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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Com	mittee	Offic	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		ample: If typing, type er the lines.	12FE4M5	
John Mills for Con	gress				1
, DDD 500 ()	1940 Boardwa	alk Drive			
ADDRESS (number and stre ▼	eet)				
Check if different than previously				I F 3255	50
reported. (ACC)	Miramar Beac	n 		FL 3256	
. FEC IDENTIFICATION	ON NUMBER W	CITY ▲		STATE ▲	ZIP CODE ▲
. TEO IDENTIFICATIO	ON NOWIBER V				STATE ▼ DISTRICT
C C00565366		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	FL 01
		HEI OITI	(14)	(~)	
I. TYPE OF REPOR	T (Chaosa Ona)	1			
		(b) 12-Day PRE	-Election Report for t	the:	
(a) Quarterly Reports	5.		Primary (12P)	General (12G)	Runoff (12R)
X April 15 Qua	rterly Report (Q1)				
July 15 Quar	terly Report (Q2)		Convention (12C)	Special (12S)	
Ostaban 15 (Overstantin Barrant (OO)		M M / D I	D / Y Y Y Y	in the
October 15 C	Quarterly Report (Q3)	Election on			State of
January 31 Y	ear-End Report (YE)	(c) 30-Day POS	T-Election Report for	the:	
			General (30G)	Runoff (30R)	Special (30S)
Tormination 5	Papart (TED)				
Termination F	neport (TEn)	Election on	M M / D I	D / Y Y Y Y	in the State of
Covering Deried	M M / D D D 01	/ Y Y Y Y Y 2018		03 31 Y	2018
i. Covering Period	01 01	20.0	through	03 31	2010
certify that I have examin	and this Poport and t	a the hest of my kr	nowledge and helief i	t is true correct and cor	moloto
Type or Print Name of Tre	Adams, Chri		owiedge and belief it	i is true, correct and cor	npiete.
ype or Fillit Name of the					
Signature of Traceurer	Adams, Christopher, , ,		[Electronically E21-J7	Date 05	22 / Y Y Y Y Y Y 2018
Signature of Treasurer			[Electronically Filed]	Date	
IOTE: Submission of false,	erroneous, or incompl	ete information may	subject the person sig	ning this Report to the pe	enalties of 52 U.S.C. §3010
Office					EC FORM 3
Use Only					(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 40

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Mills for Congress

2018 2018 03 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 5320.00 805.00 (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) 5320.00 805.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 4146.10 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 4146.10 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 4228.13 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 24769.65 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

ts

PAGE 3 / 40

Write or Type Committee Name

John Mills for Congress

Report Covering the Period: From: 01 01 2018 To: 03 31 2018

	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)	1130.00	300.00	
	(ii) Unitemized	4190.00	505.00	
	(iii) TOTAL of contributions from individuals	5320.00	805.00	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) The Candidate	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	5320.00	805.00	
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3.	LOANS:			
	(a) Made or Guaranteed by the Candidate	2631.10	9234.94	
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	2631.10	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)	7951.10	10039.94	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 40

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	4146.10	8801.49
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
10	LOAN REPAYMENTS:		
10.	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	4146.10	8801.49
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	423.13
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	7951.10
25.	SUBTOTAL (add Line 23 and Line 24)		8374.23
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	4146.10
7.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	4228.13

SCHEDULE A (FEC Form 3)

Use separate schedule(s) for each category of the

F	FOR LINE NUMBER:				PAGE	5	OF	4	10		
(c	(check only one)										
	X	11a		11b		11c	11	d			
		12		13a		13h	14			15	

ITEMIZED RECEIPTS **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Mills for Congress Full Name (Last, First, Middle Initial) Boswell, Carmen, T,, Date of Receipt Mailing Address 10629 Bridge Creek Dr 2018 City State Zip Code Transaction ID: SA11AI.4411 FL 32506 Pensacola FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 130.00 Name of Employer Occupation Requested Requested Memo Item Receipt For: 2018 Election Cycle-to-Date **x** Primary General 255.00 Other (specify) Full Name (Last, First, Middle Initial) Feliciano, Daniel, , , Date of Receipt Mailing Address 707 Buoy Dr 2018 03 City State Zip Code Transaction ID: SA11AI.4615 Pensacola FL 32507 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Requested Requested Memo Item Receipt For: 2018 Election Cycle-to-Date **✗** Primary General 600.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Feliciano, Nancy, , , Date of Receipt Mailing Address 707 Buoy Dr 2018 City State Zip Code Transaction ID: SA11AI.4614 FL Pensacola 32507 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Requested Requested Memo Item Receipt For: 2018 Election Cycle-to-Date Primary General 670.00 Other (specify) 1130.00 SUBTOTAL of Receipts This Page (optional)..... 1130.00

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

PAGE 6 OF FOR LINE NUMBER: 40 SCHEDULE A (FEC Form 3) (check only one) Use separate schedule(s) for each category of the ITEMIZED RECEIPTS 11a 11b 11d 11c **Detailed Summary Page x** | 13a 12 13b 14 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) John Mills for Congress Date of Receipt Mailing Address 1940 Boardwalk Drive 2018 City State Zip Code Transaction ID: SA13A.4678 FL 32550 Miramar Beach FEC ID number of contributing Amount of Each Receipt this Period C00565366 federal political committee. 400.00 Name of Employer Occupation Memo Item Receipt For: 2018 Election Cycle-to-Date On Demand Loan Primary General 2703.64 Other (specify) ▼ Full Name (Last, First, Middle Initial) John Mills for Congress Date of Receipt Mailing Address 1940 Boardwalk Drive 2018 03 31 City State Zip Code Transaction ID: SA13A.4709 Miramar Beach FL 32550 FEC ID number of contributing C C00565366 Amount of Each Receipt this Period federal political committee. 2231.10 Name of Employer Occupation Memo Item Receipt For: 2018 Election Cycle-to-Date On Demand Loan **✗** Primary General 4934.74 Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 2631.10

SUBTOTAL of Receipts This Page (optional).....

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

2631.10

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 40 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 21

19b 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 A. Adams, Alisha, , , 2018 Mailing Address 70 Arnold Dr 29 City State Zip Code **FEC Identification Number** TN Lexington 38351 Purpose of Disbursement C00565366 001 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: 208.00 House Disbursement For: 2018 Senate Primary General Transaction ID: SB17.4642 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Biloxi Yacht Club Date of Disbursement Mailing Address 408 Beach Blvd 2018 City State Zip Code **FEC Identification Number** MS 39530 Biloxi Purpose of Disbursement Food & Beverage C00565366 003 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Disbursement For: 2018 1107.92 Office Sought: **★** House 495 Senate Primary General Transaction ID: SB17.4703 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Eash, Eugene, , , Mailing Address 1222 Londonderry Ln 2018 City State Zip Code **FEC Identification Number** Ocean Springs MS 39564 Purpose of Disbursement C00565366 Fundraiser performer 003 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: Disbursement For: 2018 500.00 House Senate Primary General Transaction ID: SB17.4684 President Other (specify) Memo Item State: FL District: SUBTOTAL of Disbursements This Page (optional)..... 1815.92 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 40 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 A. Eash, Eugene, , , 2018 Mailing Address 1222 Londonderry Ln City State Zip Code **FEC Identification Number** MS Ocean Springs 39564 Purpose of Disbursement Fundraiser performer C00565366 003 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: 350.00 House Disbursement For: 2018 Senate Primary General Transaction ID: SB17.4686 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Greenfield, Edna, , , Date of Disbursement Mailing Address 3004 Bob White Dr 2018 02 City State Zip Code **FEC Identification Number** FL 32569 Mary Esther Purpose of Disbursement Caterer for Fundraiser C00565366 003 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Disbursement For: 2018 220.00 Office Sought: **★** House 495 Senate Primary General Transaction ID: SB17.4696 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) C. Greenfield, Edna, , , Date of Disbursement Mailing Address 3004 Bob White Dr 17 2018 City State Zip Code **FEC Identification Number** Mary Esther FL 32569 Purpose of Disbursement Caterer for fundraiser C00565366 003 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: Disbursement For: 2018 220.00 House Senate Primary General Transaction ID: SB17.4699 President Other (specify) Memo Item State: FL District: SUBTOTAL of Disbursements This Page (optional)..... 790.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Mailing Address 34940 Emerald Coast Pkwy

District:

lma	Image# 201805229113313482							
	HEDULE B (FEC Form 3) EMIZED DISBURSEMENTS				FOR LINE NUMBER: PAGE 9 OF 40 (check only one) X 17 18 19a 19b 20a 20b 20c 21			
	r information copied from such Reports and Station commercial purposes, other than using the n				person for the purpose of soliciting contributions			
<u> </u>	NAME OF COMMITTEE (In Full) John Mills for Congress	anie and ac	duress of any poin	ilicai committ	ee to solicit contributions from such committee.			
ı	Full Name (Last, First, Middle Initial)							
۹.	Kibler, Jennifer, , ,				Date of Disbursement			
Ī	Mailing Address 1622 Florence Ave				03 17 7 2018			
(City	State	Zip Code		FFO II III II N			
	Fort Walton Beach	FL	32547		FEC Identification Number			
I	Purpose of Disbursement Fundraiser perfomer			003	C C00565366			
	Candidate Name John Mills for Congress			Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: X House Disburse Senate President State: FL District: 01	ement For: Primary Other (sp	General	Transaction ID : SB17.4682 Memo Item				
3.	Full Name (Last, First, Middle Initial) Law Office of James C. Thomas I Mailing Address 7509 NW Tiffany Springs Plany	II			Date of Disbursement O1			
	Valling Address 7509 NW Tiffany Springs Pkwy Suite 300				01 31 2010			
(City	State	Zip Code		FEC Identification Number			
	Kansas City	МО	64153		T EO Identification Number			
John Mills for Congress					C C00565366			
(Office Sought: House Disburse Senate	ement For: Primary	2018 General		375.00			
ç	President State: FL District: 01	Other (sp			Transaction ID : SB17.4758 Memo Item			
	Full Name (Last, First, Middle Initial)							
	Office Depot				Date of Disbursement			
Mailing Address 34940 Emerald Coast Pkwy					01 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

c. Office Depot

State:

FL

City Zip Code State Destin FL 32541 Purpose of Disbursement Office Supplies 001 Candidate Name Category/

John Mills for Congress Office Sought: House Disbursement For: 2018 Primary Senate President

Type General Other (specify)

FEC Identification Number

C00565366

36.11

511.11

Amount of Each Disbursement this Period

Transaction ID: SB17.4639

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 10 40 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 Walmart 2018 02 06 Mailing Address 6712 US Hwy 98 W State City Zip Code **FEC Identification Number** FΙ Santa Rosa Beach 32459 Purpose of Disbursement C00565366 001 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: Disbursement For: 2018 House 39.94 Senate Primary General Transaction ID: SB17.4646 Other (specify) President Memo Item FL State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 39.94 TOTAL This Period (last page this line number only)..... 3156.97

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

PAGE 11 OF
FOR LINE NUMBER:
(check only one)

X 13a

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4711
LOAN SOURCE Full Name (Last, First, M	liddle Initial\	
John Mills for Congress	nadie miliai)	☐ Memo Item
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
126.34		0.00 126.34
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M09M / D21D / Y Ž01Ť Y	M M / D D	/ Y11/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
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:
CURTOTAL C This Deviced This Deep (ontional	N	
SUBTOTALS This Period This Page (optional)	126.34
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.

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

FOR LINE NUMBER: (check only one)

PAGE

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X 13a 13b

40

Transaction ID: SC/10.4742 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 303.01 0.00 303.01 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 D04D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 303.01 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4743
LOAN SOURCE Full Name (Last, First, M	liddle Initial	
John Mills for Congress	iiuuie iiiiliai)	☐ Memo Item
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
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	0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	1	Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional))	4.24
TOTALS This Period (last page in this line or	ıly)	······································
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

FOR LINE NUMBER: (check only one)

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13a

OF

					Ţ.	130		
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transa	action ID : SC/10.4744		
		First 1.5	1-11- 1			Tet ii		
	John Mills for Congress	rırst, Mic	iale initial)		☐ Memo Iter	x Primary		
	Mailing Address 1940 Boardwalk Drive					General Other (specify) ▼		
	City		State	ZIP Co	de	M Description of the Condidate		
	Miramar Beach		FL	32550		Personal Funds of the Candidate		
	Original Amount of Loan		Cumulative Pay	ment To	Date Ba	alance Outstanding at Close of This Period		
	35	5.00			0.00	35.00		
	TERMS Date Incurred		D	ate Due	Interest Ra (If none, ent			
	M10 ^M / D10 ^D / Y Ž01Ť	Υ	M M / D D	/ ^Y 11	/08/2018 ^Y	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:	7		
	2. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
					Amount Guaranteed			
	City	State	ZIP Code		Outstanding:	9 1 9 1 7		
	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:	7		
S	UBTOTALS This Period This Page (optional)				35.00		
T	OTALS This Period (last page in this	line only	r)		······			
_	Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	line. If	no Schedule D, carry fo	rward to appropriate line of Summary.		
	<u> </u>							

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

FOR LINE NUMBER: (check only one)

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OF

					, ,	130		
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction II) : SC/10.4745		
	LOAN SOURCE Full Name (Last,	First, Mid	Idle Initial)		☐ Memo Item	tion: 2018 Primary		
	John Mills for Congress					General		
	Mailing Address 1940 Boardwalk Drive					Other (specify) ▼		
	City		State	ZIP Co	de	Personal Funds of the Candidate		
	Miramar Beach		FL	32550		Toronar Fariac or the Carialade		
	Original Amount of Loan		Cumulative Pay	ment To		utstanding at Close of This Period		
	21	.63			0.00	21.63		
	TERMS Date Incurred		D	ate Due	Interest Rate (If none, enter 0)	Secured:		
	M10M / D12D / Y Ž01Ť	Υ	M M / D D	/ ^Y 11	/ŏ8/2ŏ18 ^Y 0.00	% (apr) Yes X No		
	List All Endorsers or Guarantors	(if any) to	o Loan Source					
	1. Full Name (Last, First, Middle I	` • •			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:			
	2. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
					Amount Guaranteed			
	City	State	ZIP Code		Outstanding:	7		
	3. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	y		
	4. Full Name (Last, First, Middle In	itial)	•		Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	9		
SI	JBTOTALS This Period This Page (optional)			······································	21.63		
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С	arry outstanding balance only to LI	NE 3, Sch	edule D, for this	line. If	no Schedule D, carry forward to	o appropriate line of Summarv.		
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Use separate schedule(s) for each category of the Detailed Summary Page

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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 1940 Boardwalk Drive Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 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

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AME OF COMMITTEE (In Full) John Mills for Congress				Transaction II	D : SC/10.4747		
LOAN SOURCE Full Name (Last, First, M John Mills for Congress Mailing Address 1940 Boardwalk Drive	liddle Initial)		☐ Mer	×	tion: 2018 Primary General Other (specify) ▼		
City Miramar Beach	State FL	ZIP Code 32550		x	Personal Funds of the 0	Candidate	
Original Amount of Loan 72.49	Cumulative Pa	yment To Date	0.00	Balance C	Outstanding at Close of T	his Period	
TERMS Date Incurred M10 ^M / D30 ^D / Y Z017 Y	Date Due	(If no	rest Rate one, enter 0) 0.00	Secured % (apr) Yes	V		
List All Endorsers or Guarantors (if any)	to Loan Source						
1. Full Name (Last, First, Middle Initial)		Na	ne of Employe	er			
Mailing Address		Oc	Occupation				
City	ZIP Code	Gu	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Na	Name of Employer				
Mailing Address		Oc	cupation				
City State	ZIP Code	Gu	ount aranteed standing:	,	9		
3. Full Name (Last, First, Middle Initial)		Na	Name of Employer				
Mailing Address		Oc	Occupation				
City State	ZIP Code	Gu	ount aranteed standing:	,			
4. Full Name (Last, First, Middle Initial)		Na	Name of Employer				
Mailing Address			Occupation				
City	ZIP Code	Gu	ount aranteed standing:	9	9		
UBTOTALS This Period This Page (optional)							
Carry outstanding balance only to LINE 3, Se	chedule D, for this	s line. If no S	chedule D, ca	arry forward t	o appropriate line of Su	ummary.	

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

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NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4748
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	
John Mills for Congress	iddie iriitiai)	☐ Memo Item
Mailing Address 1940 Boardwalk Drive		Other (specify)
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
196.54		0.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D31 ^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	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 or	ıly)	
Carry outstanding balance only to LINE 3, Se	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	eaction ID : SC/10.4749			
	LOAN SOURCE Full Name (Last,	First, Mid	ldle Initial)		☐ Memo Ite				
	John Mills for Congress					Primary General			
	Mailing Address 1940 Boardwalk Drive					Other (specify) ▼			
	City		State	de					
	Miramar Beach		FL	32550		Personal Funds of the Candidate			
	Original Amount of Loan		Cumulative Pay	yment To	Date B	alance Outstanding at Close of This Period			
	, 41	.21			0.00	41.21			
	TERMS Date Incurred		D	ate Due	Interest Ra (If none, en				
	M11M / D01D / Y 2017	Y	M M / D D	/ Y1		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:	· · · · · · · · · · · · · · · · · · ·			
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation Amount Outputted				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
	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 9 9 9			
SI	UBTOTALS This Period This Page (optional)			<u> </u>	41.21			
T	OTALS This Period (last page in this	line only	·)		······	, , , , , , , , , , , , , , , , , , , ,			
c	Carry outstanding balance only to LII	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry fo	orward 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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Transaction ID: SC/10.4750 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 804.08 0.00 804.08 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M 0.00 D05D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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)..... 804.08 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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AME OF COMMITTEE (In Full) Ohn Mills for Congress					Trans	action II	D : SC/10.47	··51		_ -
John Mills for Congress			Memo Ite	×	tion: 2018 Primary General					
Mailing Address 1940 Boardwalk Drive							Other (spec	ify) ▼		
City		State	ZIP Code			×	Personal F	unds of t	the Can	didate
Miramar Beach		FL	32550	_						
Original Amount of Loan	0.08	Cumulative Pay	yment To Da	te 0.00		alance C	Outstanding	at Close	of This	7
TERMS Date Incurred		D	ate Due		Interest Ra			Sec	ured:	
M11M / D08D / Y Ž017	Y	M M / D D	/ ^Y 11/Ŏ8	/2018 ^Y		0.00	% (apr)		Yes x	ا No
List All Endorsers or Guarantors	(if any) t	o Loan Source								
1. Full Name (Last, First, Middle I	nitial)		Na	ame of Em	ployer					
Mailing Address			O	ccupation						
City	State	ZIP Code	G	mount uaranteed utstanding:		,	7			
2. Full Name (Last, First, Middle In	itial)		Na	Name of Employer						
Mailing Address			O	Occupation						
City	State	ZIP Code	G	Amount Guaranteed Outstanding:						
3. Full Name (Last, First, Middle In	itial)		Na	Name of Employer						
Mailing Address			O	Occupation						
City	State	ZIP Code	G	mount uaranteed utstanding:		,	7			
4. Full Name (Last, First, Middle In	itial)		Na	Name of Employer						
Mailing Address				ccupation						
City	State	ZIP Code	G	mount uaranteed utstanding:		,	7			
SUBTOTALS This Period This Page (<u>-</u>		9	7	19.08	=
Carry outstanding balance only to Lili					D. carry fo	orward t	o appropris	ite line o	of Sumn	
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AME OF COMMITTEE (In Full) ohn Mills for Congress			Transaction ID : SC/10.4752
LOAN SOURCE Full Name (Last,	First Mi	ddle Initial)	Memo Item Election: 2018
John Mills for Congress	i ii 3t, iviit	dale lilitaly	Memo Item Election: 2018
Mailing Address 1940 Boardwalk Drive			Other (specify) ▼
City		State	ZIP Code Responsible to the Candidate of the Candidate o
Miramar Beach		FL	32550 Personal Funds of the Candid
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Pe
93	3.73	7	0.00
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)
M11M / D08D / Y Ž01Ť	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:
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arry outstanding balance only to Li	N⊏ 3, SCI	neaule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summa

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AME OF COMMITTEE (In Full) Iohn Mills for Congress					Trans	action I	D : SC/10.475	3	
LOAN SOURCE Full Name (Last, F John Mills for Congress			Memo Ite	'''	otion: 2018 Primary General				
Mailing Address 1940 Boardwalk Drive							Other (specify	y) ▼	
City		State	ZIP Code			x	Personal Fu	unds of the	Candidate
Miramar Beach		FL	32550				1 ersonar i u		Candidate
Original Amount of Loan		Cumulative Pay	ment To Dat	е	В	alance C	Outstanding at	: Close of	This Period
6.	00	7		0.00			1	,	6.00
TERMS Date Incurred		D	ate Due		Interest Ra (If none, en			Secure	ed:
M12M / D21D / Y Ž01Ť	Υ	M M / D D	/ ^Y 11/Ŏ8/	2018 ^Y		0.00	% (apr)	Ye	es 🗶 No
List All Endorsers or Guarantors (if any) to	o Loan Source							
1. Full Name (Last, First, Middle In	itial)		Na	me of Em	ployer				
Mailing Address			Oc	cupation					
				Amount Guaranteed					
City	State	ZIP Code		itstanding:		7	,		
2. Full Name (Last, First, Middle Init	tial)	'	Na	Name of Employer					
Mailing Address			Oc	Occupation					
City	State	ZIP Code	Gu	Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Ini	tial)			Name of Employer					
Mailing Address			Oc	Occupation					
				nount					
City	State	ZIP Code		aranteed itstanding:		7	7	- T- W	
4. Full Name (Last, First, Middle Init	tial)	!	Na	Name of Employer					
Mailing Address				cupation					
Cit.	04-4-	710.01-		nount aranteed					7
City	State	ZIP Code		itstanding:		7	7		
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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/10.4754
John Mills for Congress	First, Mid	ddle 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	3.00	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period 0.00 308.00
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)
M12M / D22D / Y Ž01Ť	Y	M M / D D	
List All Endorsers or Guarantors	(if any) t	o Loan Source	
1. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	itial)	1	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
3. Full Name (Last, First, Middle In	litial)		Outstanding: Name of Employer
o. Full Name (East, Flist, Middle III	πτιαι)		Traine of Employor
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
4. Full Name (Last, First, Middle In	litial)		Outstanding: Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional).		308.00
TOTALS This Period (last page in this			, , , , ,
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Carry outstanding balance only to LI	n⊨ 3, Scl	nedule 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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AME OF COMMITTEE (In Full) John Mills for Congress					Transac	ction ID : SC/10.4755		
LOAN SOURCE Full Name (Last,	First, Mi	ddle Initial)			Memo Item	Election: 2018		
John Mills for Congress	•	,			j wemo item	rimary Primary		
						General		
Mailing Address 1940 Boardwalk Drive						Other (specify)		
City		State	ZIP Cod	de		Personal Funds of the Candidate		
Miramar Beach		FL	32550			<u></u>		
Original Amount of Loan		Cumulative Pag	yment To	Date	Bala	ance Outstanding at Close of This Period		
56	6.34			0.00		56.34		
TERMS Date Incurred		С	Date Due		Interest Rate (If none, enter			
^M 12 ^M / ^D 24 ^D / ^Y Ž01 Ť	Y	M M / D D	/ ^Y 11	/ŏ8/2ŏ18 ^Y		.00		
List All Endorsers or Guarantors	(if any) t	to Loan Source				· · · /		
Full Name (Last, First, Middle I	` ',	to Loan Godice		Name of Em	ployer			
Mailing Address				Occupation				
				Amount				
City	City State ZIP Code			Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Ir	nitial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:				
3. Full Name (Last, First, Middle In	nitial)	'		Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:		9 9		
4. Full Name (Last, First, Middle Ir	nitial)	•		Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:		7 7 7		
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NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4756
LOAN SOURCE Full Name (Last, First, M	iddle Initial\	
John Mills for Congress	☐ Memo Item	
Mailing Address 1940 Boardwalk Drive	Other (specify)	
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
208.00		0.00 208.00
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M12M / D29D / Y Ž017 Y	M M / D D	/ Y11/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
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
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SUBTOTALS This Period This Page (optional)		208.00
TOTALS This Period (last page in this line on	ly)	······································
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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 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 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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AME OF COMMITTEE (In Full) John Mills for Congress					Transactio	on ID : SC/10.4709			
LOAN SOURCE Full Name (Las John Mills for Congress Mailing Address 1940 Boardwalk Drive	t, First, Mi	ddle Initial)		<u></u> Me	emo item _	Primary General Other (specify)			
City Miramar Beach		State FL	ZIP Cod 32550	e		X Personal Funds of t	the Can	didate	
Original Amount of Loan					Balance	e Outstanding at Close	of This 2231.10		
TERMS Date Incurred M03M / D31D / Y 2018	Y	M M / D D	Date Due		erest Rate none, enter 0) 0.00		eured:	K No	
List All Endorsers or Guarantor		to Loan Source							
1. Full Name (Last, First, Middle	Initial)			Name of Employ	yer				
Mailing Address				Occupation					
City	City State ZIP Code				Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle	Initial)	'		Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle	Initial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	,	y			
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 FOTALS This Period (last page in the					· [7 7	2231.10		
Carry outstanding balance only to	INE 3, Sc	hedule D, for this	s line. If n	o Schedule D,	carry forwar	d to appropriate line o	f Sumn	narv.	

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NAME OF COMMITTEE (In Full) John Mills for Congress				Transa	ction ID : SC/10.4106			
LOAN SOURCE Full Name	(Last, First, Mid	Idle Initial)		Memo Item	Election: 2014			
MILLS, Ralph, John,	□ Memo Item	x Primary General						
Mailing Address 1940 Boardwalk Drive		Other (specify)						
City		State	ZIP Code		✗ Personal Funds of the Candidate			
Miramar Beach		FL	32550		To soonal rando or the canadate			
Original Amount of Loan		Cumulative Pa	yment To Date	Bal	ance Outstanding at Close of This Period			
7	5000.00	7		0.00	5000.00			
TERMS Date Incurred		Г	ate Due	Interest Rat				
M06 ^M / D24 ^D / Y	ž014 ^Y	M M / D D	/ Y Y Y	Υ 0	% (apr) Yes X No			
List All Endorsers or Guara	antors (if any) to	o Loan Source						
1. Full Name (Last, First, N	liddle Initial)		Name of	of Employer				
Mailing Address			Occupa	Occupation				
				Amount Guaranteed				
City	State	ZIP Code	Outstar		7			
2. Full Name (Last, First, Mi	ddle Initial)		Name o	Name of Employer				
Mailing Address			Occupa	ation				
City	State	ZIP Code	Amouni Guaran	teed				
Oity	State	Zii Oode	Outstar	nding:	7 7			
3. Full Name (Last, First, Mi	ddle Initial)		Name o	Name of Employer				
Mailing Address			Occupa	ation				
O'h	04-4-	710.01-	Amouni Guaran					
City	State	ZIP Code	Outstar	nding:	7			
4. Full Name (Last, First, Mi	ddle Initial)		Name of	Name of Employer				
Mailing Address			Occupa	ation				
011		710.0	Amount					
City	State	ZIP Code	Outstar		7			
SUBTOTALS This Period This	Page (optional)			······	5000.00			
TOTALS This Period (last page	in this line only	r)		······				
Carry outstanding balance onl	y to LINE 3, Sch	edule D, for this	s line. If no Sche	dule D, carry for	ward to appropriate line of Summary.			

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

FOR LINE NUMBER: (check only one)

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OF

		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	Middle Initial)	Memo Item Election: Primary General			
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼			
City Miramar Beach	State	ZIP Code 32550 Personal Funds of the Candidate			
Original Amount of Loan 4234.94	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 4234.94			
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)			
M07 ^M / D18 ^D / Y 2014 Y	M M / D D	/ Y Y Y Y Y W No			
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (options	al)	4234.94			
TOTALS This Period (last page in this line of		, , , , ,			
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.			
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4197
LOAN SOURCE Full Name (Last, Fire MILLS, Ralph, John, , III	et, Middle Initial)	Memo Item Election: Primary General
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼
City	State	ZIP Code 32550 Personal Funds of the Candidate
Miramar Beach Original Amount of Loan		yment To Date Balance Outstanding at Close of This Period
1000.00		0.00
TERMS Date Incurred]	Date Due Interest Rate Secured: (If none, enter 0)
M09M / D08D / Y Z015 Y	M M / D D	/ Y Y Y Y Y No
List All Endorsers or Guarantors (if	* *	
Full Name (Last, First, Middle Initial	al)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initia)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initia)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initia)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (opti	onal)	1000.00
TOTALS This Period (last page in this lin	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

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OF

NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4299
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Middle Initial)	☐ Memo Item
Mailing Address 1940 Boardwalk Drive		Other (specify)
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL Ourselative De	32550 Pelance Outstandian at Class of This Paried
Original Amount of Loan 3850.64	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 3850.64
TERMS Date Incurred		Date Due Interest Rate Secured:
M01 ^M / D02 ^D / Y Z016 Y	M M / D D	(If none, enter 0) / Y Y Y Y // Y Y Y Y // Y Y Y Y // Y Y Y Y
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
014	- 7ID O- I-	Amount Guaranteed
City	e ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
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)	3850.64
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3.	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

		130
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4337
Ğ	1 11 1 11 18	
LOAN SOURCE Full Name (Last, First, Mic MILLS, Ralph, John, , III	idle Initial)	☐ Memo Item Election: 2016 ▼ Primary
Mailing Address 1940 Boardwalk Drive		General Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	
345.33		0.00 345.33
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M06 ^M / D30 ^D / Y Ž016 Y	M M / D D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		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 State	ZIP Code	Guaranteed 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, Sch	nedule 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/10.4342 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 18D M 07M ž016 Děmaňd x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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/10.4343
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	Memo Item Election: 2018
MILLS, Ralph, John, , III	adie iliitial)	☐ Memo Item Clection: 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 Page	yment 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)
M09 ^M / D06 ^D / Y Z016 Y	M M / D D	/ Děmaňd Ý 0.00 % (apr) Yes 🗶 No
List All Endorsers or Guarantors (if any) t	o 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
		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.

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OF

			130
AME OF COMMITTEE (In Full) Iohn Mills for Congress			Transaction ID : SC/10.4344
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
500	0.00		0.00 500.00
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)
M09 ^M / D23 ^D / Y Ž016	Y	M M / D D	/ Y Děmaňd Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors	(if any) t	o Loan Source	
1. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	itial)	1	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle In	itial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
City		ZIP Code	Outstanding:
4. Full Name (Last, First, Middle In	iitiai)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (, , , , , , , , , , , , , , , , , , , ,
	NE 3, Scl	nedule 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/10.4351
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
500.00		0.00 500.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M05M / D02D / Y Ž017 Y	M M / D D	/ Poěmaňd Y 0.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
011	710.0	Amount Guaranteed
City	ZIP Code	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:
, , ,		' '
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
4. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	 al)	500.00
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.

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/10.4357 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 150.00 0.00 150.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D26^D M 07M ž017 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 150.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4358
LOAN SOURCE Full Name (Last, First, M	ddle Initial)	Memo Item Election: 2018
MILLS, Ralph, John, , III		x Primary General
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼
City	State	ZIP Code X Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Pa	ment To Date Balance Outstanding at Close of This Period
750.00		0.00 750.00
TERMS Date Incurred	Г	ate Due Interest Rate Secured: (If none, enter 0)
M09 ^M / D13 ^D / Y Ž017 Y	M M / D D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZID Code	Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City. Chata	ZID Code	Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
01	710.0	Amount Guaranteed
City	ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optional)		750.00
TOTALS This Period (last page in this line on	y)	23065.65
Carry outstanding balance only to LINE 3, So	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

Exc

C	HEDULE D (FEC Form 3)			,	separate	PAGE 40	
Œ	BTS AND OBLIGATIONS				edule(s)	FOR LINE NUMBER:	9
	luding Loans				r each ered line)	(check only one)	x 10
	ME OF COMMITTEE (In Full)						14-11-0
J	ohn Mills for Congre	SS					
	A. Full Name (Last, First, Middle Initial) of De		ditor			Pebt (Purpose):	
	Law Office of James C. Thoma	as III			Legal and	Reporting Services	
	Mailing Address 7509 NW Tiffany Springs Pkv Suite 300	wy					
Ī	City	State	Zip Code				
	Kansas City	МО	64153				
	Outstanding Balance Beginning This Period 375.00				Transaction	on ID : SD10.4362	
			December This Decided		0 1 1 1 1 2 2 1	Balance at Observat	Ties Bassa
	Amount Incurred This Period		Payment This Period	-	Outstandi	ng Balance at Close of	This Period
	0.00		375.0	00		7	0.00
-	D. Full Name (Look First Middle Initial) - C.D.	atom on One	itou				
	B. Full Name (Last, First, Middle Initial) of Deb Law Office of James C. Thoma		ILOT			ebt (Purpose): Reporting Services	
	Law Office of James C. Thomas	35 111			Legal allu	Reporting Services	
	Mailing Address 7509 NW Tiffany Springs Pkv Suite 300	wy					
	City	State	Zip Code				
-	Kansas City	MO	64153				
	Outstanding Balance Beginning This Period				T	ID - CD40 4700	
	0.00				Transaction	on ID : SD10.4760	
	0.00		Payment This Payled				This Pariod
	0.00 Amount Incurred This Period		Payment This Period			ng Balance at Close of	-
	0.00		Payment This Period 0.0	00		ng Balance at Close of	This Period
	0.00 Amount Incurred This Period 375.00	ebtor or Cre	0.0		Outstandi	ng Balance at Close of	-
_	0.00 Amount Incurred This Period	ebtor or Cre	0.0		Outstandi	ng Balance at Close of	-
	0.00 Amount Incurred This Period 375.00 C. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	0.0		Outstandi	ng Balance at Close of	-
_	Amount Incurred This Period 375.00 C. Full Name (Last, First, Middle Initial) of De Pensacola Yacht Club Mailing Address 1897 West Cypress ST City	State	ditor Zip Code		Outstandi	ng Balance at Close of	
_	Amount Incurred This Period 375.00 C. Full Name (Last, First, Middle Initial) of De Pensacola Yacht Club Mailing Address 1897 West Cypress ST		0.0		Outstandi	ng Balance at Close of	
_	Amount Incurred This Period 375.00 C. Full Name (Last, First, Middle Initial) of De Pensacola Yacht Club Mailing Address 1897 West Cypress ST City	State	ditor Zip Code		Outstandi Nature of D Food & Be	ng Balance at Close of	
_	Amount Incurred This Period 375.00 C. Full Name (Last, First, Middle Initial) of De Pensacola Yacht Club Mailing Address 1897 West Cypress ST City Pensacola	State	ditor Zip Code		Outstandi Nature of D Food & Be	ng Balance at Close of	
_	Amount Incurred This Period 375.00 C. Full Name (Last, First, Middle Initial) of De Pensacola Yacht Club Mailing Address 1897 West Cypress ST City Pensacola Outstanding Balance Beginning This Period 0.00	State	ditor Zip Code 32501		Outstandi Nature of D Food & Be	ng Balance at Close of Grant (Purpose): everages	375.00
_	Amount Incurred This Period 375.00 C. Full Name (Last, First, Middle Initial) of De Pensacola Yacht Club Mailing Address 1897 West Cypress ST City Pensacola Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	State	Zip Code 32501 Payment This Period		Outstandi Nature of D Food & Be	ng Balance at Close of cept (Purpose): everages ion ID: SD10.4761 ng Balance at Close of	This Period
-	Amount Incurred This Period 375.00 C. Full Name (Last, First, Middle Initial) of De Pensacola Yacht Club Mailing Address 1897 West Cypress ST City Pensacola Outstanding Balance Beginning This Period 0.00	State	ditor Zip Code 32501		Outstandi Nature of D Food & Be	ng Balance at Close of cept (Purpose): everages ion ID: SD10.4761 ng Balance at Close of	375.00
-	Amount Incurred This Period 375.00 C. Full Name (Last, First, Middle Initial) of De Pensacola Yacht Club Mailing Address 1897 West Cypress ST City Pensacola Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	State FL	Zip Code 32501 Payment This Period 0.0	00	Outstandi Nature of D Food & Be	ng Balance at Close of State (Purpose): everages ion ID : SD10.4761 ng Balance at Close of 13	This Period
	Amount Incurred This Period 375.00 C. Full Name (Last, First, Middle Initial) of De Pensacola Yacht Club Mailing Address 1897 West Cypress ST City Pensacola Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period	State FL	Zip Code 32501 Payment This Period 0.0	00	Outstandi Nature of D Food & Be	ng Balance at Close of State o	This Period 329.00
1) 2)	Amount Incurred This Period 375.00 C. Full Name (Last, First, Middle Initial) of De Pensacola Yacht Club Mailing Address 1897 West Cypress ST City Pensacola Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1329.00 SUBTOTALS This Period This Page (optional)	State FL)ber only)	Zip Code 32501 Payment This Period 0.0	00	Outstandi Nature of D Food & Be	ng Balance at Close of Gebt (Purpose): everages ion ID : SD10.4761 ng Balance at Close of 13	This Period 329.00

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