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# FORM 3

#### **REPORT OF RECEIPTS AND DISBURSEMENTS**

1 011111 0	For An A	Authorized Co	mmittee	Offic	ce Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRIN	·	Example: If typing, type over the lines.	12FE4M5	
John Mills for Co	ngress	1 1 1 1 1			
<u> </u>					
ADDRESS (number and st	reet)	Avenue			
▼ Check if differe					
Check if differe than previously reported. (ACC)	⊢ Navarre			FL 325	66
		CITY A		STATE A	ZIP CODE ▲
2. FEC IDENTIFICAT  C C00565366	ION NUMBER ¥	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT  FL 01
4. TYPE OF REPO  (a) Quarterly Repo	,	(b) 12-Day <b>PI</b>	<b>RE</b> -Election Report for the	e:	
			Primary (12P)	General (12G)	Runoff (12R)
	arterly Report (Q1)		Convention (12C)	Special (12S)	
	arterly Report (Q2)  Quarterly Report (Q3)	Election	on M M / D D	/ Y = Y = Y	in the State of
January 31	Year-End Report (YE)	(c) 30-Day <b>P</b> (	OST-Election Report for t	ne:	
			General (30G)	Runoff (30R)	Special (30S)
Termination	Report (TER)	Election o	on M M / D D	/ Y " Y " Y " Y	in the State of
5. Covering Period	M M / D D /	Y Y Y Y Y 2022	through C	9 / 30 / Y	y y y 2022
I certify that I have exan	Adams, Chris		knowledge and belief it is	s true, correct and co	mplete.
Signature of Treasurer	Adams, Christopher, , ,		[Electronically Filed]	Date 10	13 /
NOTE: Submission of false	e, erroneous, or incomple	ete information ma	ay subject the person signii	ng this Report to the pe	enalties of 52 U.S.C. §30109
Office Use Only				F	FEC FORM 3 (Revised 05/2016)

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Mills for Congress

2022 2022 09 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 805.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 805.00 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 648.00 8801.49 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 648.00 8801.49 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 110.91 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 69669.49 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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

#### John Mills for Congress

07 09 01 2022 30 2022 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 700.00 9234.94 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 700.00 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) 700.00 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	648.00	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
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other  Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
 21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	648.00	8801.49
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	58.91
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	700.00
25.	SUBTOTAL (add Line 23 and Line 24)		758.91
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	648.00
27.	CASH ON HAND AT CLOSE OF REPORTIN	G PERIOD	110.91

#### S

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 58 (check only one)  11a				
Any information copied from such Reports and S or for commercial purposes, other than using the	person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)  John Mills for Congress							
Full Name (Last, First, Middle Initial)  MILLS, Ralph, , , III  Mailing Address 9065 Orlando Avenue  City	Date of Receipt  08 30 2022  Transaction ID: SA13A.5064						
Navarre  FEC ID number of contributing federal political committee.	FL C	32566	Amount of Each Receipt this Period				
Name of Employer  Receipt For: 2022  Primary   General  Other (specify) ▼	Occupation  Election C	rycle-to-Date 28059.12	700.00 Memo Item				
Full Name (Last, First, Middle Initial)  3.   Mailing Address  City	State	Zip Code	Date of Receipt				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Election C	rycle-to-Date	Memo Item				
Full Name (Last, First, Middle Initial)  Mailing Address  City	State	Zip Code	Date of Receipt				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Election C	rycle-to-Date	Memo Item				
SUBTOTAL of Receipts This Page (optional)			700.00				

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

700.00

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

58 FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Mills for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Law Office of James C. Thomas III 2022 02 Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement 001 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2022 180.00 Office Sought: House Senate Primary General Transaction ID: SB17.5067 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) Law Office of James C. Thomas III Date of Disbursement Mailing Address 7509 NW Tiffany Springs Pkwy 02 2022 Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement 004 Candidate Name Amount of Each Disbursement this Period Category/ Type 468.00 Disbursement For: Office Sought: House 2022 Senate Primary General Transaction ID: SB17.5068 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 General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 648.00 TOTAL This Period (last page this line number only)..... 648.00

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

		100					
NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4711					
9		1					
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Item					
John Mills for Congress		<b>x</b> Primary					
Mailing Address		General Other (specify) ▼					
Mailing Address 9065 Orlando Avenue	9065 Orlando Avenue						
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					
126.34		0.00 126.34					
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)					
<sup>M</sup> 09 <sup>M</sup> / <sup>D</sup> 21 <sup>D</sup> / <sup>Y</sup> Ž017 <sup>Y</sup>	M M / D D	/ Y11/08/2018					
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:  Name of Employer					
2. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional	al)	126.34					
TOTALS This Period (last page in this line of	only)						
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.					

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

FOR LINE NUMBER: (check only one)

**PAGE** 

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OF

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Transaction ID: SC/10.4742 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9065 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 303.01 0.00 303.01 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10<sup>M</sup> 0.00 D04D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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)..... 303.01 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

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Transaction ID: SC/10.4743 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9065 Orlando Avenue Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 4.24 0.00 4.24 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10<sup>M</sup> 0.00 D05D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 4.24 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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(check only one)

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NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID: SC/10.4744
LOAN SOURCE Full Name (Last, First, John Mills for Congress	Middle Initial)	☐ Memo Item
Mailing Address 9065 Orlando Avenue		Other (specify) ▼
City	State	ZIP Code
Navarre	FL	32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period
35.00		0.00 35.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M10 <sup>M</sup> / D10 <sup>D</sup> / Y Ž017 Y	M M / D D	/ <sup>Y</sup> 11/ŏ8/2ŏ18 <sup>Y</sup> 0.00
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	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed
-	211 0000	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	al)	35.00
TOTALS This Period (last page in this line	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

				100		
NAME OF COMMITTEE (In Full)  John Mills for Congress			Tran	nsaction ID : SC/10.4745		
,						
LOAN SOURCE Full Name (	Last, First, Mid	ldle Initial)	☐ Memo I	tem Election: 2018		
John Mills for Congres	SS			<b>★</b> Primary		
Mailing Adalas				General		
Mailing Address 9065 Orlando Avenue	Other (specify)					
City		State	ZIP Code	▼ Personal Funds of the Candidate		
Navarre		FL	32566			
Original Amount of Loan		Cumulative Pa	yment To Date	Balance Outstanding at Close of This Period		
7 7	21.63	7	0.00	21.63		
TERMS Date Incurred		С	Date Due Interest (If none,			
M10M / P12D / Y 2	2017 Y	M M / D D	/ <sup>Y</sup> 11/Ŏ8/2Ŏ18 <sup>Y</sup>	0.00 % (apr) Yes X No		
List All Endorsers or Guarar	ntors (if any) to	o Loan Source				
1. Full Name (Last, First, Mic	, ,,		Name of Employer			
Mailing Address			Occupation	Occupation		
			Amount	Amount		
City	State	ZIP Code	Guaranteed Outstanding:	9 9		
2. Full Name (Last, First, Mide	dle Initial)		Name of Employer			
AA 32 A A A			Occupation			
Mailing Address			Occupation			
	T -	T	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	7		
3. Full Name (Last, First, Mide	dle Initial)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	9		
4. Full Name (Last, First, Mide	dle Initial)		Name of Employer	Name of Employer		
Mailing Address			Occupation			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7 7		
		1	I			
SUBTOTALS This Period This Pa	age (optional)		······	21.63		
TOTALS This Period (last page i	n this line only	·) ······				
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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FOR LINE NUMBER: (check only one)

**X** 13a 13b

OF

AME OF COMMITTEE (In lohn Mills for Congi	•		Trans	action ID : SC/10.4746		
John Mills for Cor	•	ldle Initial)	☐ Memo Iter	Election: 2018  X Primary  General		
Mailing Address 9065 Orlando Avenue	Other (specify)					
City		State	ZIP Code	M Demonal Funds of the Condidate		
Navarre		FL	32566	Personal Funds of the Candidate		
Original Amount of Loa	an	Cumulative Pa	ment To Date Ba	alance Outstanding at Close of This Period		
	7.95		0.00	7.95		
TERMS Date Inc	urred	Г	ate Due Interest Ra (If none, en			
M10M / D17D /	Y Ž017 Y	M M / D D	<sup>/</sup> 11/Ŏ8/2Ŏ18 <sup>Y</sup>	0.00 % (apr) Yes X No		
List All Endorsers or C	Guarantors (if any) to	Loan Source				
1. Full Name (Last, Fire	st, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		
2. Full Name (Last, Firs	t, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address			Occupation			
	la		Amount Guaranteed			
City	State	ZIP Code	Outstanding:	7 7		
3. Full Name (Last, Firs	t, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
		710.0.1	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	g g		
4. Full Name (Last, Firs	t, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
011	la		Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9		
UBTOTALS This Period	This Page (optional)		<u> </u>	7.95		
OTALS This Period (last	page in this line only	r)	······	, , , , , , , , ,		
Carry outstanding balance	e only to LINE 3. Sch	edule D. for this	s line. If no Schedule D. carry fo	rward 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					Transa	action ID : SC/10.4747	
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mi	ddle Initial)			Memo Item	Election: 2018    X   Primary   General	
Mailing Address 9065 Orlando Avenue					Other (specify) ▼		
City Navarre		State FL	ZIP Code 32566			Personal Funds of the Ca	ndidate
Original Amount of Loan		Cumulative Pa	yment To Date	<del></del>	Ba	lance Outstanding at Close of This	Perioc
72	2.49	9		0.00		72.4	.9
TERMS Date Incurred			Date Due		Interest Rational (If none, enter		
M10 <sup>M</sup> / D30 <sup>D</sup> / Y Ž01Ť	Υ	M M / D D	/ <sup>Y</sup> 11/Ŏ8/	2018 <sup>Y</sup>	(	0.00 % (apr) Yes	x No
List All Endorsers or Guarantors	(if anv)	to Loan Source					
Full Name (Last, First, Middle I	, ,,		Na	me of Em	ployer		
Mailing Address			Oc	Occupation			
			Am	Amount			
City State ZIP Code				Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Ir	nitial)		Na	Name of Employer			
Mailing Address			Oc	cupation			
				ount			1
City	State	ZIP Code		Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Ir	nitial)		Na	Name of Employer			
Mailing Address			Oc	cupation			
City	State	ZIP Code	Gu	Amount Guaranteed			
4. Full Name (Last, First, Middle Ir	nitial)			Outstanding:  Name of Employer			
Mailing Address			Oc	cupation			
			<u> </u>				
City	State	ZIP Code	Gu	iount aranteed tstanding:		7 7	
SUBTOTALS This Period This Page (	optional)				<b>.</b>	72.4	9
FOTALS This Period (last page in this	s line onl	y)			▶		
Carry outstanding balance only to LI	NE 3, Sc	hedule D, for this	s line. If no S	chedule	D, carry for	ward to appropriate line of Sum	mary.

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

FOR LINE NUMBER: (check only one)

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OF

		100					
NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4748					
9	<b>A</b> . 1 II 1 IV	T =					
LOAN SOURCE Full Name (Last, First, John Mills for Congress	Middle Initial)	☐ Memo Item					
Mailing Address 9065 Orlando Avenue	General Other (specify) ▼						
City	City State ZIP Code						
Navarre	FL	32566 Personal Funds of the Candidate					
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period					
196.54	,	0.00 196.54					
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)					
M10 <sup>M</sup> / D31 <sup>D</sup> / Y Ž017 Y	M M / D D	/ Y11/Ŏ8/2Ŏ18					
List All Endorsers or Guarantors (if ar	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)	<b>,</b>	Name of Employer					
Mailing Address		Occupation					
		Amount					
City	e ZIP Code	Guaranteed 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:					
CURTOTAL C This Desided Till D							
SUBTOTALS This Period This Page (option	າສາ)	196.54					
TOTALS This Period (last page in this line	only)						
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.					

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

FOR LINE NUMBER: (check only one)

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	13b

									130
AME OF COMMITTEE (In Full) Iohn Mills for Congress	_				Transa	action II	D : SC/10.474	19	
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9065 Orlando Avenue			Memo Iter	<b>x</b>	tion: 2018 Primary General Other (specit	·v) ▼			
9065 Örlando Avenue					(-1	, <b>,</b>			
City		State FL	ZIP Code			×	Personal Fu	ınds of th	e Candidate
Navarre	32566								
Original Amount of Loan	.21	Cumulative Pay	ment To Da	0.00		alance O	utstanding a	t Close of	This Period
TERMS Date Incurred		D	ate Due		Interest Ra			Secui	red:
M11M / D01D / Y Ž017	Y	M M / D D	/ Y11/Ŏ8	3/2Ŏ18 <sup>Y</sup>		0.00	% (apr)	Y	es 🗶 No
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle In	nitial)		N	lame of Em	ployer				
Mailing Address			C	Occupation					
			A	Amount					
City	State ZIP Code			Guaranteed Outstanding:					
2. Full Name (Last, First, Middle In	itial)		N	Name of Employer					
Mailing Address			С	ccupation					
				mount					
City	State	ZIP Code		Guaranteed Outstanding:					
3. Full Name (Last, First, Middle In	itial)		٨	lame of Em	ployer				
Mailing Address			C	ccupation					
			А	mount					-
City	State	ZIP Code		luaranteed Outstanding:		7			
4. Full Name (Last, First, Middle In	itial)	'	N	Name of Employer					
Mailing Address			С	ccupation					
				mount					
City	State	ZIP Code		luaranteed Outstanding:		7	- y	1 4	
SUBTOTALS This Period This Page (c	optional)								41.21
TOTALS This Period (last page in this	line only	/)			▶		,	,	
Carry outstanding balance only to LIN	NE 3, Sch	nedule D, for this	line. If no	Schedule I	D, carry fo	rward t	o appropriat	e 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) Iohn Mills for Congress			Transaction	ID : SC/10.4750			
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9065 Orlando Avenue	First, Mic	ddle Initial)	☐ Memo Item Ele	ection: 2018 Primary General Other (specify)			
9065 Orlando Avenue			_				
City		State	P Code	Personal Funds of the Candidate			
Navarre		FL	32566	resession runde on the containant			
Original Amount of Loan		Cumulative Pay	nt To Date Balance	Outstanding at Close of This Period			
804	.08		0.00	804.08			
TERMS Date Incurred		D	Due Interest Rate (If none, enter 0)	Secured:			
M11M / D05D / Y Ž017	Υ	M M / D D	<sup>Y</sup> 11/Ŏ8/2Ŏ18 <sup>Y</sup> 0.00	% (apr) Yes X No			
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle In	nitial)		Name of Employer				
Mailing Address			Occupation	Occupation			
			Amount				
City	State	ZIP Code	Guaranteed Outstanding:	9			
2. Full Name (Last, First, Middle In	tial)		Name of Employer	Name of Employer			
Mailing Address			Occupation				
	Γ		Amount				
City	State	ZIP Code	Guaranteed Outstanding:	9			
3. Full Name (Last, First, Middle In	tial)	<b>'</b>	Name of Employer	Name of Employer			
Mailing Address			Occupation				
	Г		Amount				
City	State	ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle In	itial)		Name of Employer	Name of Employer			
Mailing Address			Occupation				
	Г		Amount				
City	State	ZIP Code	Guaranteed Outstanding:	9			
NUDTOTAL C. This David of This David (							
SUBTOTALS This Period This Page (d	ptional).			804.08			
TOTALS This Period (last page in this	line only	<i>y</i> )	······	7			
Carry outstanding balance only to LIN	NE 3, Sch	nedule D, for this	e. If no Schedule D, carry forward	to appropriate line of Summary.			

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

PAGE 17
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13a

OF

						130			
	COMMITTEE (In Full) Iills for Congress				Trans	action ID : SC/10.4751			
LOAN	SOURCE Full Name (Last	, First, Mid	ldle Initial)		☐ Memo Ite	m Election: 2018			
John	Mills for Congress					Primary			
N 4 = 111 = ==	. A -l -l					General			
9065 O	n Address Orlando Avenue					Other (specify) ▼			
City			State	ZIP Co		✗ Personal Funds of the Candidate			
Navarre	)		FL	32566					
Origir	nal Amount of Loan		Cumulative Page	yment To	Date B	alance Outstanding at Close of This Period			
l L.	, , ,	9.08	7		0.00	19.08			
TERMS	B Date Incurred		С	ate Due	Interest R (If none, en				
<sup>™</sup> 11	1 <sup>M</sup> / D08 <sup>D</sup> / Y 2017	Y	M M / D D	/ Y1	1/00/2010	0.00 % (apr) Yes X No			
List All	I Endorsers or Guarantors	(if any) to	o Loan Source						
1. Full	l Name (Last, First, Middle	Initial)			Name of Employer				
Ma	uiling Address				Occupation				
					Amount				
City	у	State	ZIP Code		Guaranteed	7			
2. Full	Name (Last, First, Middle I	nitial)			Name of Employer				
		-							
Mail	ling Address				Occupation				
					Amount Guaranteed				
City		State	ZIP Code		Outstanding:				
3. Full	Name (Last, First, Middle I	nitial)			Name of Employer				
Mail	ling Address				Occupation				
					Amount				
City	,	State	ZIP Code		Guaranteed Outstanding:				
4. Full	Name (Last, First, Middle I	nitial)			Name of Employer				
Mail	ling Address				Occupation				
					Amount				
City	City State ZIP Code Guarante			Guaranteed Outstanding:	, , , , ,				
					I				
SUBTOTA	ALS This Period This Page	(optional)			······	19.08			
TOTALS	TOTALS This Period (last page in this line only)								
0.5	Latan dia a Palana	INIE 0 0 :	and by the state of the state o	- 15 15	no Cohod Li D	7			
∟arry out	isianding balance only to L	ın⊑ 3, Sch	ieauie D, for this	s line. If	no schedule D, carry fo	orward to appropriate line of Summary.			

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

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				Detailed Suffirmary	rage	13b		
NAME OF COMMITTEE (In Full)  John Mills for Congress				Trans	saction ID : SC/10.4752			
John Mills for Congress	•							
LOAN SOURCE Full Name	(Last, First, Mic	ldle Initial)		☐ Memo Ite	em Election: 2018			
John Mills for Congre	SS				<b>✗</b> Primary			
A					General			
Mailing Address 9065 Orlando Avenue					Other (specify)			
City		State	ZIP Code	9	X Personal Funds of the	Candidat		
Navarre		FL	32566					
Original Amount of Loan		Cumulative Pay	ment To D	Date E	Balance Outstanding at Close of	This Perio		
, , , , , , , , , , , , , , , , , , , ,	93.73	,		0.00		3.73		
TERMS Date Incurred		D	ate Due	Interest F (If none, e		d:		
M11M / D08D / Y	ž017 <sup>Y</sup>	M M / D D	/ Y11/0	08/2018 <sup>Y</sup>	0.00 % (apr) Yes	s X No		
List All Endorsers or Guara	entore (if any) to	n Loan Source			, (ap.)			
Full Name (Last, First, M.)	, ,,	b Loan Source		Name of Employer				
1. Tull Ivallic (Last, Flist, IV	iddic iriidai)							
Mailing Address			•	Occupation				
			1	Amount				
City	State	ZIP Code		Guaranteed Outstanding:				
2. Full Name (Last, First, Mi	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, Mi	ddle Initial)			Name of Employer				
Mailing Address				Occupation				
Walling Address				Оссирацоп				
				Amount		_		
City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,			
4. Full Name (Last, First, Mi	ddle Initial)			Name of Employer				
Mailing Address				Occupation				
			-	Amount		_		
City	State	ZIP Code		Guaranteed Outstanding:	7 7			
SURTOTALS This Period This	INPTOTALS This Period This Pers (entional)							
SUBTOTALS This Period This Page (optional)								
TOTALS This Period (last page	in this line only	y)		······	, , , , , , , , , , , , , , , , , , , ,			
Carry outstanding balance only	/ to LINE 3, Sch	edule D, for this	s line. If no	Schedule D, carry f	forward to appropriate line of S	ummary.		

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/10.4753		
9							
LOAN SOURCE Full Name (Last,	First, Midd	dle Initial)		☐ Memo Iten			
John Mills for Congress					Primary General		
Mailing Address					Other (specify)		
Mailing Address 9065 Orlando Avenue					— Carici (openity) V		
City		State	ZIP Co	de	X 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		
	6.00	9		0.00	6.00		
TERMS Date Incurred		D	ate Due	Interest Ra (If none, ent			
M12M / D21D / Y Ž01Ť	Y	M / D D	/ Y11	700/2010	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			
				Amount			
City	State	ZIP Code		Guaranteed			
City	State	ZIP Code		Outstanding:	7 7		
2. Full Name (Last, First, Middle II	nitial)			Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:			
3. Full Name (Last, First, Middle I	 nitial)			Name of Employer			
Mailian Addus -				Occupation			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:			
4. Full Name (Last, First, Middle II	nitial)			Name of Employer			
Mailing Address				Occupation			
				Amount			
City State ZIP Code			Guaranteed Outstanding:				
1	1	1					
SUBTOTALS This Period This Page	(optional)			······	6.00		
TOTALS This Period (last page in thi	TOTALS This Period (last page in this line only)						
					7		
Carry outstanding balance only to L	INE 3, Sche	edule D, for this	line. If	no Schedule D, carry for	rward to appropriate line of Summary.		

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

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OF

						136	
AME OF COMMITTEE (In Full)  John Mills for Congress					Transac	ction ID : SC/10.4754	
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mi	ddle Initial)			] Memo Item	Election: 2018  x Primary General	
Mailing Address 9065 Orlando Avenue						Other (specify)	
City Navarre		State FL	ZIP Cod 32566	е		Personal Funds of the Candidate	
Original Amount of Loan		Cumulative Pay	 yment To I	Date	Bala	I	
308	.00		,	0.00		308.00	
TERMS Date Incurred		D	Date Due		Interest Rate (If none, ente	r 0)	
<sup>M</sup> 12 <sup>M</sup> / <sup>D</sup> 22 <sup>D</sup> / <sup>Y</sup> Ž01Ť	Υ	M M / D D	/ ¥11/	08/2018 <sup>Υ</sup>	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:			
2. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
				Amount Guaranteed Outstanding:			
City	State	ZIP Code					
3. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed			
4. Full Name (Last, First, Middle In	l itial)			Outstanding:  Name of Employer			
Mailing Address				Occupation			
City	City State ZIP Code			Amount Guaranteed Outstanding:			
UBTOTALS This Period This Page (optional)							
OTALS This Period (last page in this line only)							
Carry outstanding balance only to LI	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

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OF

						•			130
AME OF COMMITTEE (In Full)  John Mills for Congress					Trans	action I	D : SC/10.47	55	
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9065 Orlando Avenue	First, Mic	ddle Initial)			Memo Iter	'''	etion: 2018 Primary General Other (speci	fy) ▼	
9065 Ōrlando Avenue								•	
City		State	ZIP Code			×	Personal Fu	unds of th	ne Candidate
Navarre		FL	32566						
Original Amount of Loan	.34	Cumulative Pay	ment To Dat	e 0.00	-	alance C	Outstanding a	t Close o	of This Perio 56.34
TERMS Date Incurred		D	ate Due		Interest Ra			Secu	ıred:
M12M / D24D / Y Z017	Y	M M / D D	/ Y11/Ŏ8/	2018 <sup>Y</sup>	(If none, en	0.00	% (apr)		Yes 🗶 No
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle I	nitial)		Na	me of Em	ployer				
Mailing Address			Oc	cupation					
			An	nount	_				
City	State	ZIP Code		Guaranteed Outstanding:					
2. Full Name (Last, First, Middle In	itial)		Na	Name of Employer					
Mailing Address			Oc	Occupation					
				Amount					
City	State	ZIP Code		aranteed tstanding:		7	7		
3. Full Name (Last, First, Middle In	itial)	-	Na	Name of Employer					
Mailing Address			Oc	Occupation					
			An	nount					
City	State	ZIP Code		aranteed tstanding:		7	7		
4. Full Name (Last, First, Middle In	itial)		Na	Name of Employer					
Mailing Address	Mailing Address								
				nount					
City	State	ZIP Code		aranteed tstanding:	-	7	7	1 4	
SUBTOTALS This Period This Page (	JBTOTALS This Period This Page (optional)						56.34		
OTALS This Period (last page in this line only)					▶		7	,	
Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	line. If no S	Schedule I	D, carry fo	rward t	to appropria	te line of	Summary.

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OF

					130		
NAME OF COMMITTEE (In Full)  John Mills for Congress				Transa	ction ID : SC/10.4756		
<u> </u>							
LOAN SOURCE Full Name (Last,	First, Mide	dle Initial)					
John Mills for Congress					x Primary		
Mailing Address					General Other (chasife)		
Mailing Address 9065 Orlando Avenue					Other (specify)		
City		State	ZIP Co		✗ Personal Funds of the Candidate		
Navarre		FL	32566				
Original Amount of Loan		Cumulative Pay	ment To	Date Bal	ance Outstanding at Close of This Period		
20	8.00			0.00	208.00		
TERMS Date Incurred		D	ate Due	Interest Rat (If none, ente			
M12M / D29D / Y 2017	Y	/ M / D D	/ Y11		0.00		
List All Endorsers or Guarantors	(if any) to	Loan Source			70 (apr) 100 1100		
Full Name (Last, First, Middle	` •	- Louis Course		Name of Employer			
Mailing Address				Occupation			
				Amount			
C:h	Ctata	ZID Code		Guaranteed			
City	State	ZIP Code			9 9		
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 I	nitial)	L		Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed			
4. Full Name (Last, First, Middle II	nitial)			Outstanding:  Name of Employer			
Mailing Adduses				0			
Mailing Address				Occupation			
	Ta	T		Amount			
City	City State ZIP Code			Guaranteed Outstanding:			
	·						
SUBTOTALS This Period This Page	SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line only)							
Carry outstanding balance only to I	INE 3. Sch	edule D. for this	s line. If	no Schedule D. carry for	ward to appropriate line of Summary.		
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OF

AME OF COMMITTEE (In Full) ohn Mills for Congress			Transaction ID : SC/10.4678
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mid	ddle Initial)	☐ Memo Item
Mailing Address 9065 Orlando Avenue			Other (specify)
City		State	ZIP Code  Personal Funds of the Cand
Navarre Original Amount of Loan		Cumulative Pay	yment To Date  Balance Outstanding at Close of This F
	0.00	Cultidative Fay	0.00 Balance Outstanding at close of finis P
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)
M01M / D17D / Y Ž018	Y	M M / D D	/ <sup>Y</sup> 11/Ŏ8/2Ŏ18 <sup>Y</sup> 0.00
List All Endorsers or Guarantors	(if any) t	o Loan Source	
1. Full Name (Last, First, Middle I	• • • •		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	itial)	1	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
City	State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle In	itial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
City		ZIP Code	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).		400.00
OTALS This Period (last page in this			
Carry outstanding balance only to LI	NE 3. Scl	nedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summ
,			, and a september of the second of the secon

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

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OF

			130			
AME OF COMMITTEE (In Full) Iohn Mills for Congress			Transaction ID : SC/10.4709			
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9065 Orlando Avenue	First, Mic	ddle Initial)	☐ Memo Item  Election: 2018   Primary  General  Other (specify) ▼			
9065 Offarido 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			
2231	.10		0.00 2231.10			
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)			
M03 <sup>M</sup> / D31 <sup>D</sup> / Y Ž018	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			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle In	itial)		Name of Employer			
Mailing Address			Occupation			
	1		Amount			
City	State	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle In	itial)	1	Name of Employer			
Mailing Address			Occupation			
	T		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:			
	JBTOTALS This Period This Page (optional) 2231.10					
OTALS This Period (last page in this	OTALS This Period (last page in this line only)					
Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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	13b

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Transaction ID: SC/10.4829 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 9065 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 150.67 0.00 150.67 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>20<sup>D</sup> M 04M Ž018 Y08/28/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 150.67 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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NAME OF COMMITTEE (In Full) John Mills for Congress				Tra	nsaction ID : SC/10.4815			
LOAN SOURCE Full Name (Last, F	irst, Middle	Initial)		☐ Memo I				
John Mills for Congress					Primary			
Mailing Address					General Other (specify) ▼			
Mailing Address 9065 Orlando Avenue					Other (specify) V			
City	Sta		ZIP Cod	de	Personal Funds of the Candidate			
Navarre	F	·L	32566					
Original Amount of Loan	Cı	umulative Pay	yment To	Date	Balance Outstanding at Close of This Period			
8500.0	00			700.00	7800.00			
TERMS Databased		,	)	1.1	Data and			
TERMS Date Incurred		L	ate Due	Interest (If none,				
M04M / D24D / Y Ž018	Y M	M / D D	/ <sup>Y</sup> 11	/ŏ8/2ŏ18 <sup>Y</sup>	0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (in	f any) to Lo	oan Source						
1. Full Name (Last, First, Middle Ini				Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State Z	IP Code		Guaranteed				
				Outstanding:				
2. Full Name (Last, First, Middle Initi	al)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State Z	ZIP Code		Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initi	al)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State Z	ZIP Code		Guaranteed Outstanding:	7			
4. Full Name (Last, First, Middle Initi	al)			Name of Employer				
Mailing Address			Occupation					
				Amount				
City	State Z	ZIP Code		Guaranteed Outstanding:	7			
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TOTALS This Period (last page in this I	ine only)			······				
				·	7 7			
Carry outstanding balance only to LINI	E 3, Schedu	le D, for this	s line. If	no Schedule D, carry	forward to appropriate line of Summary.			

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OF

						130		
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	saction ID : SC/10.4830		
Ľ								
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Ite			
	John Mills for Congress					Primary General		
	Mailing Address					Other (specify)		
	Mailing Address 9065 Orlando Avenue					——————————————————————————————————————		
	City		State	ZIP Co		Personal Funds of the Candidate		
	Navarre		FL B	32566				
	Original Amount of Loan		Cumulative Pay	yment Io	Date B	alance Outstanding at Close of This Period		
	1475	5.00			0.00	1475.00		
	TERMS Date Incurred		D	Date Due	Interest R			
	<sup>M</sup> 06 <sup>M</sup> / <sup>D</sup> 15 <sup>D</sup> / Y Ž018́	Y	M M / D D	/ Yns	(If none, er 3/28/2018 <sup>Y</sup>	0.00		
	2010				3/20/2010	% (apr) Yes No		
	List All Endorsers or Guarantors	(if any) to	o 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 In	itial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:			
	3. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
					3334			
	0.4	01-1-	71D O- 4-		Amount Guaranteed			
	City	State	ZIP Code		Outstanding:	9		
	4. Full Name (Last, First, Middle In	itial)	,		Name of Employer			
	Mailing Address			Occupation				
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , ,		
		ı	ı		1			
SI	UBTOTALS This Period This Page (	optional)			·······	1475.00		
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Transaction ID: SC/10.4831 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9065 Orlando Avenue Other (specify)  $\blacktriangledown$ City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 600.00 0.00 600.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 15D M 06M Ž018 Y08/28/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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)..... 600.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.4832 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 9065 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 35.10 0.00 35.10 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>27<sup>D</sup> M 06M Ž018 Y08/28/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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)..... 35.10 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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13b Transaction ID: SC/10.4841 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9065 Orlando Avenue Other (specify)  $\blacktriangledown$ City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D05D M 07M Ž018 Y08/28/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full)  John Mills for Congress				Transa	action ID : SC/10.4842		
<u> </u>							
LOAN SOURCE Full Name (La	☐ Memo Iten						
John Mills for Congress	;				* Primary		
General							
Mailing Address 9065 Orlando Avenue					Other (specify)   ———————————————————————————————————		
City				Personal Funds of the Candida			
Navarre		FL	32566				
Original Amount of Loan		Cumulative Pag	yment To	Date Ba	lance Outstanding at Close of This Period		
2	200.00	7		0.00	2000.00		
TERMS Date Incurred		С	Date Due	Interest Ra (If none, ent			
M07 <sup>M</sup> / D05 <sup>D</sup> / Y 20	18 <sup>Y</sup>	M M / D D	) / You	12012010	0.00 % (apr) Yes No		
List All Endorsers or Guaranto	ors (if anv) to	o Loan Source					
1. Full Name (Last, First, Midd	, ,,			Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed	9		
2. Full Name (Last, First, Middl	e Initial)			Name of Employer			
				Occupation			
Mailing Address				Occupation			
	1-	T		Amount Guaranteed			
City	State	ZIP Code			7		
3. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:	y		
4. Full Name (Last, First, Middl	4. Full Name (Last, First, Middle Initial)						
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:	7		
ı		1					
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	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	action ID : SC/10.4874		
Ľ								
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Iter			
John Mills for Congress								
	Mailing Address					General Other (specify) ▼		
	Mailing Address 9065 Orlando Avenue					Curior (speedify) V		
	'			ZIP Co	Personal Funds of the Candidate			
	Navarre		FL B	32566				
	Original Amount of Loan		Cumulative Pay	yment Io	To Date Balance Outstanding at Close of This Period			
	500	0.00	7		0.00	500.00		
	TERMS Date Incurred		D	Date Due	Interest Ra (If none, en			
	M03M / D18D / Y Ž019	Y	M M / D D	/ You	3/17/2020 <sup>Y</sup>	0.00 % (apr) Yes X No		
	List All Endorsers or Guarantors	(if any) to	o Loan Source					
	1. Full Name (Last, First, Middle I				Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed			
	Oity	State	Zii Oode		Outstanding:	7 7		
	2. Full Name (Last, First, Middle Initial)				Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7		
	3. Full Name (Last, First, Middle Initial)				Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7		
	4. Full Name (Last, First, Middle Initial)				Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , ,		
١.								
SI	UBTOTALS This Period This Page (	optional)			·····	500.00		
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C	arry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry fo	rward to appropriate line of Summary.		

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AME OF COMMITTEE (In Full)  John Mills for Congress					Transac	tion ID : SC/10.4106	
LOAN SOURCE Full Name (Last,	First, Mid	ddle Initial)			Memo Item	Election: 2014	
MILLS, Ralph, John, , III			iviemo item	Primary General			
Mailing Address 1940 Boardwalk Drive  Other (specify) ▼							▼
City		State	ZIP Cod	de		X Personal Fund	s of the Candidate
Miramar Beach		FL	32550				
Original Amount of Loan Cumulative Payment To				Date	Bala	nce Outstanding at C	lose of This Period
5000	5000.00					9 9	5000.00
TERMS Date Incurred		С	Date Due		Interest Rate (If none, enter		Secured:
<sup>M</sup> 06 <sup>M</sup> / □24 □ / Y Ž014	M06 <sup>M</sup> / D24 <sup>D</sup> / Y Ž014 Y M M / D D / Y			YYY	0.0	00	Yes X No
List All Endorsers or Guarantors	(if anv) t	o Loan Source					
1. Full Name (Last, First, Middle I				Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code Guaranteed Outstanding:				7 7	
3. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
				Amount Guaranteed			
City	State	ZIP Code		Outstanding:		7	
4. Full Name (Last, First, Middle Initial)				Name of Em	ployer		
Mailing Address				Occupation			
	_			Amount			
City	State	ZIP Code		Guaranteed Outstanding:		7 7	
SUBTOTALS This Period This Page (	optional).						5000.00
FOTALS This Period (last page in this					- H	7 7	333.00
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AME OF COMMITTEE (In Full)  John Mills for Congress					Transac	tion ID : SC/10.4116	
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	ddle Initial)		N	Memo Item	Election: Primary General		
Mailing Address 1940 Boardwalk Drive						Other (specify) ▼	
			ZIP Cod	de		✗ Personal Funds of the Candidate	
Miramar Beach		FL	32550				
Original Amount of Loan	1 94	Cumulative Pa	yment To	Date 0.00	Bala	nce Outstanding at Close of This Period 4234.94	
9 9	1.04	9				9 9	
TERMS Date Incurred			Date Due		nterest Rate If none, enter		
M07 <sup>M</sup> / D18 <sup>D</sup> / Y Ž014	- Y	M - M / D - D	) / [ Y	Y - Y - Y		% (apr) Yes No	
List All Endorsers or Guarantors	(if any) t	to Loan Source					
1. Full Name (Last, First, Middle I	nitial)			Name of Empl	oyer		
Mailing Address				Occupation			
0.4	01-1-	7ID 0I -		Amount Guaranteed			
City	State	ZIP Code		Outstanding:		y y	
2. Full Name (Last, First, Middle Ir	2. Full Name (Last, First, Middle Initial)			Name of Empl	oyer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
3. Full Name (Last, First, Middle Initial)				Name of Empl	oyer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed			
City		ZIF Code		Outstanding:		7	
4. Full Name (Last, First, Middle Ir	nitiai)			Name of Empl	oyer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7	
SUBTOTALS This Period This Page (	optional).				• [	4234.94	
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NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4197
LOAN SOURCE Full Name (Last, First, M MILLS, Ralph, John, , III	liddle Initial)	Memo Item Election: 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 Pa	yment To Date Balance Outstanding at Close of This Period
1000.00	,	0.00 1000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M09M / D08D / Y Z015 Y	M M / D D	% (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
	211 0000	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
		Amount Guaranteed
City State	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
City	ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optional	)	1000.00
TOTALS This Period (last page in this line or		7
TOTALS THIS PERIOU (last page in this line or	шу)	P
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.

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NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4299
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Middle Initial)	☐ Memo Item Election: 2016   ▼ Primary
Mailing Address 1940 Boardwalk Drive		General Other (specify) ▼
City	State	ZIP Code  Responsible to the Candidate Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
3850.64		0.00 3850.64
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M01M / D02D / Y Ž016 Y	M M / D D	/ Y Y Y Y Y No
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed
2. Full Name (Last, First, Middle Initial)		Outstanding:  Name of Employer
2. Full Name (Last, First, Middle Illitial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	I	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed
State	ZIF Code	Outstanding:
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Transaction ID: SC/10.4337 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify)  $\blacktriangledown$ City State ZIP Code Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 345.33 0.00 345.33 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D30 D M 06M ž016 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 345.33 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.4342 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify)  $\blacktriangledown$ City State ZIP Code Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 18D M 07M ž016 Děmaňd x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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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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NAME OF COMMITTEE (In Full) John Mills for Congress	Tra	nsaction	ID : SC/10.4344				
John Mills for Congress							
LOAN SOURCE Full Name (Last, First, Mic MILLS, Ralph, John, , III	LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III				ction: 2018 Primary General		
Mailing Address 1940 Boardwalk Drive	Mailing Address 1940 Boardwalk Drive				Other (specify) ▼		
City	State	ZIP Code	<b>)</b>		7		
Miramar Beach	FL	32550			Personal Funds of the	Candid	ate
Original Amount of Loan 500.00	Cumulative Pay	yment To D	0.00	Balance	Outstanding at Close of T	his Pe	riod
TERMS Date Incurred	,	Date Due	Interest	Rate	Secure	1.	_
M09M / D23D / Y Ž01Ř Y	M M / D D		(If none,				
					% (apr) Yes		No
List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial)	o Loan Source		Name of Employer				
1. Tuli Name (Last, First, Middle Illitial)			rtame of Employer				
Mailing Address			Occupation				
City State	ZIP Code		Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address	Mailing Address			Occupation			
			Amount			_	
City State	ZIP Code		Guaranteed Outstanding:	7			
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount			$\overline{}$	
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:	7	y		
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Transaction ID: SC/10.4351 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 <sup>D</sup>02<sup>D</sup> M 05M Ž017 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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Transaction ID: SC/10.4357 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 150.00 0.00 150.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>26<sup>D</sup> M 07M 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)..... 150.00 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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NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4358		
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Middle Initial)	☐ Memo Item Election: 2018   ✓ Primary		
Mailing Address 1940 Boardwalk Drive		General Other (specify) ▼		
City	State	ZIP Code  Personal Funds of the Candidate		
Miramar Beach	FL	32550		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
750.00		0.00 750.00		
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)		
M09M / D13D / Y Ž017 Y	M M / D D	/		
List All Endorsers or Guarantors (if any	) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed		
Glate	Zii Oode	Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed		
3. Full Name (Last, First, Middle Initial)		Outstanding:  Name of Employer		
3. Full Name (Last, First, Middle Illitial)		wante of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address		Occupation		
	T=	Amount		
City	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional) 750.00				
TOTALS This Period (last page in this line only)				
		7 7		
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

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		100		
NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4811		
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	ddle Initial)	☐ Memo Item		
Mailing Address 1940 Boardwalk Drive		General Other (specify) ▼		
City Miramar Beach	State FL	ZIP Code  32550  Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pay			
16.95	odificiative Fa.	0.00 16.95		
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)		
M04 <sup>M</sup> / D07 <sup>D</sup> / Y Ž018 Y	M M / D D	/ Y11/ŏ8/2ŏ18		
List All Endorsers or Guarantors (if any) t	o Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	1	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	L	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed		
Only	Zii Gode	Outstanding:		
SUBTOTALS This Period This Page (optional) 16.95				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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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 <sup>D</sup>12<sup>D</sup> M 07M ž019 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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CION SOURCE Full Name (Last, First, Middle Initial)	NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4901		
City   State   ZIP Code   32550   Personal Funds of the Candidate   Person	•	Middle Initial)	Primary		
Miramar Beach  FL 32550 Personal Funds of the Candidate  Original Amount of Loan  Cumulative Payment To Date Balance Outstanding at Close of This Period 1500.00  TERMS Date Incurred Date Due Interest Rate (If now, onter 0)  O.00 96 (apr) Ves No  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  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Employer  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:	Mailing Address 1940 Boardwalk Drive		Other (specify) ▼		
Original Amount of Loan  Cumulative Payment To Date  Balance Outstanding at Close of This Period  1500.00  TERMS  Date Incurred  Date Due  Interest Rate (If none, enter 0)  Ves X No  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount City  State  ZIP Code  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  7. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Occupation  Amount Amount Amount Occupation  Amo			Personal Funds of the Candidate		
TERMS Date Incurred Date Due Interest Rate (If none, enter 0) (If none					
Mog	1500.00		0.00 1500.00		
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  City  State ZIP Code Occupation  Amount Guaranteed Outstanding:  City  State ZIP Code Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount Guaranteed Outstanding:  Substotals This Period This Page (optional)  TOTALS This Period (last page in this line only)	TERMS Date Incurred	D			
Name (Last, First, Middle Initial)   Name of Employer	M09M / D10D / Y Ž01Š Y	M M / D D	0.00		
Mailing Address  City State ZIP Code Quaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Outstanding:  City State ZIP Code Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Outstanding:  Amount Guaranteed Outstanding:  City State ZIP Code Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Cocupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Cocupation  Amount Guaranteed Outstanding:  City State ZIP Code Guaranteed Outstanding:  Substantial State ZIP Code Outstanding:  Totals This Period This Page (optional)  1500.00		) to Loan Source			
City State ZIP Code Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Outstanding:  Occupation  Amount Guaranteed Outstanding:  7. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount Guaranteed Outstanding:	1. Full Name (Last, First, Middle Initial)		Name of Employer		
City State ZIP Code Outstanding:  2. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  Amount Guaranteed Outstanding:  Amount City State ZIP Code Outstanding:  4. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  Amount Guaranteed Outstanding:  Substotals This Period This Page (optional) Amount Guaranteed Outstanding:  TOTALS This Period (last page in this line only)	Mailing Address		Occupation		
Mailing Address  City  State ZIP Code  Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  City  State ZIP Code  Occupation  Amount Guaranteed Outstanding:  City  State ZIP Code  Occupation  Amount Guaranteed Outstanding:  Totals This Period This Page (optional)	City	ZIP Code	Guaranteed		
City State ZIP Code Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  City State ZIP Code Guaranteed Outstanding:  Substantial State S	2. Full Name (Last, First, Middle Initial)		Name of Employer		
City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Name of Employer  Occupation  Amount Guaranteed Outstanding:  City State ZIP Code Guaranteed Outstanding:  Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only)	Mailing Address		Occupation		
Mailing Address  City State ZIP Code Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Name of Employer  Occupation  Amount Guaranteed Outstanding:  City State ZIP Code Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)	City	ZIP Code	Guaranteed		
City State ZIP Code Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Substate ZIP Code Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only)	3. Full Name (Last, First, Middle 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 Outstanding:  SUBTOTALS This Period This Page (optional) 1500.00  TOTALS This Period (last page in this line only)	Mailing Address		Occupation		
Mailing Address  Occupation  Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)	City	ZIP Code	Guaranteed		
City State ZIP Code Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional) 1500.00  TOTALS This Period (last page in this line only)	4. Full Name (Last, First, Middle Initial)	!	Name of Employer		
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TOTALS This Period (last page in this line only)	City	ZIP Code	Guaranteed		
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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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Use separate schedule(s) for each category of the Detailed Summary Page

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		Detaile	d Summary Page		13b			
AME OF COMMITTEE (In Full)		'	Transaction ID : SC/10.4929					
John Mills for Congress								
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		INICITIO ILCITI	lection: 2020				
MILLS, Ralph, , , III				Primary General				
Mailing Address 9065 Orlando Avenue				Other (specify) ▼				
City	State	ZIP Code						
Navarre	FL	32566		Personal Funds of the Ca	ındidate			
Original Amount of Loan	Cumulative Pay	nent To Date	Balance	Outstanding at Close of This	s Period			
1500.00	,	0	.00	1500.0	)0			
TERMS Date Incurred	D	te Due	Interest Rate (If none, enter 0)	Secured:				
M12M / D30D / Y Ž01Š Y	M M / D D	/ Y Y Y Y	0.00	% (apr) Yes	× No			
List All Endorsers or Guarantors (if any) t	o Loan Source							
1. Full Name (Last, First, Middle Initial)		Name of	Employer					
Mailing Address		Occupation	Occupation					
		Amount	Amount Guaranteed					
City	ZIP Code	Outstandi		7	1			
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address		Occupation	Occupation					
		Amount Guarantee	ad		1			
City	ZIP Code	Outstandi		7	ı			
3. Full Name (Last, First, Middle Initial)		Name of	Employer					
Mailing Address		Occupatio	Occupation					
	T	Amount Guarantee	nd .		1			
City	ZIP Code	Outstandi		7	ı			
4. Full Name (Last, First, Middle Initial)		Name of	Employer					
Mailing Address			on					
		Amount			1			
City	ZIP Code	Guarantee Outstandi			1			
SUBTOTALS This Period This Page (optional)								
**OTALS This Period (last page in this line only)								
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedu	le D, carry forward	 I to appropriate line of Sum	ımary.			

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

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OF

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NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4936		
LOAN COURCE Full Name // ant First N	1: al al a	Floring		
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, , , III	ilidale initial)	☐ Memo Item		
Mailing Address 9065 Orlando Avenue		Other (specify) ▼		
City	State	ZIP Code  Personal Funds of the Candidate		
Navarre	FL	32566		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
12000.00	ļ,	0.00 12000.00		
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)		
M 04M / D17D / Y Ž02Ŏ Y	M M / D D	/ 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		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	1	Name of Employer		
Mailing Address		Occupation		
		Amount Guaranteed		
City State	ZIP Code	Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
	Amount			
City	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
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TOTALS THIS Period (last page in this line of	ııy <i>)</i>			
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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			Detailed Guillin	lary rage		13b
AME OF COMMITTEE (In Full)  John Mills for Congress		1	Fransaction I	D : SC/10.4966		
LOAN SOURCE Full Name (Last, First, Mic MILLS, Ralph, , , III  Mailing Address 9065 Orlando Avenue		☐ Mem	no Item Elec	etion: 2020 Primary General Other (specify) ▼		
City Navarre	State FL	ZIP Code 32566			Personal Funds of the C	andidate
Original Amount of Loan Cumulative Payment To  5359.12			0.00	Balance (	Outstanding at Close of Th	
TERMS Date Incurred  M07M / D10D / Y 2020 Y	D D D	Date Due	(If no	est Rate ne, enter 0) 0.00	Secured: % (apr) Yes	x No
List All Endorsers or Guarantors (if any) to	o Loan Source					
Full Name (Last, First, Middle Initial)			lame of Employe	r		
Mailing Address			Occupation			
City	ZIP Code		Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)			lame of Employe	r		
Mailing Address		(	Occupation			
City State ZIP Code			Amount Guaranteed Outstanding:	, ,		
3. Full Name (Last, First, Middle Initial)	•	١	lame of Employe	r		
Mailing Address		C	Occupation			
City State	ZIP Code		Amount Guaranteed Outstanding:	,	,	
4. Full Name (Last, First, Middle Initial)	١	lame of Employe	r			
Mailing Address			Occupation			
City State	ZIP Code		Amount Guaranteed Outstanding:	7	7	
SUBTOTALS This Period This Page (optional)						
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 Su	mmary.

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OF

Transaction ID: SC/10.4992 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 9065 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 1495.00 0.00 1495.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D04D <sup>M</sup>80<sup>M</sup> **2020** Y12/31/2020 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 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)..... 1495.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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			Detailed durinitary i	age	13b
NAME OF COMMITTEE (In Full) John Mills for Congress			Trans	action ID : SC/10.4983	
LOAN SOURCE Full Name (Last, First, Min MILLS, Ralph, , , III	ddle Initial)		☐ Memo Ite	<b>x</b> Primary	
Mailing Address 9065 Orlando Avenue				General Other (specify) ▼	
City Navarre	State ZIP Code FL 32566			Personal Funds of the	Candidate
Original Amount of Loan				alance Outstanding at Close of T	This Period
TERMS Date Incurred  M08M / P05D / Y Z020 Y	M M / D D	Date Due	Interest R (If none, en		
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	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7 7 7	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed		
	ZIP Code		Outstanding:	7	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		1	Occupation		
			Amount		$\overline{}$
City	ZIP Code	<b>I</b>	Guaranteed Outstanding:	9 9	
SUBTOTALS This Period This Page (optional)				1500	0.00
TOTALS This Period (last page in this line only				1500	0.00
				7	
Carry outstanding balance only to LINE 3, Sc	nedule D, for this	s line. If no	Schedule D, carry fo	orward to appropriate line of Se	ummary.

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OF

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NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.5016
LOAN COURCE Full Name // and First	A: -1 -11 - 1 - : +: - 1\	T-r. c
LOAN SOURCE Full Name (Last, First, I MILLS, Ralph, , , III	☐ Memo Item	
Mailing Address 9065 Orlando Avenue	Other (specify) ▼	
City	State	ZIP Code  Personal Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
1500.00		0.00 1500.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M11M / D19D / Y Ž02Ŏ Y	M M / D D	/
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	o .	Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	 ıl)	1500.00
		, , , ,
TOTALS This Period (last page in this line of	ırııy)	
Carry outstanding balance only to LINE 3, 5	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.5037 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary MILLS, Ralph, , , III General Mailing Address 9065 Orlando Avenue Other (specify)  $\blacktriangledown$ City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D07D M 04M Ž021 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)..... 2000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

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**X** 13a 13b

58

Transaction ID: SC/10.5050 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary MILLS, Ralph, , , III General Mailing Address 9065 Orlando Avenue Other (specify)  $\blacktriangledown$ City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 M 12M <sup>D</sup>28<sup>D</sup> Ž021 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)..... 2000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

13b Transaction ID: SC/10.5064 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary MILLS, Ralph, , , III General X Mailing Address 9065 Orlando Avenue Other (specify) 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 700.00 0.00 700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D30 D M80<sup>M</sup> **Ž**02Ž 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)..... 700.00 TOTALS This Period (last page in this line only)..... 68697.49 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

**Excluding Loans** 

(Use separate					
schedule(s)					
for each					
numbered line)					

PAGE 57 OF
FOR LINE NUMBER:
(check only one)

	9
x	10

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excluding Loans			nambered line)	<b>X</b> 10
NAME OF COMMITTEE (In Full)				
John Mills for Congre	SS			
A. Full Name (Last, First, Middle Initial) of De		ditor		ebt (Purpose):
Law Office of James C. Thomas III			Legal and F	Reporting Services
Mailing Address 7509 NW Tiffany Springs Pkv	A/\/			
Suite 300	w y			
City	State	Zip Code		
Kansas City	МО	64153		
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.5057
468.00				
Amount Incurred This Period		Payment This Period	Outstandir	ng Balance at Close of This Period
		468.0		
0.00		400.0	0	0.00
B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	litor	Nature of De	ebt (Purpose):
Law Office of James C. Thoma	as III			Reporting Services
Mailing Address 7509 NW Tiffany Springs Pkv	vy			
Suite 300 City	State	Zip Code		
Kansas City	МО	64153		
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.5058
180.00			Transastie	
9 9				
Amount Incurred This Period		Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		180.0	0	0.00
C. Full Name (Last, First, Middle Initial) of De	btor or Cro	ditar		
Law Office of James C. Thoma		altor		ebt (Purpose): Reporting Services
Law Office of James C. Thomas	25 III		Legaranu	reporting dervices
Mailing Address 7509 NW Tiffany Springs Pk	wy			
Suite 300 City	State	Zip Code		
Kansas City	MO	64153		
Outstanding Balance Beginning This Period	l		Transacti	on ID : SD10.5059
			Transacti	OII ID . OD 10.3003
180.00				
Amount Incurred This Period		Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.0	0	180.00
7 - 7		, , , , , , ,		, , , , , , , , , , , , , , , , , , , ,
1) SUBTOTALS This Period This Page (optional	)		•	180.00
-, ago (optional	,			100.00
2) TOTALS This Period (last page this line number	ber only) ····		··· •	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

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

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 58 OF FOR LINE NUMBER: (check only one)

	9
X	10

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NAME OF COMMITTEE (In Full)

John Mills for Congre	ess		
A. Full Name (Last, First, Middle Initial) of Date Law Office of James C. Thom	Nature of Debt (Purpose): Legal and Reporting Fees		
Mailing Address 7509 NW Tiffany Springs P Suite 300	kwy		
City Kansas City	State MO	Zip Code 64153	
Outstanding Balance Beginning This Perio	d		Transaction ID : SD10.5065
0.00	1		
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
612.00		0.00	612.00
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Law Office of James C. Thomas III			Nature of Debt (Purpose): Legal and Reporting Fees
Mailing Address 7509 NW Tiffany Springs P Suite 300			
City Kansas City	State MO	Zip Code 64153	
Outstanding Balance Beginning This Period  0.00  Amount Incurred This Period  180.00	d	Payment This Period 0.00	Transaction ID : SD10.5066  Outstanding Balance at Close of This Period  180.00
C. Full Name (Last, First, Middle Initial) of [	Debtor or Cr	editor	Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Perio	d		
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
1) SUBTOTALS This Period This Page (option	al)		792.00
2) TOTALS This Period (last page this line num	972.00		
3) TOTAL OUTSTANDING LOANS from Sche	68697.49		
4) ADD 2) and 3) and carry forward to approp	69669.49		