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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

	TOT ATT ACCIONS	zea Gommittee	Office Use Only			
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5			
John Mills for Congre	SS			I		
ADDRESS (number and street)	9059 Orlando Avenue					
▼ Check if different						
than previously reported. (ACC)	Navarre		FL 3256	66		
2. FEC IDENTIFICATION I	NUMBER ▼	CITY A	STATE ▲	ZIP CODE ▲		
C C00565366		S THIS NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT		
4. TYPE OF REPORT (C) (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly Cotober 15 Quart January 31 Year-I	Report (Q1) Report (Q2) erly Report (Q3) End Report (YE) (c) 3	Primary (12P) Convention (12C) Election on O-Day POST-Election Report for the General (30G)	General (12G) Special (12S)	in the State of Special (30S) in the State of		
5. Covering Period	07 / 01 / Y Y 20	021 through 0	9 30 / Y	y y y y 2021		
I certify that I have examined Type or Print Name of Treasur	Adams, Christopher, ,	st of my knowledge and belief it is ,	s true, correct and cor	mplete.		
Ad Signature of Treasurer	lams, Christopher, , ,	[Electronically Filed]	Date 10	08 /		
NOTE: Submission of false, erro	neous, or incomplete inform	nation may subject the person signir	ng this Report to the pe	enalties of 52 U.S.C. §30109		
Office Use Only				FEC FORM 3 (Revised 05/2016)		

SUMMARY PAGE

FEC Form 3 (Revised 05/2016) of Receipts and Disbursements

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Write or Type Committee Name
John Mills for Congress

2021 2021 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 805.00 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 805.00 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 231.07 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 65997.49 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

FEC Form 3 (Revised 05/2016)

of Receipts

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Write or Type Committee Name John Mills for Congress

07 09 01 2021 30 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 300.00 (i) Itemized (use Schedule A)...... 505.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 805.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 805.00 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 9234.94 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 9234.94 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 10039.94 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date			
17.	OPERATING EXPENDITURES	805.00	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			
	(b) Of All Other Loans	0.00	0.00			
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00			
20.	REFUNDS OF CONTRIBUTIONS TO:					
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
		0.00	0.00			
	(b) Political Party Committees(c) Other Political Committees		0.00			
	(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)	805.00	8801.49			
	III. CASH SU	JMMARY				
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	1036.07			
24	24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)					
25.	SUBTOTAL (add Line 23 and Line 24)	1036.07				
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	805.00			
	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	G PERIOD	231.07			

SCHEDULE B (FEC Form 3)

5 53 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

ITEMIZED DISBURSEMENTS 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 08 2021 Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting Fees 001 Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 2022 175.00 Senate Primary General Transaction ID: SB17.5039 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 03 2021 Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting Fees 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 455.00 Office Sought: House Disbursement For: 2022 Senate Primary General Transaction ID: SB17.5041 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) C. Law Office of James C. Thomas III Date of Disbursement Mailing Address 7509 NW Tiffany Springs Pkwy 09 2021 Suite 300 City Zip Code State **FEC Identification Number** Kansas City MO 64153 Purpose of Disbursement Legal and Reporting Fees 001 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2022 175.00 Office Sought: House Senate Primary General Transaction ID: SB17.5043 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 805.00 TOTAL This Period (last page this line number only)..... 805.00

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

PAGE 6 OF
FOR LINE NUMBER:
(check only one)

13a

					130	
NAME OF COMMITTEE (In Full) John Mills for Congress				Transa	action ID : SC/10.4711	
9						
LOAN SOURCE Full Name (Las	st, First, Mid	ldle Initial)		☐ Memo Iten		
John Mills for Congress					★ Primary General	
Mailing Address	Matter Adalasa					
Mailing Address 9059 Orlando Avenue					Other (specify) ———————————————————————————————————	
City		State	ZIP Cod	de	X Personal Funds of the Candidate	
Navarre	Navarre FL 3256				To resonal reliate or the cartalant	
Original Amount of Loan		Cumulative Page	yment To	Date Ba	lance Outstanding at Close of This Period	
1	26.34	2		0.00	126.34	
TERMS Date Incurred		С	Date Due	Interest Ra (If none, ent		
M ₀₉ M / D ₂₁ D / Y Ž01	7 Y	M M / D D	/ Y11	I/Ŏ8/2Ŏ18 ^Y	0.00 % (apr) Yes X No	
List All Endorsers or Guaranton	co (if any) to	a Loop Course			70 (apr) 103 1100	
Full Name (Last, First, Middle)	` •,	D LOAIT SOUICE		Name of Employer		
Mailing Address				Occupation		
Mailing Address						
				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	
3. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address				Occupation		
Mailing Address				Occupation		
		1		Amount		
City	State	ZIP Code		Guaranteed Outstanding:	9 9	
4. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page	e (optional)			······	126.34	
TOTALS This Period (last page in t	his line only)		·····		
Carry outstanding halance only to	LINE 3. Sch	edule D. for this	s line. If	no Schedule D. carry fo	rward to appropriate line of Summary.	
,,		, and				

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

PAGE 7
FOR LINE NUMBER: (check only one)

13a

OF

		130			
AME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4742			
LOAN SOURCE Full Name (Last, First John Mills for Congress Mailing Address 9059 Orlando Avenue	t, Middle Initial)	☐ Memo Item Election: 2018 Primary General Other (specify) ▼			
	1				
City	State	ZIP Code 32566 Personal Funds of the Candidate			
Navarre					
Original Amount of Loan 303.01	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 303.01			
TERMS Date Incurred	[Pate Due Interest Rate Secured:			
M10M / 04D / Y 2017 Y	M M / D D	(If none, enter 0) / \(\begin{align*}			
List All Endorsers or Guarantors (if a	ny) to Loan Source				
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City	te ZIP Code	Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	te ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer			
Mailing Address		Occupation			
City	te ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
Ott.	710.0-1-	Amount Guaranteed			
City	te ZIP Code	Outstanding:			
UBTOTALS This Period This Page (optional)					
FOTALS This Period (last page in this line	e only)	······································			
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

PAGE 8 OF
FOR LINE NUMBER:
(check only one)

13a 13b

NAME OF COMMITTEE (In Full) John Mills for Congress			Т	ransact	tion ID : SC/10.4743		
LOAN SOURCE Full Name (Last, First, Mi John Mills for Congress Mailing Address 9059 Orlando Avenue	ddle Initial)		☐ Memo	o Item	Election: 2018 X Primary General Other (specify)		
City Navarre	ZIP Code)		▼ Personal Funds of the Candidate			
Original Amount of Loan	FL Cumulative Pay		ate	Balaı	nce Outstanding at Close of This Period		
4.24	,	,	0.00		4.24		
TERMS Date Incurred	D	ate Due		st Rate e, enter			
M10 ^M / D05 ^D / Y Ž017 Y	M M / D D	/ ¥11/0	08/2018 ^Y	0.0	% (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source						
1. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
		I	Amount				
City	ZIP Code		Guaranteed Outstanding:		, , , , , , , ,		
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address		(Occupation				
		-	Amount				
City State	ZIP Code	I	Guaranteed Outstanding:		9		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
		1	Amount				
City State	ZIP Code		Guaranteed Outstanding:		y		
4. Full Name (Last, First, Middle Initial)	<u>'</u>	1	Name of Employer				
Mailing Address			Occupation				
	710 0 1		Amount Guaranteed	-			
City State	ZIP Code		Outstanding:		9		
	·	·					
SUBTOTALS This Period This Page (optional)			······································	L	4.24		
TOTALS This Period (last page in this line on	ly)		······		, , , , , , , , ,		
Carry outstanding balance only to LINE 3, So	hedule D, for this	line. If no	Schedule D, car	ry forw	ard 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)

×	13a
	13b

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OF

Transaction ID: SC/10.4744 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 35.00 0.00 35.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D10^D 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)..... 35.00 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)

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Transaction ID: SC/10.4745 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) 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 21.63 0.00 21.63 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D12^D 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)..... 21.63 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 11 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.4746 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) 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 7.95 0.00 7.95 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 D17D 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)..... 7.95 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

		130
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4747
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	☐ Memo Item Election: 2018
John Mills for Congress		X Primary General
Mailing Address 9059 Orlando Avenue		Other (specify) ▼
City	State	ZIP Code
Navarre	FL	32566
Original Amount of Loan	Cumulative Pay	
72.49		0.00 72.49
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
^M 10 ^M / ^D 30 ^D / ^Y Ž017 ^Y	M M / D D	/ ^Y 11/Ŏ8/2Ŏ18
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	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)		72.49
TOTALS This Period (last page in this line onl	y)	······································
Carry outstanding balance only to LINE 3, Sc	hedule 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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Transaction ID: SC/10.4748 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 196.54 0.00 196.54 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 D31 D 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)..... 196.54 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

				130		
NAME OF COMMITTEE (In Full) John Mills for Congress			-	Transaction ID : SC/10.4749		
)						
LOAN SOURCE Full Name (L	☐ Mem	no Item Election: 2018				
John Mills for Congres	S			x Primary General		
Na-ilia a A-lalua a						
Mailing Address 9059 Orlando Avenue				Other (specify) ▼		
City		State	ZIP Code	✗ Personal Funds of the Candidate		
Navarre		FL	32566			
Original Amount of Loan		Cumulative Page	yment To Date	Balance Outstanding at Close of This Period		
2	41.21	7	0.00	41.21		
TERMS Date Incurred		С		est Rate Secured: ne, enter 0)		
M11M / D01D / Y 2	017 Y	M M / D D	/ ^Y 11/Ŏ8/2Ŏ18 ^Y	0.00 % (apr) Yes X No		
List All Endorsers or Guaran	tors (if any) to	o Loan Source				
1. Full Name (Last, First, Mid	dle Initial)		Name of Employe	r		
Mailing Address			Occupation	Occupation		
			Amount	Amount		
City	State	ZIP Code	Guaranteed Outstanding:	, ,		
2. Full Name (Last, First, Midd	dle Initial)		Name of Employe	r		
Mailing Address			Occupation	Occupation		
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Midd	dle Initial)		Name of Employe			
o. Faii Haino (Laot, Filot, Mide						
Mailing Address			Occupation	Occupation		
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , ,		
4. Full Name (Last, First, Midd	dle Initial)	·	Name of Employe	Name of Employer		
Mailing Address	Mailing Address					
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7 7 7 7		
	ı	1	I			
SUBTOTALS This Period This Pa	age (optional)		······	41.21		
TOTALS This Period (last page in	n this line only	·) ·······	·····	7		
Carry outstanding balance only	to LINE 3. Sch	edule D. for this	s line. If no Schedule D. ca	rry forward to appropriate line of Summary.		
,,	3, 3311	,		,		

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

FOR LINE NUMBER: (check only one)

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X 13a

OF

					130	
NAME OF COMMITTEE (In Full) John Mills for Congress				Transa	action ID : SC/10.4750	
9						
LOAN SOURCE Full Name (Last	, First, Mid	ldle Initial)		☐ Memo Iten		
John Mills for Congress					* Primary	
Mailing Address					General	
Mailing Address 9059 Orlando Avenue					Other (specify) ▼	
City		State	ZIP Co	de	Personal Funds of the Candidate	
Navarre		FL	32566		The second relies of the canadate	
Original Amount of Loan		Cumulative Pay	yment To	Date Ba	lance Outstanding at Close of This Period	
80	04.08	7		0.00	804.08	
TERMS Date Incurred		C	Date Due	Interest Ra (If none, ent		
M11 ^M / D05 ^D / Y Ž017	YY	M M / D D	/ Y11	I/Ŏ8/2Ŏ18 ^Y	0.00	
List All Fadamana ay Oversatan	(if any) to	a Lagra Caussa			% (apr) Yes X No	
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle	` ',	b Loan Source		Name of Employer		
•				0		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	9	
2. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed	7	
2 Full Name /Last First Middle	Initial\			Outstanding: Name of Employer	, ,	
3. Full Name (Last, First, Middle	iriitiai)					
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address	Mailing Address			Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7	
•	<u>'</u>	·		•		
SUBTOTALS This Period This Page	(optional)			······	804.08	
TOTALS This Period (last page in the	is line only	·)				
Carry outstanding balance only to L	INE 3. Sch	edule D. for this	s line. If	no Schedule D. carry for	rward 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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				Detailed of	ullillary i ago	S	13b	
AME OF COMMITTEE (In Full) John Mills for Congress					Transact	ion ID : SC/10.4751		
LOAN SOURCE Full Name (La John Mills for Congress Mailing Address 9059 Orlando Avenue			Memo Item	Election: 2018 Primary General Other (specify) V				
			ZIP Cod 32566	e		X Personal Funds of th	e Candida	ie
Original Amount of Loan Cumulative Payment To I				Oate 0.00	Balar	nce Outstanding at Close o	f This Perio	od
TERMS Date Incurred Date Due					Interest Rate (If none, enter 0.0	0)	red: ⁄es 🗶 N	0
List All Endorsers or Guaranto		o Loan Source						
1. Full Name (Last, First, Midd	le Initial)			Name of Emp	oloyer			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		7		
2. Full Name (Last, First, Middle	nitial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7		
3. Full Name (Last, First, Middle	e Initial)			Name of Emp	oloyer			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		y		
4. Full Name (Last, First, Middle	nitial)			Name of Emp	oloyer			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		7		
SUBTOTALS This Period This Pag FOTALS This Period (last page in					·· ·	7 7 7	19.08]
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Use separate schedule(s) for each category of the Detailed Summary Page

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Transaction ID: SC/10.4752 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 93.73 0.00 93.73 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 M 1 1 M D08D 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)..... 93.73 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

	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transa	oction ID : SC/10.4753	
	LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mic	ldle Initial)		☐ Memo Item	Election: 2018 Frimary General	
	Mailing Address 9059 Orlando Avenue					Other (specify)	
	City		State	de	Personal Funds of the Candidate		
	Navarre		FL	32566		1 ersonal i unus oi the Candidate	
	Original Amount of Loan		Cumulative Pay	ment To		lance Outstanding at Close of This Period	
	6	5.00			0.00	6.00	
	TERMS Date Incurred		D	ate Due	Interest Ra (If none, ente		
	M12M / D21D / Y Ž01Ť	Υ	M M / D D	/ ^Y 1	/08/2018 ^v	% (apr) Yes X No	
	List All Endorsers or Guarantors	(if any) t	o Loan Source				
	Full Name (Last, First, Middle I	nitial)			Name of Employer		
	Mailing Address				Occupation		
		1			Amount Guaranteed		
	City	State	ZIP Code		Outstanding:	9 9	
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed		
	City		ZIP Code		Outstanding:	9 9	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed	7	
	4. Full Name (Last, First, Middle In	itial)			Outstanding: Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7 7	
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	arry outstanding balance only to LI	N⊑ ง, Sch	iedule D, for this	s line. If	no schedule D, carry for	ward to appropriate line of Summary.	

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Transaction ID: SC/10.4754 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 308.00 0.00 308.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 ^D22^D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 308.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.4755 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 56.34 0.00 56.34 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 ^D24^D 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)..... 56.34 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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		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4756
9		
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2018
John Mills for Congress		x Primary
Mailing Address		General Other (appeign)
Mailing Address 9059 Orlando Avenue		Other (specify)
City	State	ZIP Code Response Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
208.00		0.00 208.00
TERMS Date Incurred		Date Due Interest Rate Secured:
M ₁₂ M / D ₂₉ D / Y Ž01Ť Y	M M / D D	(If none, enter 0) / \(^11/\dographi8/2\dographi18^\dographi\) 0.00
29 2017		% (apr) Yes X No
List All Endorsers or Guarantors (if any	r) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed
State	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
O. Fall Name (Last First Middle Initial)		Odiotalianig.
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed
		Outstanding:
SUBTOTALS This Period This Page (options	al)	208.00
TOTALS This Period (last page in this line of	only)	
Corny outstanding belongs only to LINE 2	Sahadula D. for thi	s line If no Schodule D. corru forward to appropriate line of Comment
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13b Transaction ID: SC/10.4678 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 400.00 0.00 400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D17D M 01M Ž018 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)..... 400.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

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NAME OF COMMITTEE (In Full) John Mills for Congress	3		Tra	nsaction ID : SC/10.4709
				T
LOAN SOURCE Full Name	•	ldle Initial)	☐ Memo	
John Mills for Congre	SS			Primary
Mailing Address				General Other (specify) —
Mailing Address 9059 Orlando Avenue				Other (specify) ———————————————————————————————————
City		State FL	ZIP Code 32566	Personal Funds of the Candidate
Navarre				
Original Amount of Loan		Cumulative Page	yment To Date	Balance Outstanding at Close of This Period
2 2	2231.10	9	0.00	2231.10
TERMS Date Incurred		С	Date Due Interest (If none,	
M03M / D31D / Y	ž018 ^Y	M M / D D	[/] 11/08/2018 ^Y	0.00 % (apr) Yes X No
List All Endorsers or Guara	antors (if any) to	o Loan Source		- (
1. Full Name (Last, First, M	iddle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed	
City	State	ZIF Code	Outstanding:	7
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	7 7 7 7
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	7
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amaza	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This	Page (optional)		······	2231.10
TOTALS This Period (last page	in 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.

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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 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 150.67 0.00 150.67 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D20^D 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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	ME OF COMMITTEE (In Full) ohn Mills for Congress				Tran	saction ID : SC/10.4815	
Ľ,							
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Ite		
	John Mills for Congress					x Primary	
	Mailing Address					General Other (enecify)	
	Mailing Address 9059 Orlando Avenue					Other (specify)	
	City		State	ZIP Co		Personal Funds of the Candidate	
	Navarre		FL	32566		Totoliai Fanas er ine Ganalaate	
	Original Amount of Loan		Cumulative Pay	yment To	Date E	Balance Outstanding at Close of This Period	
	8500	0.00			700.00	7800.00	
	TERMS Date Incurred		,	Date Due	Interest F	Rate Secured:	
	Date incurred			die Due	(If none, e		
	^M 04 ^M / ^D 24 ^D / Y Ž01Ř	Y	M M / D D	/ Y1	/08/2018 ^v	0.00 % (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:	9 9 9	
	2. Full Name (Last, First, Middle In	itial)			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		
	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:	7	
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l c	arry outstanding balance only to LI	NE 3, Sch	eaule D, for this	s line. If	no Schedule D, carry f	forward to appropriate line of Summary.	

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		13b
AME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4830
LOAN SOURCE Full Name (Last, First, Mic John Mills for Congress Mailing Address 9059 Orlando Avenue	ddle Initial)	☐ Memo Item Election: 2018 ## Primary General Other (specify) ▼
City Navarre	State FL	ZIP Code 32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	Balance Outstanding at Close of This Period 0.00 1475.00
TERMS Date Incurred M06 ^M / D15 ^D / Y Z018 Y	D D D	Date Due Interest Rate (If none, enter 0) / Y08/28/2018
List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial)	o Loan Source	Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only	·) ······	,

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OF

			Detailed Summary P	age	13b
NAME OF COMMITTEE (In Full) John Mills for Congress			Trans	action ID : SC/10.4831	
John Mills for Congress					
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)		☐ Memo Iter	m Election: 2018	
John Mills for Congress				x Primary	
14.11				General	
Mailing Address 9059 Orlando Avenue				Other (specify) ▼	
City	State	ZIP Code)	Personal Funds of the C	Candidate
Navarre	FL	32566			
Original Amount of Loan	Cumulative Pay	ment To D	ate Ba	alance Outstanding at Close of Th	nis Period
600.00			0.00	600	00
000.00			0.00	600	.00
TERMS Date Incurred	D	ate Due	Interest Ra (If none, en		:
M06M / D15D / Y Ž018 Y	M M / D D	/ Y08/2	Ý8/2Ŏ18 ^Υ	0.00 % (apr) Yes	x No
List All Endorsers or Guarantors (if any) to	o Loan Source				
Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		(Occupation		
		 	Amount		
City State	ZIP Code		Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	9 9	
3. Full Name (Last, First, Middle Initial)	<u>'</u>	1	Name of Employer		
Mailing Address		(Occupation		
		,	Amount		
City State	ZIP Code		Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·	
4. Full Name (Last, First, Middle Initial)	'	1	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	9 9	
SUBTOTALS This Period This Page (optional)			———	600	.00
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AME OF COMMITTEE (In Full) John Mills for Congress					Trans	action ID : SC/10.4832
LOAN SOURCE Full Name (Last,	First, Mi	ddle Initial)			Memo Itei	m Election: 2018
John Mills for Congress				_	,oo	x Primary
Mailing Address						General Other (specify) ▼
Mailing Address 9059 Orlando Avenue						Other (specify) V
City		State	ZIP Code)		Bound For the Continue
Navarre		FL	32566			Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pay	yment To D	ate	Ва	alance Outstanding at Close of This Period
35	.10	7	,	0.00		35.10
TERMS Date Incurred		D	Date Due		Interest Ra	
^M 06 ^M / ^D 27 ^D / ^Y Ž018	Υ	M M / D D	/ Y08/2	2018 ^Y	T	0.00 % (apr) Yes X No
List All Endorsers or Guarantors	(if anv) t	o Loan Source				
Full Name (Last, First, Middle Ir	,	3 234.7 334.33		Name of Em	ployer	
Mailing Address				Occupation		
				Amount	_	
City	State	ZIP Code		Guaranteed Outstanding:	. L.	
2. Full Name (Last, First, Middle In	itial)	<u>'</u>		Name of Em	ıployer	
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:		9 9
3. Full Name (Last, First, Middle In	tial)			Name of Em	nployer	
Mailing Address				Occupation		
				Amount Guaranteed		
City	State	ZIP Code		Guaranteed Outstanding:		, , , , , , , , , , , , , , , , , , , ,
4. Full Name (Last, First, Middle In	tial)			Name of Employer		
Mailing Address				Occupation		
				Amount	_	
City	State	ZIP Code		Guaranteed Outstanding:		9 9
SUBTOTALS This Period This Page (c	ntional\					
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TOTALS This Period (last page in this	line only	y) ·····			▶	, ,
Carry outstanding balance only to LIN	NE 3, Scl	nedule D, for this	s line. If no	Schedule	D, carry fo	orward to appropriate line of Summary.

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AME OF COMMITTEE (In Full) John Mills for Congress					Transa	action ID : SC/10.4841	
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mi	ddle Initial)			Memo Iten	n Election: 2018 X Primary General	
Mailing Address 9059 Orlando Avenue						Other (specify) ▼	
City Navarre		State FL	ZIP Cod 32566	е		Personal Funds of the Candidat	
Original Amount of Loan		Cumulative Pay	yment To [Date	Ва	alance Outstanding at Close of This Perio	
2000	.00		,	0.00		2000.00	
TERMS Date Incurred		D	Date Due		Interest Ra (If none, ent		
^M 07 ^M / ^D 05 ^D / ^Y Ž018	Υ	M M / D D) / Y08/	ž8/2Ŏ18 [×]		0.00 % (apr) Yes X N	
List All Endorsers or Guarantors	(if any) t	to Loan Source					
1. Full Name (Last, First, Middle II	nitial)			Name of Em	ıployer		
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:		9 9 9	
2. Full Name (Last, First, Middle In	itial)			Name of Em	ıployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7	
3. Full Name (Last, First, Middle In	l itial)			Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:		9-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1	
4. Full Name (Last, First, Middle In	itial)			Name of Em	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 9	
SUBTOTALS This Period This Page (o	optional).				···· 	2000.00	
FOTALS This Period (last page in this	line onl	y)			▶		
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NAME OF COMMITTEE (In Full) John Mills for Congress		Trans	action ID : SC/10.4842
John Mills for Congress			
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Iter	m Election: 2018
John Mills for Congress			x Primary
			General
Mailing Address 9059 Orlando Avenue			Other (specify) \blacktriangledown
City	State	ZIP Code	
Navarre	FL	32566	Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Ba	alance Outstanding at Close of This Period
2000.00		0.00	2000.00
2000.00		0.00	2000.00
TERMS Date Incurred	Γ	Date Due Interest Ra	
M07 ^M / D05 ^D / Y Ž018 Y	M M / D D		0.00
07 05 2018		06/26/2016	% (apr) Yes X No
List All Endorsers or Guarantors (if ar	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
		Occupation	
Mailing Address		Occupation	
		Amount	
City	e ZIP Code	Guaranteed	
,		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
maining / taurees		'	
		Amount	
City	e ZIP Code	Guaranteed Outstanding:	9 9 9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
or rain rearise (East, First, Wildels Hillian)			
Mailing Address		Occupation	
		A	
City Stat	e ZIP Code	Amount Guaranteed	
City	e Zir Code	Outstanding:	7
4. Full Name (Last, First, Middle Initial)	'	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	e ZIP Code	Guaranteed	
		Outstanding:	-,,
SUBTOTALS This Period This Page (option	nal)		2000.00
			, 2000.00
TOTALS This Period (last page in this line	only)	······	
			7
Carry outstanding balance only to LINE 3.	Schedule 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

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OF

Transaction ID: SC/10.4874 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 18D M 03M ž019 Y03/17/2020 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

							100
AME OF COMMITTEE (In Full) John Mills for Congress					Transac	ction ID : SC/10.4106	
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mid	ddle Initial)			Memo Item	Election: 2014 x Primary General	
Mailing Address 1940 Boardwalk Drive						Other (specify)	
City		State	ZIP Cod	le		X Personal Funds of the Cand	didate
Miramar Beach		FL	32550			1 croonal rando di the cane	
Original Amount of Loan		Cumulative Pay	yment To	Date	Bala	nce Outstanding at Close of This F	² eriod
5000	0.00	7		0.00		5000.00	Ш
TERMS Date Incurred		D	Date Due		Interest Rate (If none, enter		
M06 ^M / D24D / Y Ž014	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 I	nitial)			Name of Emp	oloyer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed			
-		2 0000		Outstanding:		7	
2. Full Name (Last, First, Middle In	itial)			Name of Emp	oloyer		
Mailing Address				Occupation Amount			
City	State	ZIP Code		Guaranteed Outstanding:			
3. Full Name (Last, First, Middle In	itial)	1		Name of Emp	oloyer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		9	
4. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
	1	T=:=	•	Amount			
City	State	ZIP Code		Guaranteed Outstanding:		7	
SUBTOTALS This Period This Page (optional).					5000.00	\Box
TOTALS This Period (last page in this	line only	/)				7 7 7	
Carry outstanding balance only to LI	NE 3, Scl	nedule D, for this	s line. If r	no Schedule [D, carry forv	vard to appropriate line of Summ	ary.

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

PAGE 33 OF
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(check only one)

13a

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4116
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Aiddle Initial)	Memo Item Election: Primary General
Mailing Address 1940 Boardwalk Drive		Other (specify)
City Miramar Beach	State	ZIP Code 32550 Personal Funds of the Candidate
Original Amount of Loan		yment To Date Balance Outstanding at Close of This Period
4234.94	Odificiative 1 a	0.00 4234.94
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M07M / D18D / Y Z014 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	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optiona])	
TOTALS This Period (last page in this line o		, , , , ,
		7 7 7
Uarry outstanding balance only to LINE 3, S	cneaule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

						130		
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	action ID : SC/10.4197		
Ľ,								
	LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mic	ldle Initial)		☐ Memo Itel	m Election: Primary		
						General		
Mailing Address 1940 Boardwalk Drive						Other (specify)		
	City		State	ZIP Co		★ Personal Funds of the Candidate		
	Miramar Beach		FL	32550				
	Original Amount of Loan		Cumulative Pay	yment To	Date Ba	alance Outstanding at Close of This Period		
	1000	0.00	7		0.00	1000.00		
	TERMS Date Incurred		D	ate Due	Interest Ra (If none, en			
	M09M / D08D / Y 2015	Y	M M / D D	/ Y	YYY	% (apr) Yes X 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:	7		
	2. Full Name (Last, First, Middle In	itial)	<u>'</u>		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			
	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7		
	4. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7 7		
SI	UBTOTALS This Period This Page (optional)			······	1000.00		
T	OTALS This Period (last page in this	s line only	r)		······	, , , , , , , , , , , , , , , , , , , ,		
C	Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	orward to appropriate line of Summary.		
	-		<u> </u>					

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

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OF

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AME OF COMMITTEE (In Full) John Mills for Congress					Transac	tion ID : SC/10.4299	
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mi	ddle Initial)		N	flemo Item	Election: 2016 X Primary General Other (consist)	
Mailing Address 1940 Boardwalk Drive						Other (specify) ▼	
City		State	ZIP Cod 32550	le		Personal Funds of the Candida	
Miramar Beach		FL	1	.			
Original Amount of Loan	0.64	Cumulative Pa	lyment 10	0.00	Bala	nce Outstanding at Close of This Peri	
TERMS Date Incurred		С	Date Due		nterest Rate f none, enter		
M01M / D02D / Y Ž016	Y	M M / D D	/ Y	YYY		% (apr) Yes X	
List All Endorsers or Guarantors	(if any)	to Loan Source					
1. Full Name (Last, First, Middle	Initial)			Name of Emplo	oyer		
Mailing Address				Occupation			
City	City State ZIP Code			Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle In	nitial)	l		Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		, , , , , , ,	
3. Full Name (Last, First, Middle In	nitial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		, , , , , , ,	
4. Full Name (Last, First, Middle In	nitial)			Name of Emplo	oyer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		, ,	
SUBTOTALS This Period This Page (<u> </u>	3850.64	
Carry outstanding balance only to Li					carry forw	vard to appropriate line of Summary	

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

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Transaction ID: SC/10.4337 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.

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

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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID: SC/10.4342
LOAN SOURCE Full Name (Last, First, Mi	ddla Initial\	
MILLS, Ralph, John, , III	adie initial)	☐ Memo Item Election: 2018 ▼ Primary General
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Pag	yment To Date Balance Outstanding at Close of This Period
1500.00		0.00 1500.00
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M07 ^M / D18 ^D / Y Ž016 Y	M M / D D	/ Poěmaňd Y 0.00 % (apr) Yes ▼ No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u>.</u>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
		, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line onl	y)	• • • • • • • • • • • • • • • • • • •
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4343
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	Memo Item Election: 2018
MILLS, Ralph, John, , III	adie ilitial)	Memo Item Clection: 2018
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 Page	yment To Date Balance Outstanding at Close of This Period
300.00		0.00 300.00
TERMS Date Incurred		late Due Interest Rate Secured: (If none, enter 0)
M09 ^M / D06 ^D / Y Z016 Y	M M / D D	✓ Pěmaňd Ý 0.00 % (apr) Yes 🗶 No
List All Endorsers or Guarantors (if any) t	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	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
	T	Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
		, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line only	y)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

					, ,	130	
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction II	D : SC/10.4344	
Ľ							
	LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mic	ldle Initial)		x	tion: 2018 Primary	
						General	
	Mailing Address 1940 Boardwalk Drive					Other (specify) ▼	
	City		State FL	ZIP Cod	le	Personal Funds of the Candidate	
	Miramar Beach			32550	Data Balance C	Nutationalism at Olean of This Deviced	
	Original Amount of Loan		Cumulative Pay	ment 10	Date Balance C	Outstanding at Close of This Period	
	500	0.00	9		0.00	500.00	
	TERMS Date Incurred		D	ate Due	Interest Rate (If none, enter 0)	Secured:	
	M09M / D23D / Y Ž016	Y	M M / D D	/ Y [ěmaňd ^Ý 0.00	% (apr) Yes 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 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		
					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:	9	
SI	UBTOTALS This Period This Page (optional)			<u> </u>	500.00	
т	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 Schedule D. carry forward t	o appropriate line of Summary	
ı	and satisfaming salarioe only to Li	0, 001	2, 101 1118	,v. II I	Jonean D, carry forward t	appropriate into or outlinary.	

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

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OF

						130	
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transactio	on ID : SC/10.4351	
	LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mic	ddle Initial)		- Memo item	Election: 2018 Primary	
	• • • • • • • • • • • • • • • • • • • •					General	
	Mailing Address 1940 Boardwalk Drive					Other (specify) ▼	
	City		State	ZIP Cod	de	Personal Funds of the Candidate	
	Miramar Beach		FL	32550			
	Original Amount of Loan		Cumulative Pay	ment To	Date Balanc	e Outstanding at Close of This Period	
	500	0.00	,		0.00	500.00	
	TERMS Date Incurred		D	ate Due	Interest Rate (If none, enter 0)	Secured:	
	^M 05 ^M / ^D 02 ^D / ^Y Ž01Ť	Υ	M M / D D	/ Y	pěmaňd ^Y 0.00	% (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:	7	
	2. Full Name (Last, First, Middle In	itial)	1		Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
	4. Full Name (Last, First, Middle In	itial)	-		Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
S	UBTOTALS This Period This Page (optional)			······································	500.00	
T	OTALS This Period (last page in this	line only	/)		······	, , , , , , , ,	
_ c	Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry forwar	rd to appropriate line of Summary.	
					<u> </u>		

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		Transaction ID : SC/10.4357
ű		
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	Memo Item Election: 2018
MILLS, Ralph, John, , III		★ Primary General
Mailing Address		Other (specify) ▼
Mailing Address 1940 Boardwalk Drive		——————————————————————————————————————
City	State	ZIP Code 32550 Personal Funds of the Candidate
Miramar Beach		
Original Amount of Loan	Cumulative Page	ment To Date Balance Outstanding at Close of This Period
150.00		0.00
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)
^M 07 ^M / ^D 26 ^D / ^Y Ž017 ^Y	M M / D D	/ Y Y Y Y O.00
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed
Gity	ZIF Code	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	<u> </u>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		150.00
TOTALS This Period (last page in this line onl	y)	
		7 7 7
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

		130
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 (options	al)	750.00
TOTALS This Period (last page in this line of		, , , , , , , , , , , , , , , , , , , ,
		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.

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OF

		130
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4811
Ğ		
LOAN SOURCE Full Name (Last, First, Mic MILLS, Ralph, John, , III	ldle Initial)	☐ Memo Item Election: 2018 x Primary
• • • • • • • • • • • • • • • • • • • •		General
Mailing Address 1940 Boardwalk Drive		Other (specify)
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550 Telsonal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
16.95		0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M04 ^M / D07 ^D / Y Ž018 Y	M M / D D	/ Y11/Ŏ8/2Ŏ18
List All Endorsers or Guarantors (if any) to	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		16.95
TOTALS This Period (last page in this line only	y)	
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	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 ^D12^D M 07M ž019 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 300.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4900
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	ddle Initial)	☐ Memo Item
Mailing Address 1940 Boardwalk Drive		Other (specify) •
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach		32550 Polones Outstanding at Class of This Deviced
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 1200.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M07 ^M / D18 ^D / Y Z019 Y	M M / D D	/
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
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		1200.00
TOTALS This Period (last page in this line only	y)	
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.4901 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 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D10^D M09M ž019 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4929
MILLS, Ralph, , , III	ldle Initial)	☐ Memo Item Election: 2020 ✓ Primary
Mailing Address 9059 Orlando Avenue		General Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Navarre	FL	32566 Telsonal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1500.00		0.00 1500.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M12 ^M / D30 ^D / Y Ž019 Y	M M / D D	/
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		1500.00
TOTALS This Period (last page in this line only	y)	······································
Carry outstanding balance only to LINE 3, Sch	edule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.4936 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary MILLS, Ralph, , , III General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 12000.00 0.00 12000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D17D M 04M **2020** 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)..... 12000.00 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/10.4966 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary MILLS, Ralph, , , III General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5359.12 0.00 5359.12 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D10^D M 07M **2020** 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)..... 5359.12 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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AME OF COMMITTEE (In Full) John Mills for Congress			٦	Transaction I	D : SC/10.4992	
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, , , III Mailing Address 9059 Orlando Avenue	ddle Initial)		☐ Mem	no Item Elec	etion: 2020 Primary General Other (specify) ▼	
City Navarre	State FL	ZIP Code 32566			Personal Funds of the 0	Candidate
Original Amount of Loan	Cumulative Pay	yment To Date	0.00	Balance (Outstanding at Close of T	
TERMS Date Incurred M08M / D04D / Y 2020 Y	M M / D D	Date Due / \(^Y12/3\frac{3}{2}\)	(If no	est Rate ne, enter 0) 0.00	Secured % (apr) Yes	V
List All Endorsers or Guarantors (if any) t	to Loan Source					
Full Name (Last, First, Middle Initial)		Nam	e of Employe	r		
Mailing Address		Occi	upation			
City	ZIP Code		unt ranteed tanding:	,		
2. Full Name (Last, First, Middle Initial)		Nam	e of Employe	r		
Mailing Address		Оссі	ıpation			
City	ZIP Code		unt anteed tanding:			
3. Full Name (Last, First, Middle Initial)		Nam	e of Employe	r		
Mailing Address		Оссі	ıpation			
City	ZIP Code		unt anteed tanding:	· · · · ·		
4. Full Name (Last, First, Middle Initial)		Nam	e of Employe	r		
Mailing Address		Оссі	ıpation			
City	ZIP Code		unt anteed tanding:	7		
SUBTOTALS This Period This Page (optional). FOTALS This Period (last page in this line only					1495	5.00
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Sc	hedule D, ca	rry forward	to appropriate line of Su	ummary.

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Transaction ID: SC/10.4983 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary MILLS, Ralph, , , III General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D05D M80^M **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)..... 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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AME OF COMMITTEE (In Full) John Mills for Congress					Trans	action ID : SC/10.5016	
LOAN SOURCE Full Name (Last, MILLS, Ralph, , , III	First, Mi	ddle Initial)			Memo Iter	Election: 2022 Primary General	
Mailing Address 9059 Orlando Avenue						Other (specify) ▼	
City Navarre		State	ZIP Code 32566			Personal Funds of the Candidat	
Original Amount of Loan Cumulative Payme			yment To Da	o Date Balance Outstanding at Close of This Period			
1500	0.00		,	0.00		1500.00	
TERMS Date Incurred		С	Date Due		Interest Ra		
M11M / D19D / Y Ž02Ŏ	Υ	M M / D D	/ Y Y	YY		0.00 % (apr) Yes X N	
List All Endorsers or Guarantors	(if anv)	to Loan Source					
	Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			С	ccupation			
			A	mount			
City	State	ZIP Code		uaranteed utstanding:		7	
2. Full Name (Last, First, Middle In	2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			С	ccupation			
				mount			
City	State	ZIP Code		Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)			N	Name of Employer			
Mailing Address			С	ccupation			
City	State	ZIP Code	G	mount uaranteed		7	
4. Full Name (Last, First, Middle Initial)				utstanding: ame of Em			
Mailing Address			C	ccupation			
				mount			
City	State	ZIP Code	G	uaranteed utstanding:		, , , , , , , , , , , , , , , , , , , ,	
SUBTOTALS This Period This Page ((optional)					1500.00	
TOTALS This Period (last page in thi	s line onl	y)					
	NE 3, Sc	hedule D, for this	s line. If no	Schedule	D, carry fo	rward 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 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 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)..... 65997.49 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.