PAGE 1 / 52

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

10111111	For An A	Authorized Co	mmittee	Office Use Only			
NAME OF COMMITTEE (in fu	TYPE OR PRIN		Example: If typing, type over the lines.	12FE4M5			
John Mills for Co	ongress						
<u> </u>							
ADDRESS (number and :	street)	Avenue					
▼ Charle if differ							
Check if differ than previousl reported. (ACC	y ∣ Navarre			FL 325	66		
	TION NUMBER ▼	CITY A		STATE A	ZIP CODE ▲		
2. FEC IDENTIFICA C C00565366	TION NUMBER V	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT FL 01		
4. TYPE OF REPO	,	(b) 12-Day PI	RE-Election Report for the		D 2 ((400)		
April 15 C	uarterly Report (Q1)		Primary (12P)	General (12G)	Runoff (12R)		
July 15 Q	uarterly Report (Q2)	L	Convention (12C)	Special (12S)			
	5 Quarterly Report (Q3)	Election of	on M M / D D	/ Y Y Y Y	in the State of		
✗ January 3	1 Year-End Report (YE)	(c) 30-Day P (OST-Election Report for t	he:			
			General (30G)	Runoff (30R)	Special (30S)		
Terminatio	n Report (TER)	Election o	on M M / D D	/ Y " Y " Y " Y	in the State of		
5. Covering Period	M M / D D D 24	y y y y y 2020	through 1	M / D D / Y 2 31	y y y 2020		
I certify that I have exa	Adams, Chris		knowledge and belief it i	s true, correct and cor	mplete.		
Signature of Treasurer	Adams, Christopher, , ,		[Electronically Filed]	Date 01 /	20 /		
NOTE: Submission of fal-	se, erroneous, or incomple	ete information ma	ay subject the person signi	ng this Report to the pe	enalties of 52 U.S.C. §30109		
Office Use Only					FEC FORM 3 (Revised 05/2016)		

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name John Mills for Congress

2020 2020 12 24 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 368.50 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 368.50 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 783.17 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 63997.49 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

PAGE 3 / 52

Write or Type Committee Name John Mills for Congress 2020 31 2020 Report Covering the Period: From: To:

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

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 52

		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OP	ERATING EXPENDITURES	368.50	8801.49
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LO	AN 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	RFI	FUNDS OF CONTRIBUTIONS TO:	, ,	, ,
	(a)	Individuals/Persons Other	0.00	0.00
		Than Political Committees	0.00	
	(b)	Political Party Committees Other Political Committees	0.00	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.	ОТІ	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	368.50	8801.49
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	1151.67
24	TO	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	0.00
25.	SUI	BTOTAL (add Line 23 and Line 24)		1151.67
26.	то	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	368.50
27.		SH ON HAND AT CLOSE OF REPORTING btract Line 26 from Line 25)	S PERIOD	783.17

SCHEDULE B (FEC Form 3)

PAGE 5 52 FOR LINE NUMBER: 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 2020 12 02 Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting Services 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 368.50 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.5021 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 368.50 TOTAL This Period (last page this line number only)..... 368.50

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

PAGE 6
FOR LINE NUMBER: (check only one)

13a 13b

OF

			Detailed 3	Summary Pag	ge		13b		
AME OF COMMITTEE (In Full) John Mills for Congress				Transac	ction ID : SC/10.4711				
<u> </u>									
LOAN SOURCE Full Name (Last, First, M	/liddle Initial)			Memo Item	Election: 2018				
John Mills for Congress					✗ Primary				
					General				
Mailing Address 9059 Orlando Avenue					Other (specify)				
City	State	ZIP Code			X Personal Funds of	of the Can	didate		
Navarre	FL	32566			1 orsonar i anas c		aldato		
Original Amount of Loan	Cumulative Pa	yment To D	ate	Bala	ance Outstanding at Clos	e of This	Period		
126.34	1		0.00			126.34	П		
2 2	9	9			9 9				
TERMS Date Incurred	Γ	Date Due		Interest Rate (If none, enter		ecured:			
M09M / D21D / Y Ž017 Y	M M / D D	/ Y11/0	8/2Ŏ18 ^Ÿ		00 % (apr)	Yes X	∢ No		
List All Endorsers or Guarantors (if any	to Loan Source								
1. Full Name (Last, First, Middle Initial)		1	lame of Em	ployer					
Mailing Address		(Occupation						
		1	Amount						
City State	ZIP Code		Guaranteed Outstanding:		7 7				
2. Full Name (Last, First, Middle Initial)		1	Name of Employer						
Mailing Address		(Occupation						
		1	Amount						
City State	ZIP Code		Guaranteed Outstanding:		7 7				
3. Full Name (Last, First, Middle Initial)	-	1	Name of Employer						
Mailing Address		(Occupation						
		1	Amount						
City	ZIP Code		Guaranteed Outstanding:		7 7				
4. Full Name (Last, First, Middle Initial)		1	lame of Em	ployer					
Mailing Address		(Occupation						
			Amount						
City	ZIP Code		Guaranteed Outstanding:		7				
							_		
SUBTOTALS This Period This Page (optional	l)			▶		126.34			
TOTALS This Period (last page in this line o	nly)			▶	, , , , ,		Ī		
Corne outstanding balance calls to LINE 0.0	ohodulo D. for 45	o lino 14 ma	Cohodula	D 004121 for	word to oppressints live				
Carry outstanding balance only to LINE 3, S	criedule D, for this	s ime. IT no	ocneaule	ט, carry torv	waru to appropriate line	, oi Summ	ıary.		

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

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FOR LINE NUMBER: (check only one)

13a

OF

						130				
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	saction ID : SC/10.4742				
Ц	LOAN SOURCE Full Name (Last,	Eirot M:-	Idla Initial			Floorium 2040				
	John Mills for Congress	FIRST, IVIIO	idie initial)		☐ Memo Ite	Election: 2018 X Primary General				
	Mailing Address 9059 Orlando Avenue					Other (specify)				
	City		State	ZIP Co		✗ Personal Funds of the Candidate				
	Navarre		FL	32566		1 crosharranas or the canadate				
	Original Amount of Loan		Cumulative Pay	yment To		alance Outstanding at Close of This Period				
	303	3.01			0.00	303.01				
	TERMS Date Incurred		D	ate Due	Interest R (If none, er					
	M10 ^M / D04 ^D / Y Z017	Y	M M / D D	/ ^Y 11	/ŏ8/2ŏ18 [×]	0.00 % (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:	9 9				
	2. Full Name (Last, First, Middle In	itial)			Name of Employer					
	Mailing Address				Occupation					
					Amount					
	City	State	ZIP Code		Guaranteed Outstanding:	7				
	3. Full Name (Last, First, Middle In	itial)			Name of Employer					
	Mailing Address				Occupation					
		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:	9 9				
SI	UBTOTALS This Period This Page (optional)			<u> </u>	303.01				
T	OTALS This Period (last page in this	line only	y)		······					
C	Carry outstanding balance only to LI	NE 3, Sch	nedule 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

PAGE 8
FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4743
9		
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Item Election: 2018
John Mills for Congress		x Primary
Mailing Address	General	
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
4.24		0.00 4.24
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D05 ^D / Y Ž017 Y	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	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)	<u>'</u>	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:
	<u>'</u>	
SUBTOTALS This Period This Page (optional	al)	4.24
TOTALS This Period (last page in this line of	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

FOR LINE NUMBER: (check only one)

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OF

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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) 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 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)..... 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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OF

						130			
	COMMITTEE (In Full) Mills for Congress				Trans	action ID : SC/10.4745			
LOAN	I SOURCE Full Name (Last	, First, Mid	ldle Initial)		☐ Memo Iter	m Election: 2018			
Johr	n Mills for Congress				Primary				
NA - III -	- A -l -l			General					
9059	g Address Orlando Avenue					Other (specify) ▼			
City			State	ZIP Co		X Personal Funds of the Candidate			
Navarr	re		FL	32566					
Orig	ginal Amount of Loan		Cumulative Page	yment To	Date Ba	alance Outstanding at Close of This Period			
	2	1.63	7		0.00	21.63			
TERM	S Date Incurred		С	ate Due	Interest Ra (If none, en				
M 1	10 ^M / ^D 12 ^D / ^Y Ž017	Y	M M / D D	/ Y1	1/00/2010	0.00 % (apr) Yes X No			
List A	All Endorsers or Guarantors	(if any) to	Loan Source						
	ull Name (Last, First, Middle	` ,			Name of Employer				
М	ailing Address				Occupation				
					Amount				
Ci	ity	State	ZIP Code		Guaranteed	9			
2. Ful	Il Name (Last, First, Middle I	 nitial)			Name of Employer				
	''' A I I				Occupation				
IVIa	ailing Address				Occupation				
		1_	T		Amount Guaranteed				
Cit	У	State	ZIP Code			7			
3. Ful	ll Name (Last, First, Middle I	nitial)			Name of Employer				
Ма	ailing Address				Occupation				
					Amount				
Cit	у	State	ZIP Code		Guaranteed Outstanding:	9			
4. Ful	Il Name (Last, First, Middle I	nitial)			Name of Employer				
Ma	ailing Address				Occupation				
					Amount				
Cit	у	State	ZIP Code		Guaranteed Outstanding:	, , ,			
		l	1		ı				
SUBTOT	TALS This Period This Page	(optional)			······	21.63			
TOTALS	This Period (last page in the	is line only)		-				
Carry o	utstanding balance only to I	INE 3. Sch	edule D. for this	s line. If	no Schedule D. carry fo	prward to appropriate line of Summary.			
- Curry Ot	Durance only to L	0, 0011	, .01 1118	11	Jonesaulo D, Carry IC	to appropriate into or ouriniary.			

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

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OF

						130			
	ME OF COMMITTEE (In Full) hn Mills for Congress				Transa	action ID : SC/10.4746			
	<u> </u>								
L	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Iter	m Election: 2018			
	John Mills for Congress				Primary				
-	A-Biran Andaloran			General					
, i	Mailing Address 9059 Orlando Avenue					Other (specify) ▼			
	Dity		State	ZIP Co		Personal Funds of the Candidate			
	Navarre		FL	32566					
	Original Amount of Loan		Cumulative Page	yment To	Date Ba	alance Outstanding at Close of This Period			
	, ,	7.95	7		0.00	7.95			
٦	TERMS Date Incurred		С	Date Due	Interest Ra (If none, ent				
	M10 ^M / D17 ^D / Y Ž017	Y	M M / D D	/ Y1	1/00/2010	0.00 % (apr) Yes No			
ī	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	9 9			
2	2. Full Name (Last, First, Middle Ir	itial)			Name of Employer				
					Occupation				
	Mailing Address								
		T_	T		Amount Guaranteed				
	City	State	ZIP Code			9 9			
3	3. Full Name (Last, First, Middle Ir	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9			
4	4. Full Name (Last, First, Middle Ir	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9			
		1			1				
SUI	BTOTALS This Period This Page (optional)			······	7.95			
то	TALS This Period (last page in this	s line only	y)		······				
	mar arriadandina balanca anticto 11	NE 0 Oct	adula D. faratti	a line If	no Cohodule D. com (musual to annuanciate live of Comme			
Ca	rry outstanding balance only to Li	in⊑ J, Sch	ieauie D, for this	s line. If	no schedule D, carry to	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		Transaction ID : SC/10.4747
LOAN SOURCE Full Name (Last, First, M John Mills for Congress Mailing Address 9059 Orlando Avenue	liddle Initial)	☐ Memo Item
	10	700.4
City Navarre	State FL	ZIP Code 32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	
72.49	ournature 1 a	0.00 72.49
TERMS Date Incurred	D	Interest Rate Secured: (If none, enter 0)
M10 ^M / D30 ^D / Y Ž017 Y	M M / D D	/ Y11/Ŏ8/2Ŏ18
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u> </u>	Name of Employer
Mailing Address		Occupation
	T	Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
,	211 0000	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional) FOTALS This Period (last page in this line or	ıly)	
Carry outstanding balance only to LINE 3, So	chedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

		130
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4748
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)	☐ Memo Item Election: 2018
John Mills for Congress		x Primary General
Mailing Address 9059 Orlando Avenue		Other (specify) ▼
City	State	ZIP Code Response Personal Funds of the Candidate
Navarre	FL	32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
196.54		0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M10M / D31D / Y Ž01Ť 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 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)		196.54
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.

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		Transaction ID : SC/10.4749
LOAN SOURCE Full Name (Last, First John Mills for Congress Mailing Address 9059 Orlando Avenue	Middle Initial)	☐ Memo Item Election: 2018 Primary General 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
41.21		0.00 41.21
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M11M / D01D / Y 2017 Y	M M / D	
List All Endorsers or Guarantors (if an	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
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
	1-:	Amount
City	e ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optio	nal)	41.21
FOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3	Schedule D, for th	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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AME OF COMMITTEE (In Full) John Mills for Congress					Transa	ction IE) : SC/10.47	50		
LOAN SOURCE Full Name (Last, F John Mills for Congress Mailing Address 9059 Orlando Avenue	First, Midd	le Initial)			Memo Iten	×	cion: 2018 Primary General Other (spec			
City Navarre	S	State FL	ZIP Cod 32566	e		×	Personal F	Funds of the	e Can	didate
Original Amount of Loan Cumulative Payment To I			Date 0.00	Ва	lance O	utstanding		This 304.08		
TERMS Date Incurred M11 ^M / D05 ^D / Y 2017	Y	D D D	ate Due		Interest Ra (If none, ent		% (apr)	Secur	red: res	€ No
List All Endorsers or Guarantors (Loan Source		N (5						
1. Full Name (Last, First, Middle In	itial)			Name of Emp	oloyer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:						
2. Full Name (Last, First, Middle Init	tial)			Name of Employer						
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	- 7			
3. Full Name (Last, First, Middle Init	tial)			Name of Employer						
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	. ,			
4. Full Name (Last, First, Middle Init	tial)	!		Name of Employer						
Mailing Address			Occupation							
City	State	ZIP Code		Amount Guaranteed Outstanding:		,				
SUBTOTALS This Period This Page (o	-				··· \		7	, 8	04.08	
Carry outstanding balance only to LIN	E 3, Sche	dule D, for this	line. If n	o Schedule D	O, carry fo	ward to	appropria	te line of	Sumn	narv.

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AME OF COMMITTEE (In Full) John Mills for Congress					Transa	ection ID) : SC/10.475	1	
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9059 Orlando Avenue			Memo Iten	_ X	tion: 2018 Primary General Other (specif	y) ▼			
		1	1						
City		State	ZIP Code			×	Personal Fu	nds of the	e Candidate
Navarre		FL	32566						
Original Amount of Loan	.08	Cumulative Pay	ment To Da	0.00		lance O	utstanding at		This Period
TERMS Date Incurred		D	ate Due		Interest Ra			Secur	ed:
M11M / D08D / Y 2017	Υ	M M / D D	/ Y11/Ŏ	3/2Ŏ18 ^Ÿ	(If none, ent	o.00	% (apr)	Y	es 🗴 No
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle I	nitial)		٨	lame of Em	ployer				
Mailing Address			C	ccupation					
200				Amount Guaranteed Outstanding:				$\overline{}$	
City State ZIP Code								_	
2. Full Name (Last, First, Middle In	itial)		N	Name of Employer					
Mailing Address			C	Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle In	itial)	L	N	lame of Em	ployer				
Mailing Address			С	Occupation					
City	State	ZIP Code	- G	mount Guaranteed Outstanding:		,			
4. Full Name (Last, First, Middle In	l itial)			Name of Employer					
Mailing Address	Mailing Address								
City	State	ZIP Code	(mount Guaranteed Outstanding:		7	7		
DTALS This Period (last page in this line only)									
Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	line. If no	Schedule I	D, carry for	rward to	o appropriat	e line of	Summary.

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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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Transaction ID: SC/10.4753 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 6.00 0.00 6.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 ^D21 ^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)..... 6.00 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/10.4754 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) 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 D24D 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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Transaction ID: SC/10.4756 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 208.00 0.00 208.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 ^D29^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)..... 208.00 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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		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4678
9		
LOAN SOURCE Full Name (Last, First, M	☐ Memo Item	
John Mills for Congress		x Primary
Mailing Address		General
Mailing Address 9059 Orlando Avenue	Other (specify)	
City	State	ZIP Code Personal Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
400.00	, ,	0.00 400.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M01M / D17D / Y Ž018 Y	M M / D D	√ 11/08/2018
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		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 (optional)	400.00
TOTALS This Period (last page in this line or	nly)	
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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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	Occupation			
			Amount	Amount			
City	State	ZIP Code	Guaranteed				
City	State ZIP Code			7			
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	Name of Employer			
Mailing Address			Occupation	Occupation			
			Amount	Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7 7 7 7			
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	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				
			Amazarrat				
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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AME OF COMMITTEE (In Full) John Mills for Congress					Transa	action ID : SC/10.4829	
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mi	ddle Initial)			Memo Iten	Primary General	
Mailing Address 9059 Orlando Avenue	Mailing Address 9059 Orlando Avenue					Other (specify)	
City Navarre		State FL	ZIP Code 32566			Personal Funds of the Candidate	
Original Amount of Loan		Cumulative Pay	yment To Da	te	Ва	lance Outstanding at Close of This Period	
150).67	, ,		0.00	0	150.67	
TERMS Date Incurred		С	Date Due		Interest Ra (If none, enter		
M04 ^M / D20 ^D / Y Ž018	Y	M M / D D	[/] \ Y08/28	/2Ŏ18 ^Ÿ	(% (apr) Yes X No	
List All Endorsers or Guarantors	(if any) t	to Loan Source					
1. Full Name (Last, First, Middle I	nitial)		N	ame of Em	nployer		
Mailing Address			0	Occupation			
				Amount Guaranteed			
City State ZIP Code				utstanding	:	9	
2. Full Name (Last, First, Middle In	itial)	·	N	Name of Employer			
Mailing Address				ccupation			
City	State	ZIP Code	G	mount uaranteed utstanding:		7	
3. Full Name (Last, First, Middle In	itial)	l .	N	Name of Employer			
Mailing Address			0	Occupation			
City	State	ZIP Code	G	mount uaranteed utstanding:		y y	
4. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
				mount			
City	State	ZIP Code		uaranteed utstanding:	. —	7	
SUBTOTALS This Period This Page (optional).					150.67	
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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 Occupation			
	Mailing Address							
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
				Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	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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AME OF COMMITTEE (In Full) John Mills for Congress				Transac	ction ID : SC/10.4830					
LOAN SOURCE Full Name (Last, First, Mic John Mills for Congress	ddle Initial)			Memo Item	Election: 2018 X Primary General Other (specify)					
Mailing Address 9059 Orlando Avenue					Other (specify) •					
City Navarre	State FL	ZIP Code 32566			Personal Funds of	the Can	didate			
Original Amount of Loan Cumulative Payment To			0.00		ance Outstanding at Close	e of This				
TERMS Date Incurred M06M / P15P / Y Z018 Y	M M / D D	oate Due / Y08/2	8/2Ŏ18 ^Ÿ			Yes	K No			
List All Endorsers or Guarantors (if any) to	o Loan Source									
1. Full Name (Last, First, Middle Initial)		1	lame of Emp	ployer						
Mailing Address			Occupation				-			
City		Amount Guaranteed Outstanding:								
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)					Name of Employer				
Mailing Address		(Occupation							
City	ZIP Code		Amount Guaranteed Outstanding:		7 7					
3. Full Name (Last, First, Middle Initial)		1	Name of Employer							
Mailing Address		(Occupation							
City	ZIP Code	(amount Guaranteed Outstanding:		7 7					
4. Full Name (Last, First, Middle Initial)		1	lame of Emp	ployer						
Mailing Address	(Occupation								
City	ZIP Code	(amount Guaranteed Outstanding:		7 7					
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Carry outstanding balance only to LINE 3, Sch					ward to appropriate line	of Sumn	nary.			

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NAME OF COMMI John Mills for			Transa	action ID : SC/10.4831			
LOAN SOURCE Full Name (Last, First, Middle Initial)							
John Mills f	or Congress			x Primary			
Mailia a Aalalaa a				General			
Mailing Address 9059 Orlando Av	s venue		Other (specify) ▼				
City		State	ZIP Code	Personal Funds of the Candidate			
Navarre		FL	32566				
Original Amou	int of Loan	Cumulative Pa	yment To Date Ba	lance Outstanding at Close of This Period			
	600.00		0.00	600.00			
TERMS	Date Incurred	Γ	Pate Due Interest Ra				
M06M /	² 15 ^D / ^Y Ž018 ^Y	M M / D D	[/] ^Y 08/Ž8/2Ŏ18 ^Y	0.00 % (apr) Yes X No			
List All Endors	sers or Guarantors (if any)	to Loan Source					
	(Last, First, Middle Initial)		Name of Employer				
Mailing Add	dress		Occupation	Occupation			
			Amount				
City	State	ZIP Code	Guaranteed	7			
2. Full Name (L			Name of Employer				
Mailing Add	ress		Occupation	Occupation			
			Amount	Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7			
3. Full Name (L	ast, First, Middle Initial)		Name of Employer				
NA 111 A 1 1			Occupation				
Mailing Add	ress		Occupation				
			Amount				
City	State	ZIP Code	Guaranteed Outstanding:	7			
4. Full Name (L	ast, First, Middle Initial)		Name of Employer				
Mailing Add	ress		Occupation				
			Amount				
City	State	ZIP Code	Guaranteed Outstanding:	7			
	l	<u> </u>	l				
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TOTALS This Peri	od (last page in this line on	ly)					
Carry outstanding	balance only to LINE 3 Se	chedule D. for thi	s line. If no Schedule D. carry for	ward to appropriate line of Summary.			
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	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID: SC/10.4832			
5								
	LOAN SOURCE Full Name (Last,	First, Mid	ldle Initial)		Memo Item Election: 2018			
	John Mills for Congress				Primary			
	Mailing Address				General Other (anality)			
	Mailing Address 9059 Orlando Avenue				Other (specify)			
	City		State	ZIP Co	Personal Funds of the Candida			
	Navarre		FL	32566				
	Original Amount of Loan		Cumulative Pay	ment To	Date Balance Outstanding at Close of This Peri			
	35	5.10			0.00			
	TERMS Date Incurred		D	ate Due	Interest Rate Secured: (If none, enter 0)			
	^M 06 ^M / ^D 27 ^D / ^Y Ž018́	Υ	M M / D D	/ Yos	8/28/2018 O.00			
	List All Endorsers or Guarantors	(if any) to	o Loan Source		76 (apr) res			
	Full Name (Last, First, Middle I		b Loan Gource		Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:			
	2. Full Name (Last, First, Middle Initial)				Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:			
	3. Full Name (Last, First, Middle In	itial)	'		Name of Employer Occupation			
	Mailing Address							
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
				Amount				
	City	State	ZIP Code		Guaranteed Outstanding:			
		•						
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T	OTALS This Period (last page in this	s line only	y)					
С	arry 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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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 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 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 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

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Transaction ID: SC/10.4842 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 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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13b Transaction ID: SC/10.4874 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 18D M 03M ž019 Y03/17/2020 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4106
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	Memo Item Election: 2014	
Mailing Address 1940 Boardwalk Drive	Other (specify) ▼	
City	State	ZIP Code 32550 Personal Funds of the Candidate
Miramar Beach		
Original Amount of Loan 5000.00	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 5000.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
^M 06 ^M / ^D 24 ^D / ^Y Ž01¾ ^Y	M M / D D	(in notice, enter 0) 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
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)	'	5000.00
TOTALS This Period (last page in this line only		, , , , , , , , , , , , , , , , , , , ,
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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NAME OF COMMITTEE (In Full) John Mills for Congress				Trans	saction ID : SC/10.4116		
LOAN SOURCE Full Name (Last, First MILLS, Ralph, John, , III	Election: Primary General						
Mailing Address 1940 Boardwalk Drive	Other (specify) ▼						
City	Stat		ZIP Cod	de	✗ Personal Funds of the Candidate		
Miramar Beach	FL		32550				
Original Amount of Loan 4234.94		mulative Pay	ment To	Date B	alance Outstanding at Close of This Period 4234.94		
TERMS Date Incurred		D	ate Due	Interest R	ate Secured:		
M07 ^M / P18 ^D / Y Ž014 Y	M M	- D D	/ Y	(If none, er			
List All Endorsers or Guarantors (if a	any) to Lo	an Source			· · · /		
1. Full Name (Last, First, Middle Initia	al)			Name of Employer			
Mailing Address				Occupation			
City	ate ZI	P Code		Amount Guaranteed Outstanding:	, , , , ,		
2. Full Name (Last, First, Middle Initial	2. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation			
	1			Amount Guaranteed			
City	ate ZI	P Code		Outstanding:	7		
3. Full Name (Last, First, Middle Initial	l)			Name of Employer			
Mailing Address				Occupation			
City	ate ZI	P Code		Amount Guaranteed Outstanding:	. , ,		
4. Full Name (Last, First, Middle Initial	l)			Name of Employer			
Mailing Address	Mailing Address			Occupation			
	1_			Amount			
City	ate ZI	P Code		Guaranteed Outstanding:	9 9 9		
SUBTOTALS This Period This Page (opti	onal)			······	4234.94		
TOTALS This Period (last page in this lin	ie only)				7 7 7 7		
Carry outstanding balance only to LINE	3, Schedul	e D, for this	line. If	no Schedule D. carry fo	prward to appropriate line of Summary.		

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OF

		100
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	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	lyment 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		, , , , , ,
TOTALS THIS PERIOU (last page in this line or	шу)	<u> </u>
Carry outstanding balance only to LINE 3, Se	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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

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

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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	√ Poémaňd Y 0.00 M (apr) Yes No √
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u>.</u>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
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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	<u>, </u>		
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID: SC/10.4343	_		
Ľ.	<u> </u>							
	LOAN SOURCE Full Name (Last,	First, Mic	ddle Initial)		☐ Memo Item			
	MILLS, Ralph, John, , III				General			
	Mailing Address 1940 Boardwalk Drive				Other (specify) ▼			
	City		State	ZIP Co	Personal Funds of the Candida	 ite		
	Miramar Beach		FL	32550	Total and of the danded	_		
	Original Amount of Loan		Cumulative Pay	yment To	Date Balance Outstanding at Close of This Peri	od		
	300	0.00			0.00 300.00	_		
	TERMS Date Incurred		D	ate Due	Interest Rate Secured: (If none, enter 0)			
	M09M / D06D / Y Ž016	Υ	M M / D D	/ Y	Děmaňd ^Y 0.00 % (apr) Yes X	lo		
	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			
					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:			
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Use separate schedule(s) for each category of the Detailed Summary Page

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	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.		

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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 D02D 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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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4357
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	ddle Initial)	☐ Memo Item
Mailing Address 1940 Boardwalk Drive		General Other (specify) ▼
City	State	ZIP Code 32550 Personal Funds of the Candidate
Miramar Beach		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 150.00
TERMS Date Incurred	Г	Date Due Interest Rate Secured:
^M 07 ^M / ^D 26 ^D / ^Y Ž017 ^Y	M M / D D	/
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle 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)	'	150.00
TOTALS This Period (last page in this line only		100.00
Carry outstanding balance only to LINE 3, Sci	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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			130
AME OF COMMITTEE (In Full) Ohn Mills for Congress			Transaction ID : SC/10.4358
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive	First, Mid	ddle Initial)	☐ Memo Item Election: 2018 Primary General Other (specify) ▼
City		State	ZIP Code
Miramar Beach		FL	32550 Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
750	0.00	2	750.00
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)
M09 ^M / D13 ^D / Y Ž017	Υ	M M / D D	/
List All Endorsers or Guarantors	(if any) t	o Loan Source	
1. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
City	State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Ir	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
City		ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Ir	nitial)		Name of Employer
Mailing Address			Occupation
0.1	01.	710.0.1	Amount Guaranteed
City	State	ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optional).		750.00
OTALS This Period (last page in this	s line only	y)	
Carry outstanding balance only to LI	NE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4811
LOAN SOURCE Full Name (Last, First, 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 ^M / D07 ^D / 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 Code	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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		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4899
LOAN SOURCE Full Name (Last, First MILLS, Ralph, John, , III	, Middle Initial)	Memo Item Election: Primary General
Mailing Address 1940 Boardwalk Drive		Other (specify) ———————————————————————————————————
City Miramar Beach	State	ZIP Code 32550 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	
300.00		0.00 300.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M07 ^M / P12 ^D / Y Ž019 Y	M M / D D	/
List All Endorsers or Guarantors (if a	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial		Name of Employer
Mailing Address		Occupation
City	te ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
0.1	710 0 1	Amount Guaranteed
City	te ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		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
City	te ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optio	nal)	200.00
TOTALS This Period (last page in this line		, , , , , , , , , , , , , , , , , , , ,
		7 7 7
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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		100
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.

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

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										130
AME OF COMMITTEE (In Full) Ohn Mills for Congress					Trans	saction	ID : SC/10.49	901		
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive	First, Mic	ddle Initial)			Memo Ite	em Elec	ction: Primary General Other (spec	ify) ▼		
City		State	ZIP Code				7			
Miramar Beach		FL	32550				Personal F	unds of t	he Cand	idate
Original Amount of Loan		Cumulative Pay	ment To Date		В	alance (Outstanding	at Close	of This F	erioc
1500	0.00	2		0.00			,	,	1500.00	
TERMS Date Incurred		D	ate Due		Interest R (If none, er			Seci	ured:	
M09M / P10P / Y Ž01Š	Y	M M / D D	/ Y Y	YY		0.00	% (apr)		Yes x	No
List All Endorsers or Guarantors	(if any) t	o Loan Source								
1. Full Name (Last, First, Middle I	nitial)		Nar	me of Emp	ployer					
Mailing Address			Occ	cupation						
			Am	ount	-				-	
City	State	ZIP Code		aranteed standing:	L	7	7			
2. Full Name (Last, First, Middle In	itial)		Nar	Name of Employer						
Mailing Address			Occ	cupation						
				ount		-			-	
City	State	ZIP Code		Guaranteed Outstanding:						
3. Full Name (Last, First, Middle In	itial)		Nar	Name of Employer						
Mailing Address			Occ	cupation						
				ount					-	
City	State	ZIP Code		aranteed standing:		7	,			
4. Full Name (Last, First, Middle In	itial)	1	Nar	me of Emp	ployer					
Mailing Address			Occ	cupation						
	1			ount		-			-	
City	State	ZIP Code		aranteed standing:		7	7			
SUBTOTALS This Period This Page (optional).				···•		7	1	500.00	
OTALS This Period (last page in this	line only	v)			▶		7	,		
Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	line. If no S	chedule [D, carry fo	orward	to appropria	ate line o	f Summa	ary.

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

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AME OF COMMITTEE (In Full) ohn Mills for Congress			Transaction ID : SC/10.4929		
LOAN SOURCE Full Name (Last,	Firet Mic	dde Initial)	Memo Item Election: 2020		
MILLS, Ralph, , , III	i ii 3t, iviid	dale lilital)	☐ Memo Item		
Mailing Address 9059 Orlando Avenue			Other (specify) ▼		
City		State	ZIP Code Personal Funds of the Candid		
Navarre		FL	32566		
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Pe		
1500	0.00		0.00 1500.00		
TERMS Date Incurred		D	Pate Due Interest Rate Secured: (If none, enter 0)		
M12 ^M / D30 ^D / Y Ž019	Y	M M / D D	0.00 % (apr) Yes		
List All Endorsers or Guarantors	(if any) t	o Loan Source			
1. Full Name (Last, First, Middle I	nitial)		Name of Employer		
Mailing Address			Occupation		
			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:		
UBTOTALS This Period This Page (optional)					
OTALS This Period (last page in this	line only	/)			
Name autotouding balance calcity 1.1	NE 2 C	andula D. familia	line If we Calculus D. saws familiard to convenient line of O		
arry outstanding palance only to Li	N⊑ 3, 5CI	iedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summa		

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			<u> </u>	130			
AME OF COMMITTEE (In Full) John Mills for Congress			Tran	saction ID : SC/10.4936			
LOAN SOURCE Full Name (Last, First MILLS, Ralph, , , III Mailing Address 9059 Orlando Avenue	t, Middle Ini	☐ Memo Ite	Election: 2020 X Primary General Other (specify)				
City	State	IP Code	Demond Funds of the Occalidate				
Navarre	FL	32566	Personal Funds of the Candidat				
Original Amount of Loan	Cum	ent To Date E	Date Balance Outstanding at Close of This Period				
12000.00		- 9	0.00	12000.00			
TERMS Date Incurred		D	e Due Interest F				
^M 04 ^M / □17 ^D / Y Ž02Ŏ Y	M M	/ Y Y Y Y	% (apr) Yes X No				
List All Endorsers or Guarantors (if a	ıny) to Loar	Source					
1. Full Name (Last, First, Middle Initia	l)		Name of Employer	Name of Employer			
Mailing Address			Occupation				
			Amount	Amount			
City	ate ZIP	Code	Guaranteed Outstanding:	9 9			
2. Full Name (Last, First, Middle Initial)			Name of Employer	Name of Employer			
Mailing Address		Occupation	Occupation				
				Amount Guaranteed			
City	ate ZIP	Code	Outstanding:	7			
3. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer				
Mailing Address		Occupation	Occupation				
0:4.	710	01-	Amount Guaranteed				
City		Code	Outstanding:	9 9			
4. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer				
Mailing Address		Occupation	Occupation				
City State ZIP Code			Amount Guaranteed				
Oity	ite Zir	Code	Outstanding:	9 9			
UBTOTALS This Period This Page (optional)							
OTALS 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	saction	ID : SC/10.4	966		
LOAN SOURCE Full Name (Last, MILLS, Ralph, , , III Mailing Address 9059 Orlando Avenue			Memo Ite	Ele X	ction: 2020 Primary General Other (spec					
City	ZIP Code				Damanali					
Navarre	32566	Personal Funds of the Candida								
Original Amount of Loan	ment To Da	Date Balance Outstanding at Close of This Period								
5359		0.00			7	,	5359.12			
TERMS Date Incurred		D	ate Due		Interest R			Sec	ured:	
M07M / D10D / Y Ž02Ŏ	Y	M M / D D	/ Y Y	YY		0.00	% (apr)		Yes 🕽	€ No
List All Endorsers or Guarantors	(if any) t	o Loan Source								
1. Full Name (Last, First, Middle I	nitial)		N	Name of Employer						
Mailing Address			0	ccupation						
				Amount						
City	State	ZIP Code		uaranteed utstanding:		7	7			
2. Full Name (Last, First, Middle In	itial)		N	Name of Employer						
Mailing Address				Occupation						
211	Taxa Taxa a			Amount Guaranteed						
City	State	ZIP Code		utstanding:		7	7			
3. Full Name (Last, First, Middle In	N	Name of Employer								
Mailing Address			0	Occupation						
0''		710.0		Amount Guaranteed						
City	State	ZIP Code		utstanding:		7	7			
4. Full Name (Last, First, Middle Initial)				Name of Employer						
Mailing Address				Occupation						
City.				Amount Guaranteed						
City	State	ZIP Code		utstanding:		7	7			
UBTOTALS This Period This Page (optional)										
OTALS This Period (last page in this	OTALS 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/10.4992			
LOAN SOURCE Full Name (Last, First, N	liddle Initial)	— Election: 0000			
MILLS, Ralph, , , III	ilidale illitial)	☐ Memo Item			
Mailing Address 9059 Orlando Avenue		Other (specify) ▼			
City	State	ZIP Code Personal Funds of the Candidate			
Navarre	FL	32566			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
1495.00		0.00 1495.00			
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)			
M08M / D04D / Y Ž02Ŏ Y	M M / D D	/ Y12/31/2020			
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			
		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)	<u>'</u>	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional					
170000					
TOTALS This Period (last page in this line only)					
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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	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	saction ID : SC/10.4983			
Щ									
	LOAN SOURCE Full Name (Last, MILLS, Ralph, , , III	First, Mic	ldle Initial)		☐ Memo Item ☐ Election: 2020 ☐ Primary ☐ General ☐ Other (specify) ▼				
•	Mailing Address 9059 Orlando Avenue								
				ZIP Co	de	Personal Funds of the Candidate			
	Navarre		FL	32566	reisonal runds of the Candidate				
	Original Amount of Loan Cumulative Payment To				o Date Balance Outstanding at Close of This Period				
	1500	0.00	,		0.00 1500.00				
	TERMS Date Incurred		D	Date Due	Interest R (If none, er				
	M08M / D05D / Y Ž02Ŏ	Υ	M M / D D	/ ^Y 12	2/31/2020 ^Y 0.00				
l	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:					
ĺ	3. Full Name (Last, First, Middle In	itial)			Name of Employer Occupation				
	Mailing Address								
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	4. Full Name (Last, First, Middle In	itial)	•		Name of Employer				
	Mailing Address				Occupation				
					Amount				
•	City	State	ZIP Code		Guaranteed Outstanding:	9 9			
					_				
SI	SUBTOTALS This Period This Page (optional)								
т	TOTALS This Period (last page in this line only)								
С	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/10.5016 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 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) M 11M 0.00 ^D19^D **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)..... 1500.00 TOTALS This Period (last page in this line only) 63997.49 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.