Ini	tial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First, Middle Ini	tial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Ini	tial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
UBTOTALS This Period This Page (c					500.00

CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In F John Mills for Congre	,			Transact	tion ID : SC/10.4106	
LOAN SOURCE Full Na MILLS, Ralph, Joh	•	dle Initial)		Memo Item	Election: 2014 x Primary General	
Mailing Address 1940 Boardwalk Drive					Other (specify)	
City Miramar Beach		State FL	ZIP Code 32550	•	X Personal Funds of the Candidat	
Original Amount of Loar	n 5000.00	Cumulative Pa	yment To D	ote Balar	nce Outstanding at Close of This Peri 5000.00	
TERMS Date Incu M06 ^M / 24 ^D /	^Y Ž014 ^Y	M M / D D	Date Due	Interest Rate (If none, enter 0.0	0)	
List All Endorsers or G 1. Full Name (Last, First		b Loan Source	1	Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code	(Amount Guaranteed Outstanding:	g	
2. Full Name (Last, First,	, Middle Initial)		1	Name of Employer		
Mailing Address				Occupation Amount		
City	State	ZIP Code		Guaranteed Outstanding:	y	
3. Full Name (Last, First,	, Middle Initial)		I	Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code	(Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First,	, Middle Initial)	ł	I	Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code	(Amount Guaranteed Outstanding:	y 1 9 1 1 x 1	
UBTOTALS This Period T					5000.00	
OTALS This Period (last p					vard to appropriate line of Summary	

CHEDULE C (FEC For DANS	m 3)			Use separate schedule(s) FOR LINE NUMBER: for each category of the check only one) Detailed Summary Page 13a		
ME OF COMMITTEE (In Full) ohn Mills for Congress				Transac	tion ID : SC/10.4116	
LOAN SOURCE Full Name (La MILLS, Ralph, John, , II		ddle Initial)		Memo Item	Election: Primary General	
Mailing Address 1940 Boardwalk Drive					Other (specify)	
City Miramar Beach		State FL	ZIP Code 32550	3	X Personal Funds of the Candida	
Original Amount of Loan	234.94	Cumulative Pa	yment To D	ate Bala	nce Outstanding at Close of This Peri 4234.94	
TERMS Date Incurred M07 ^M / D18 ^D / Y 20	14 ^Y	M M / D D	Date Due	Interest Rate (If none, enter		
List All Endorsers or Guaranto		o Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code	(Amount Guaranteed Outstanding:	y	
2. Full Name (Last, First, Middle	e Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code	(Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle	e Initial)	l	I	Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code	(Amount Guaranteed Outstanding:	g 1 1 g 1 1 g 1	
UBTOTALS This Period This Pag OTALS This Period (last page in				H	4234.94	

					PAGE 36 OF 59
Schedule C (Fec F .oans	orm 3)			Use separate schedule for each category of th Detailed Summary Pag	(s) FOR LINE NUMBER:
NAME OF COMMITTEE (In Full) John Mills for Congress				Transac	tion ID : SC/10.4197
LOAN SOURCE Full Name MILLS, Ralph, John,	•	Idle Initial)		Memo Item Election: Primary General	
Mailing Address 1940 Boardwalk Drive					Other (specify)
City Miramar Beach		State ZIP Code FL 32550		9	X Personal Funds of the Candidate
Original Amount of Loan		Cumulative Payment To Date Bal		Date Bala	nce Outstanding at Close of This Period
7 7	1000.00		7	0.00	1000.00
TERMS Date Incurred M09 ^M P08 ^D	2015 ^Y	M M / D D	Date Due	Interest Rate (If none, enter	
List All Endorsers or Guar	antors (if any) to	o Loan Source			
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Address				Occupation	
City	State ZIP Code			Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code	ZIP Code Amount Guaranteed Outstanding:		9 1 9 1 1 9
3. Full Name (Last, First, Mi	ddle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This TOTALS This Period (last page				H	1000.00
Carry outstanding balance only	y to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forw	ard to appropriate line of Summary.

					PAGE 37 OF 59
CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	he (check only one) × 13a	
AME OF COMMITTEE (In ohn Mills for Cong	,			Transac	ction ID : SC/10.4299
LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III				🗌 Memo Item	Election: 2016 X Primary General
Mailing Address 1940 Boardwalk Drive					Other (specify)
City Miramar Beach		State FL	ZIP Code 32550	e	Personal Funds of the Candidate
Original Amount of Loa	an 3850.64	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Peric 3850.64
TERMS Date Inc	v žo1č v		Date Due	Interest Rate (If none, enter	
List All Endorsers or (1. Full Name (Last, Fir		o Loan Source		Name of Employer	
Mailing Address				Occupation	
City	State ZIP Code			Amount Guaranteed Outstanding:	y y
2. Full Name (Last, Firs	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, Firs	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	State ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
4. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
UBTOTALS This Period					3850.64
Carry outstanding balance	e only to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forw	ward to appropriate line of Summa

	Use separate sched for each category of Detailed Summary P	the (check only one) × 13a
		13b
	Trans	action ID : SC/10.4337
Middle Initial)	Memo Iter	m Election: 2016
		Other (specify) ▼
State FL	ZIP Code 32550	Personal Funds of the Candidate
Cumulative Pa	ment To Date Ba	alance Outstanding at Close of This Perio
	0.00	345.33
[ate Due Interest Ra (If none, en	
M M / D D		0.00 % (apr) Yes X No
/) to Loan Source		
	Name of Employer	
	Occupation	
ZIP Code	Guaranteed	
	Name of Employer	
	Occupation	
State ZIP Code		
	Name of Employer	
	Occupation	
City State ZIP Code		
	Name of Employer	
	Occupation	
ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · ·
al)	······	345.33
	FL Cumulative Pay D M M / D D /) to Loan Source	Middle Initial) State ZIP Code FL 32550 Cumulative Payment To Date Bit Date Due Interest Right (If none, end) M M D D Y Y Y Y Y Interest Right (If none, end) Occupation Amount Guaranteed ZIP Code Name of Employer Occupation Amount State ZIP Code ZIP Code Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount ZIP Code Name of Employer Occupation Amount ZIP Code Name of Employer Occupation Amount ZIP Code Occupation Amount Guaranteed Outstanding: Occupation Interest Right Occupation

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CHEDULE C (FEC Form 3) OANS				Use separate schedule for each category of t Detailed Summary Pag	he (check only one) X 13a	
ME OF COMMITTEE (In Full)				Transac	ction ID : SC/10.4342	
LOAN SOURCE Full Name (Last, F MILLS, Ralph, John, , III	irst, Mic	Idle Initial)		🗌 Memo Item	Election: 2018 X Primary General	
Mailing Address 1940 Boardwalk Drive					Other (specify)	
City Miramar Beach		State FL	ZIP Code 32550	9	Personal Funds of the Candidat	
Original Amount of Loan		Cumulative Pay	yment To D	Date Bala	ance Outstanding at Close of This Perio	
1500.0	00			0.00	1500.00	
TERMS Date Incurred		C	Date Due	Interest Rate (If none, enter		
M07M / D18D / Y Ž016	Y	M M / D D	/ Y De	émaňd ^v	00 % (apr) Yes X N	
List All Endorsers or Guarantors (i		o Loan Source				
1. Full Name (Last, First, Middle Ini	itial)			Name of Employer		
Mailing Address				Occupation		
City	City State ZIP Code			Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle Init	ial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, First, Middle Init	ial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
UBTOTALS This Period This Page (or OTALS This Period (last page in this					1500.00	

CHEDULE C (FEC Form 3) OANS		Use separate schedule for each category of th Detailed Summary Pag	he (check only one) X 13a	
NAME OF COMMITTEE (In Full) John Mills for Congress			Transac	tion ID : SC/10.4343
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	Idle Initial)		🗌 Memo Item	Election: 2018 Primary General
Mailing Address 1940 Boardwalk Drive				Other (specify) v
City Miramar Beach	State FL	ZIP Code 32550	9	Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	yment To D	Date Bala	ance Outstanding at Close of This Perioc 300.00
TERMS Date Incurred M09 ^M / P06 ^D / Y Ž016 Y	D	Date Due	Interest Rate (If none, enter ěmaňd ^Y 0.1	00 0/ ()) / X / X / X
List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial)	o Loan Source		Name of Employer	
Mailing Address			Occupation	
City State	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	y y y y y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	y State ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y y
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only Carry outstanding balance only to LINE 3, Sch)			300.00

ME OF COMMITTEE (In Full) The Mills for Congress				
. ,				
Shiri Millis IOI Congress			Transac	tion ID : SC/10.4344
LOAN SOURCE Full Name (Last, First MILLS, Ralph, John, , III	, Middle Initial)		Memo Item	Election: 2018 X Primary General
Mailing Address 1940 Boardwalk Drive				Other (specify)
City Miramar Beach	State FL	ZIP Code 32550		Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	ayment To Da	ate Bala	nce Outstanding at Close of This Perio
500.00			0.00	500.00
TERMS Date Incurred		Date Due	Interest Rate (If none, enter	
M09 ^M / D23 ^D / Y Ž016 Y	M M / D	D / Y Děi	maňd ^v 0.0	00 % (apr) Yes ✗ №
List All Endorsers or Guarantors (if an	ny) to Loan Source	9		
1. Full Name (Last, First, Middle Initial)		N	Name of Employer	
Mailing Address		C	Decupation	
City	State ZIP Code			y y
2. Full Name (Last, First, Middle Initial)		Ν	lame of Employer	
Mailing Address		C	Dccupation	
City Stat	State ZIP Code		Amount Guaranteed Dutstanding:	y 1 1 y 1 1 y 1
3. Full Name (Last, First, Middle Initial)		٩	Name of Employer	
Mailing Address		C	Dccupation	
City Stat	State ZIP Code		Amount Guaranteed Dutstanding:	y y
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address		C	Dccupation	
City	te ZIP Code		Amount Guaranteed Dutstanding:	y
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CHEDULE C (FEC Form 3) OANS				Use separate schedu for each category of Detailed Summary Pa	the (check only one) × 13a
ME OF COMMITTEE (In Full)				Transa	ction ID : SC/10.4351
LOAN SOURCE Full Name MILLS, Ralph, John,	•	Idle Initial)		Memo Item	Election: 2018
Mailing Address 1940 Boardwalk Drive					Other (specify) v
City Miramar Beach		State FL	ZIP Code 32550	e	Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pag	yment To D	Date Ba	ance Outstanding at Close of This Peric
2	500.00			0.00	500.00
TERMS Date Incurred		C	Date Due	Interest Ra (If none, ente	
M05 ^M / D02 ^D / Y	ž017 ^v	M M / D D	/ Y De	ěmaňd ^v	0.00 % (apr) Yes ✗ №
List All Endorsers or Guara	antors (if any) to	o Loan Source			
1. Full Name (Last, First, N	liddle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
2. Full Name (Last, First, Mi	ddle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	State ZIP Code		Amount Guaranteed Outstanding:	y
3. Full Name (Last, First, Mi	ddle Initial)	·		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
JBTOTALS This Period This DTALS This Period (last page	in this line only)			500.00

HEDULE C (FEC Form 3) ANS		Use separate sched	PAGE 43 OF 59	
AN5		for each category o Detailed Summary F	of the (check only one) × 13a	
ME OF COMMITTEE (In Full)		Trans	saction ID : SC/10.4357	
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Middle Initial)	Memo Ite	Election: 2018 Primary General	
Mailing Address 1940 Boardwalk Drive			Other (specify)	
City Miramar Beach	State FL	ZIP Code 32550	X Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	yment To Date B	lalance Outstanding at Close of This Peric	
150.00		0.00	150.00	
TERMS Date Incurred		Date Due Interest R (If none, er		
M07M / D26D / Y Ž017 Y	M M / D	/ Y Y Y Y	0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any	/) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	y y y y	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	State ZIP Code		Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	City State ZIP Code		- y y	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·	
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CHEDULE C (FEC Form 3) DANS		Use separate schedule for each category of th Detailed Summary Pag	he (check only one) × 13a	
ME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4358
LOAN SOURCE Full Name (Last, First, Mi MILLS, Ralph, John, , III	ddle Initial)		🗌 Memo Item	Election: 2018 X Primary General
Mailing Address 1940 Boardwalk Drive				Other (specify)
City Miramar Beach	State FL	ZIP Code 32550	9	X Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perio
750.00	,		0.00	750.00
TERMS Date Incurred	I	ate Due	Interest Rate (If none, enter	
^M 09 ^M / ^D 13 ^D / ^Y Ž017 ^Y	M M / D C	/ Y		00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	State ZIP Code		Amount Guaranteed Outstanding:	y . y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	State ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 1 1 1
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CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page	
AME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4811
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	ddle Initial)		🗌 Memo Item	Election: 2018 Primary General
Mailing Address 1940 Boardwalk Drive				Other (specify) v
City Miramar Beach	State FL	ZIP Code 32550	9	Personal Funds of the Candidate
Original Amount of Loan 16.95	Cumulative Pay	yment To D	Date Bala	ance Outstanding at Close of This Period 16.95
TERMS Date Incurred M04 ^M / D07 ^D / Y Ž018 Y	M M / D D	Date Due	Interest Rate (If none, enter)8/2018 ^Y 0.	
List All Endorsers or Guarantors (if any) t 1. Full Name (Last, First, Middle Initial)	o Loan Source		Name of Employer	
Mailing Address			Occupation	
City State	State ZIP Code		Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation Amount	
City State	te ZIP Code		Guaranteed Outstanding:	7 7 7 7
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation Amount	
City State	ZIP Code		Guaranteed Outstanding:	y y x
4. Full Name (Last, First, Middle Initial)	·		Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y y y y
UBTOTALS This Period This Page (optional).	y)			vard to appropriate line of Summary.

CHEDULE C (FEC Form 3) OANS		Use separate schedule for each category of th Detailed Summary Pag	he (check only one) X 13a	
NAME OF COMMITTEE (In Full) John Mills for Congress			Transac	tion ID : SC/10.4899
LOAN SOURCE Full Name (Last, First, Mic MILLS, Ralph, John, , III	Idle Initial)		🗌 Memo Item	Election: Primary General
Mailing Address 1940 Boardwalk Drive				Other (specify) v
City Miramar Beach	State FL	ZIP Code 32550	e	Personal Funds of the Candidate
Original Amount of Loan 300.00	Cumulative Pay	yment To D	Date Bala	ance Outstanding at Close of This Period 300.00
TERMS Date Incurred M07 ^M / P12 ^D / Y Ž019 Y	D D D	Date Due	Interest Rate (If none, enter Y Y Y O	00 0/ ()) / × · · · · · · · · · · · · · · · · · ·
List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial)	o Loan Source		Name of Employer	
Mailing Address			Occupation Amount	
City State	State ZIP Code		Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation Amount	
City State	te ZIP Code		Guaranteed	7 7 7
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	State ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Initial)	4. Full Name (Last, First, Middle Initial)			
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y y
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only Carry outstanding balance only to LINE 3, Sch)			300.00

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CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	1e (check only one) X 13a	
ME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4900	
LOAN SOURCE Full Name (Last, Fire MILLS, Ralph, John, , III	st, Middle Initial)		Memo Item	Election: Primary General	
Mailing Address 1940 Boardwalk Drive				Other (specify)	
City Miramar Beach	State FL	ZIP Cod 32550	e	Personal Funds of the Candidate	
Original Amount of Loan	Cumulative	e Payment To [Date Bala	nce Outstanding at Close of This Peric	
1200.00			0.00	1200.00	
TERMS Date Incurred		Date Due	Interest Rate (If none, enter		
M07M / D18D / Y Ž019 Y	M M / D	D / Y	Y Y Y 0.		
List All Endorsers or Guarantors (if	••				
1. Full Name (Last, First, Middle Initia	al)		Name of Employer		
Mailing Address			Occupation		
City St	City State ZIP Code			y 1 y 1 x 1	
2. Full Name (Last, First, Middle Initia	l)		Name of Employer		
Mailing Address			Occupation		
City	ate ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, First, Middle Initia	l)		Name of Employer		
Mailing Address			Occupation		
City State ZIP Code		e	Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City St	ate ZIP Code	9	Amount Guaranteed Outstanding:	y y	
UBTOTALS This Period This Page (opt				1200.00	

age# 202001100014000200					
CHEDULE C (FEC Form 3) DANS		Use separate sched for each category of Detailed Summary P	f the (check only one) X 13a		
ME OF COMMITTEE (In Full) ohn Mills for Congress		Trans	action ID : SC/10.4901		
LOAN SOURCE Full Name (Last, First MILLS, Ralph, John, , III	, Middle Initial)	🗌 Memo Iter	m Election: Primary General		
Mailing Address 1940 Boardwalk Drive			Other (specify)		
City Miramar Beach	State FL	ZIP Code 32550	Personal Funds of the Candidat		
Original Amount of Loan	Cumulative Pa	yment To Date Ba	alance Outstanding at Close of This Peric		
1500.00		0.00	1500.00		
TERMS Date Incurred	[Date Due Interest Ra (If none, en			
M09 ^M / D10 ^D / Y Ž019 Y	M M / D D		0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if a					
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address		Occupation			
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · ·		
2. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address		Occupation			
City Sta	te ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address		Occupation			
City State ZIP Code		Amount Guaranteed Outstanding:	y		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City Sta	te ZIP Code	Amount Guaranteed Outstanding:			
UBTOTALS This Period This Page (optio			1500.00		

					PAGE 49 OF 59	
CHEDULE C (FEC Form 3) DANS				Use separate schedule for each category of the Detailed Summary Pag	e(s) he (check only one)	
ME OF COMMITTEE (In Full)				Transac	ction ID : SC/10.4929	
LOAN SOURCE Full Name MILLS, Ralph, , , III	e (Last, First, Mid	dle Initial)		Memo Item	Election: 2020	
Mailing Address 9065 Orlando Avenue					Other (specify)	
City Navarre		State FL	ZIP Code 32566	9	Personal Funds of the Candidate	
Original Amount of Loan	1500.00	Cumulative Pa	ayment To D		ance Outstanding at Close of This Perio	
TERMS Date Incurred	1500.00		Date Due	0.00 Interest Rate	1500.00	
M12 ^M / D30 ^D / Y				(If none, enter	00 00 X X X	
List All Endorsers or Guar	antors (if any) to	b Loan Source	•			
1. Full Name (Last, First, M	Iiddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
2. Full Name (Last, First, M	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, First, M	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1	
4. Full Name (Last, First, M	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	g	
JBTOTALS This Period This DTALS This Period (last page					1500.00	

HEDULE C (FEC Forr ANS ME OF COMMITTEE (In Full)	n 3)				- (-)	
	DANS			Use separate schedule for each category of the Detailed Summary Page	he (check only one) X 13a	
ohn Mills for Congress				Transac	ction ID : SC/10.4936	
LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, , , III				Memo Item	Election: 2020 X Primary General	
Mailing Address 9065 Orlando Avenue					Other (specify) ▼	
City Navarre		State FL	ZIP Code 32566	e	Personal Funds of the Candidate	
Original Amount of Loan	000.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Period	
TERMS Date Incurred M04 ^M / D17 ^D / Y 202		M M / D D	Date Due	Interest Rate (If none, enter		
List All Endorsers or Guaranto 1. Full Name (Last, First, Middle		o Loan Source		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:	y	
3. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
JBTOTALS This Period This Page					12000.00	

	F 0)				PAGE 51 OF 59
CHEDULE C (FEC Form 3) DANS				Use separate schedule for each category of t Detailed Summary Pag	the (check only one) X 13a
ME OF COMMITTEE (In Fu ohn Mills for Congre	,			Transad	ction ID : SC/10.4966
LOAN SOURCE Full Nan MILLS, Ralph, , , III	ne (Last, First, Mid	dle Initial)		🗌 Memo Item	x Primary
Mailing Address 9065 Orlando Avenue					General Other (specify) ▼
City Navarre		State FL	ZIP Code 32566	9	Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pa	yment To D	ate Bala	ance Outstanding at Close of This Perio
	5359.12	9		0.00	5359.12
TERMS Date Incurr	ed	[Date Due	Interest Rate (If none, enter	
M07M / D10D /	Ý Ž02Ŏ Y	M M / D D) / Y Y		.00 % (apr) Yes X No
List All Endorsers or Gua		b Loan Source			
1. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code	(Amount Guaranteed Outstanding:	
2. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
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)	1		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	g 1 g 1 m
JBTOTALS This Period Thi	s Page (optional)			······	5359.12

.					PAGE 52 OF 59	
CHEDULE C (FEC Form 3) DANS				Use separate schedul for each category of t Detailed Summary Pa	the (check only one) × 13a	
ME OF COMMITTEE (In ohn Mills for Cong	•			Transa	ction ID : SC/10.4992	
LOAN SOURCE Full N MILLS, Ralph, , ,	•	Idle Initial)		Memo Item	Election: 2020	
Mailing Address 9065 Orlando Avenue					Other (specify)	
City Navarre		State FL	ZIP Code 32566	9	Personal Funds of the Candidate	
Original Amount of Loa	in	Cumulative Pa	ayment To D	Date Bal	ance Outstanding at Close of This Perio	
	1495.00			0.00	1495.00	
TERMS Date Inc M08 ^M / P04 ^P /	Y Ž02Ŏ Y		Date Due	Interest Rat (If none, ente §1/2Ŏ20 ^Y 0	.00	
List All Endorsers or C	Guarantors (if any) to	o Loan Source	Э			
1. Full Name (Last, Fir	st, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
2. Full Name (Last, Firs	t, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, Firs	t, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, Firs	t, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1	
JBTOTALS This Period					1495.00	

				PAGE 53 OF 59		
CHEDULE C (FEC Form 3) DANS			Use separate schedule for each category of th Detailed Summary Pag	^{1e} (check only one) × 13a		
AME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4983		
LOAN SOURCE Full Name (Last, First, Mic MILLS, Ralph, , , III	ddle Initial)		🗌 Memo Item	Election: 2020 X Primary General		
Mailing Address 9065 Orlando Avenue				Other (specify)		
City Navarre	State FL	ZIP Code 32566	9	Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pay	yment To D	Date Bala	nce Outstanding at Close of This Period		
1500.00	· · · · ·		0.00	1500.00		
TERMS Date Incurred	D	Date Due	Interest Rate (If none, enter			
M08M / D05D / Y Ž02Ŏ Y	M M / D D	[/] ^Y 12/3	š1/2020 [×] 0.			
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
City State	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:	y y		
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
City State	ZIP Code		Amount Guaranteed Outstanding:	y y		
Carry outstanding balance only to LINE 3, Sch	/)		······	1500.00		

· · · · · · · · · · · · · · · · · · ·					PAGE 54 OF 59	
CHEDULE C (FEC Form 3) DANS				Use separate schedule for each category of the Detailed Summary Pag	e(s) FOR LINE NUMBER:	
ME OF COMMITTEE (In Full ohn Mills for Congres				Transac	ction ID : SC/10.5016	
LOAN SOURCE Full Name MILLS, Ralph, , , III	ə (Last, First, Mid	dle Initial)		🗌 Memo Item	Election: 2022	
Mailing Address 9065 Orlando Avenue					Other (specify) ▼	
City Navarre		State FL	ZIP Code 32566	9	Personal Funds of the Candidate	
Original Amount of Loan		Cumulative Pa	ayment To D	Date Bala	ance Outstanding at Close of This Perio	
	1500.00			0.00	1500.00	
TERMS Date Incurre	d		Date Due	Interest Rate (If none, enter	r 0)	
M11M / D19D / Y	ž02ď ^v	M M / D I	D / Y	ΥΥΥΥ.	00 % (apr) Yes X No	
List All Endorsers or Gua	rantors (if any) to	b Loan Source	•			
1. Full Name (Last, First, I	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
2. Full Name (Last, First, N	liddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, First, N	liddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, N	liddle Initial)	!		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
JBTOTALS This Period This					1500.00	

•				PAGE 55 OF 59		
CHEDULE C (FEC Form 3) DANS			Use separate schedule for each category of th Detailed Summary Pag	(s) FOR LINE NUMBER:		
AME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.5037		
LOAN SOURCE Full Name (Last, First, Mic MILLS, Ralph, , , III	Idle Initial)		🗌 Memo Item	Election: Primary General		
Mailing Address 9065 Orlando Avenue				Other (specify) v		
City Navarre	State FL	ZIP Code 32566	9	Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pay	yment To D	Date Bala	nce Outstanding at Close of This Perio		
2000.00			0.00	2000.00		
TERMS Date Incurred	D	Date Due	Interest Rate (If none, enter			
M04M / D07D / Y Ž02Ť Y	M M / D D	/ Y	Y Y Y 0.0			
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
City State	City State ZIP Code			Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
City State	State ZIP Code		Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	ł		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:	y 1 y 1 y 1		
UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line only Carry outstanding balance only to LINE 3, Sch)			2000.00		

SCHEDULE C (FEC For	m 3)			PAGE 56 OF		
LOANS				Use separate schedule for each category of th Detailed Summary Pag	^{ne} (check only one) × 13a	
NAME OF COMMITTEE (In Full) John Mills for Congress				Transac	tion ID : SC/10.5050	
LOAN SOURCE Full Name (La MILLS, Ralph, , , III	ast, First, Mi	ddle Initial)		🗌 Memo Item	Election: Primary General	
Mailing Address 9065 Orlando Avenue					Other (specify) v	
City Navarre		State FL	ZIP Code 32566	e	Personal Funds of the Candidate	
Original Amount of Loan	2000.00	Cumulative Pa	yment To [Date Bala	nce Outstanding at Close of This Period 2000.00	
TERMS Date Incurred M12 ^M / P28 ^D / Y Ž				Interest Rate (If none, enter	0) 00 0/ ()) / () / ()	
List All Endorsers or Guarant	ors (if any) t	to Loan Source				
1. Full Name (Last, First, Mido	lle Initial)			Name of Employer		
Mailing Address	Mailing Address			Occupation		
City	y State ZIP Code			Guaranteed Outstanding:		
2. Full Name (Last, First, Middl	e Initial)			Name of Employer		
Mailing Address	Mailing Address			Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middl	e Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middl	4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Pag	this line onl	y)			2000.00	
Carry outstanding balance only to	D LINE 3, SC	nedule D, for this	s line. If n	o Schedule D, carry forw	vard to appropriate line of Summary.	

CHEDULE C (FEC Form 3)				PAGE 57 OF 59	
DANS			Use separate schedule for each category of th Detailed Summary Pag	he (check only one)	
AME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	ction ID : SC/10.5064	
LOAN SOURCE Full Name (Last, First, Mic MILLS, Ralph, , , III	Idle Initial)		🗌 Memo Item	Election: 2022 Primary X General	
Mailing Address 9065 Orlando Avenue				Other (specify)	
City Navarre	State FL	ZIP Code 32566	e	Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pay	yment To D	Date Bala	ance Outstanding at Close of This Perioc	
700.00			0.00	700.00	
TERMS Date Incurred	C	Date Due	Interest Rate (If none, enter		
^M 08 ^M / ^D 30 ^D / ^Y Ž02Ž ^Y	M M / D D	/ Y	YYYY	% (apr) Yes X No	
List All Endorsers or Guarantors (if any) to	o Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ate 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:	7 7 7	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y y	
UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line only Carry outstanding balance only to LINE 3, Sch)		······	700.00	

					PAGE 58 OF 59	
CHEDULE C (FEC OANS	Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page		
NAME OF COMMITTEE (In Fu	,			Transac	tion ID : SC/10.5071	
LOAN SOURCE Full Nam MILLS, Ralph, , , III	e (Last, First, Mid	Idle Initial)		Memo Item	Election: Primary General	
Mailing Address 9065 Orlando Avenue					Other (specify) v	
City Navarre		State FL	ZIP Code 32566	e	Personal Funds of the Candidate	
Original Amount of Loan	2000.00	Cumulative Pay	yment To D	Date Bala	nce Outstanding at Close of This Period 2000.00	
TERMS Date Incurre M11 ^M D17 ^D Y		C	Date Due	Interest Rate (If none, enter		
List All Endorsers or Gua	proptore (if any) to	a Loon Sourco				
1. Full Name (Last, First,				Name of Employer		
Mailing Address				Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
2. Full Name (Last, First, N	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, N	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, N	4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
SUBTOTALS This Period This	s Page (optional)				2000.00	
TOTALS This Period (last pag					70697.49	
Carry outstanding balance of	nly to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.	

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full) John Mills for Congres	SS		(Use separate schedule(s) for each numbered line)	PAGE59OF59FOR LINE NUMBER: (check only one)9¥10		
A. Full Name (Last, First, Middle Initial) of De Law Office of James C. Thoma		r		Debt (Purpose): Reporting Services		
Mailing Address 7509 NW Tiffany Springs Pky Suite 300	wy	_				
City Kansas City	State MO	Zip Code 64153				
Outstanding Balance Beginning This Period			Transacti	ion ID : SD10.5059		
180.00 Amount Incurred This Period	1	Payment This Period	Outstand	ing Balance at Close of This Period		
0.00		, 180.0	00	0.00		
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Law Office of James C. Thomas III					
Mailing Address 7509 NW Tiffany Springs Pkv Suite 300	-					
City Kansas City	State MO	Zip Code 64153				
Outstanding Balance Beginning This Period 612.00 Amount Incurred This Period		Payment This Period		ion ID : SD10.5065 ing Balance at Close of This Period		
0.00						
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Law Office of James C. Thomas III					
Mailing Address 7509 NW Tiffany Springs Pky Suite 300	wy					
City	State	Zip Code				
Kansas City Outstanding Balance Beginning This Period	MO	64153	Transac	tion ID : SD10.5066		
180.00						
Amount Incurred This Period	Outstand	ing Balance at Close of This Period				
0.00	00	0.00				
1) SUBTOTALS This Period This Page (optional	··· • [0.00				
2) TOTALS This Period (last page this line num	···· •	0.00				
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last page	e only)	···· •	3 3 4		
4) ADD 2) and 3) and carry forward to appropri	ate line of Sun	nmary Page (last page o	nly) 🕨	y y y x		

FEC Schedule D (Form 3) (Revised 05/2016)