

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 John Mills for Congress

ADDRESS (number and street) 9065 Orlando Avenue Check if different than previously reported. (ACC) Navarre FL 32566

2. FEC IDENTIFICATION NUMBER C C00565366 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT FL 01

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 04/01/2023 through 06/30/2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Adams, Christopher, Type or Print Name of Treasurer Signature of Treasurer Adams, Christopher, [Electronically Filed] Date MM/DD/YYYY 07/12/2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Mills for Congress

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 0.00 | 805.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 0.00 | 805.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 1985.00 | 8801.49 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 1985.00 | 8801.49 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 645.91 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 73197.49 | |

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)

Write or Type Committee Name

John Mills for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2023 To: M M / D D / Y Y Y Y 06 / 30 / 2023

| 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 | 0.00 | 505.00 |
| (iii) TOTAL of contributions from individuals ▶ | 0.00 | 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 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 0.00 | 805.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 2500.00 | 9234.94 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 2500.00 | 9234.94 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 2500.00 | 10039.94 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 60

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 1985.00 | 8801.49 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (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) ► | 1985.00 | 8801.49 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 130.91 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 2500.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 2630.91 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 1985.00 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 645.91 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 60
(check only one)

| | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input checked="" type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 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

A. Full Name (Last, First, Middle Initial)
John Mills for Congress

Mailing Address 9065 Orlando Avenue

| | | |
|-----------------|-------------|-------------------|
| City Navarre | State FL | Zip Code 32566 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00565366

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22695.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 02 / 2023

Transaction ID : SA13A.5091

Amount of Each Receipt this Period
2500.00

Memo Item
For Legal and Reporting fees

B. Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 2500.00 |
| TOTAL This Period (last page this line number only)..... ▶ | 2500.00 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 6 OF 60 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
John Mills for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Law Office of James C. Thomas III | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2023 |
| Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 | | FEC Identification Number C C00565366 |
| City Kansas City | State MO | Zip Code 64153 |
| Purpose of Disbursement Legal and Reporting fees | Category/ Type 001 | Amount of Each Disbursement this Period 921.00 |
| Candidate Name John Mills for Congress | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: FL District: 01 | Transaction ID : SB17.5082 <input type="checkbox"/> Memo Item | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Law Office of James C. Thomas III | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2023 |
| Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 | | FEC Identification Number C C00565366 |
| City Kansas City | State MO | Zip Code 64153 |
| Purpose of Disbursement Legal and Reporting fees | Category/ Type 001 | Amount of Each Disbursement this Period 190.00 |
| Candidate Name John Mills for Congress | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: FL District: 01 | Transaction ID : SB17.5083 <input type="checkbox"/> Memo Item | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Law Office of James C. Thomas III | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2023 |
| Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 | | FEC Identification Number C C00565366 |
| City Kansas City | State MO | Zip Code 64153 |
| Purpose of Disbursement Legal and Reporting fees previously due on 04/02/2023 | Category/ Type 001 | Amount of Each Disbursement this Period 190.00 |
| Candidate Name John Mills for Congress | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: FL District: 01 | Transaction ID : SB17.5084 <input type="checkbox"/> Memo Item | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1301.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 7 OF 60 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 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) A. Law Office of James C. Thomas III | | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2023 | |
| Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 | | | FEC Identification Number C C00565366 | |
| City Kansas City | State MO | Zip Code 64153 | Amount of Each Disbursement this Period 494.00 | |
| Purpose of Disbursement Legal and Reporting fees | | Category/ Type 001 | Transaction ID : SB17.5085 | |
| Candidate Name John Mills for Congress | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: FL District: 01 | | | | |

| | | | | |
|---|--|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Law Office of James C. Thomas III | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2023 | |
| Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 | | | FEC Identification Number C C00565366 | |
| City Kansas City | State MO | Zip Code 64153 | Amount of Each Disbursement this Period 190.00 | |
| Purpose of Disbursement Legal and Reporting fees | | Category/ Type 001 | Transaction ID : SB17.5086 | |
| Candidate Name John Mills for Congress | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: FL District: 01 | | | | |

| | | | | |
|--|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement M M / D D / Y Y Y Y | |
| Mailing Address | | | FEC Identification Number C | |
| City | State | Zip Code | Amount of Each Disbursement this Period | |
| Purpose of Disbursement | | Category/ Type | Memo Item <input type="checkbox"/> | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 684.00 |
| TOTAL This Period (last page this line number only).....▶ | 1985.00 |

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4711**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 126.34 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 126.34 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 09 / D 21 / Y 2017 | Date Due M M / D D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|--------|
| SUBTOTALS This Period This Page (optional).....▶ | 126.34 |
| 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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4742**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 303.01 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 303.01 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 10 / D 04 / Y 2017 | Date Due M M / D D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|------------|
| 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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4743**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|---------------------------------|------------------------------------|---|
| Original Amount of Loan 4.24 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 4.24 |
|---------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 10 / D 05 / Y 2017 | Date Due M M / D D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|------|
| SUBTOTALS This Period This Page (optional).....▶ | 4.24 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4744**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan 35.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 35.00 |
|----------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 10 / D 10 / Y 2017 | Date Due M M / D D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|-------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4745**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan 21.63 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 21.63 |
|----------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 10 / D 12 / Y 2017 | Date Due M M / D D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|-------|
| SUBTOTALS This Period This Page (optional).....▶ | 21.63 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4746**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|---------------------------------|------------------------------------|---|
| Original Amount of Loan 7.95 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 7.95 |
|---------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|----------------------------------|--|---|
| TERMS | Date Incurred M 10 / D 17 / Y 2017 | Date Due M / D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|----------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|------|
| 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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4747**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan 72.49 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 72.49 |
|----------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 10 / D 30 / Y 2017 | Date Due M M / D D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | | |
|--|--------------------------------|--|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | |

| | |
|---|-------|
| SUBTOTALS This Period This Page (optional).....▶ | 72.49 |
| 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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4748**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 196.54 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 196.54 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|----------------------------------|--|---|
| TERMS | Date Incurred M 10 / D 31 / Y 2017 | Date Due M / D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|----------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|--------|
| SUBTOTALS This Period This Page (optional).....▶ | 196.54 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4749**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan 41.21 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 41.21 |
|----------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 11 / D 01 / Y 2017 | Date Due M M / D D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|-----------|
| SUBTOTALS This Period This Page (optional).....▶ | [] 41.21 |
| 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.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.4750

LOAN SOURCE Full Name (Last, First, Middle Initial)

John Mills for Congress

Memo Item

Election: 2018

Primary

General

Other (specify) ▼

Mailing Address
9065 Orlando Avenue

City

State

ZIP Code

Navarre

FL

32566

Personal Funds of the Candidate

Original Amount of Loan

804.08

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

804.08

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

/ D 05 D

/ Y 2017 Y

M M

/ D D

/ Y 11/08/2018 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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4751
 John Mills for Congress

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan 19.08 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 19.08 |
|----------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 11 / D 08 / Y 2017 | Date Due M M / D D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|-------|
| SUBTOTALS This Period This Page (optional).....▶ | 19.08 |
| 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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4752**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan 93.73 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 93.73 |
|----------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 11 / D 08 / Y 2017 | Date Due M M / D D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|-------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4753**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|---------------------------------|------------------------------------|---|
| Original Amount of Loan 6.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 6.00 |
|---------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|----------------------------------|--|---|
| TERMS | Date Incurred M 12 / D 21 / Y 2017 | Date Due M / D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|----------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4754**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 308.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 308.00 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|----------------------------------|--|---|
| TERMS | Date Incurred M 12 / D 22 / Y 2017 | Date Due M / D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|----------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|--------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4755**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan 56.34 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 56.34 |
|----------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|----------------------------------|--|---|
| TERMS | Date Incurred M 12 / D 24 / Y 2017 | Date Due M / D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|----------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|-------|
| 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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4756**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 208.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 208.00 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|----------------------------------|--|---|
| TERMS | Date Incurred M 12 / D 29 / Y 2017 | Date Due M / D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|----------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|------------|
| 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.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.4678

LOAN SOURCE Full Name (Last, First, Middle Initial)

John Mills for Congress

Memo Item

Election: 2018

Primary

General

Other (specify) ▼

Mailing Address
9065 Orlando Avenue

City

State

ZIP Code

Navarre

FL

32566

Personal Funds of the Candidate

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
(If none, enter 0)

Secured:

M 01 M

/ D 17 D

/ Y 2018 Y

M M

/ D D

/ Y 11/08/2018 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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4709**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 2231.10 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 2231.10 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 03 / D 31 / Y 2018 | Date Due M M / D D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|-------------|
| SUBTOTALS This Period This Page (optional).....▶ | [] 2231.10 |
| TOTALS This Period (last page in this line only).....▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4829
John Mills for Congress

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 150.67 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 150.67 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 04 / D 20 / Y 2018 | Date Due M M / D D / Y 08/28/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|--------|
| SUBTOTALS This Period This Page (optional).....▶ | 150.67 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4815**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|--------------------------------------|--|
| Original Amount of Loan 8500.00 | Cumulative Payment To Date 700.00 | Balance Outstanding at Close of This Period 7800.00 |
|------------------------------------|--------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 04 / D 24 / Y 2018 | Date Due M M / D D / Y 11/08/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 7800.00 |
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4830**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 1475.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 1475.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 06 / D 15 / Y 2018 | Date Due M M / D D / Y 08/28/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|-------------|
| SUBTOTALS This Period This Page (optional).....▶ | [] 1475.00 |
| 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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4831**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 600.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 600.00 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 06 / D 15 / Y 2018 | Date Due M M / D D / Y 08/28/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|--------|
| SUBTOTALS This Period This Page (optional).....▶ | 600.00 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4832**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan 35.10 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 35.10 |
|----------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 06 / D 27 / Y 2018 | Date Due M M / D D / Y 08/28/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|-------|
| SUBTOTALS This Period This Page (optional).....▶ | 35.10 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4841
John Mills for Congress

| | | |
|--|-------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item John Mills for Congress | | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | |
| City Navarre | State FL | ZIP Code 32566 |
| <input type="checkbox"/> Personal Funds of the Candidate | | |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 2000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 2000.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 07 / D 05 / Y 2018 | Date Due M M / D D / Y 08/28/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|--|---------|
| 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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4842**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 2000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 2000.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 07 / D 05 / Y 2018 | Date Due M M / D D / Y 08/28/2018 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|---------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4874
 John Mills for Congress

| | | | |
|--|-------------|-------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item John Mills for Congress | | | Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | <input type="checkbox"/> Personal Funds of the Candidate |
| City Navarre | State FL | ZIP Code 32566 | |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 500.00 |
|-----------------------------------|------------------------------------|---|

| | | | |
|--|--------------------------------------|--|---|
| TERMS Date Incurred M 03 / D 18 / Y 2019 | Date Due M M / D D / Y 03/17/2020 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|--|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|--|--|
| SUBTOTALS This Period This Page (optional).....▶ | <input style="width: 100%;" type="text" value="500.00"/> |
| TOTALS This Period (last page in this line only)▶ | <input style="width: 100%;" type="text"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.5091**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Mills for Congress | | <input type="checkbox"/> Memo Item | Election: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 2500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 2500.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|-------------------------------|--|---|
| TERMS | Date Incurred M 05 / D 02 / Y 2023 | Date Due M M / D D / Y N/A | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|-------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|-------------|
| SUBTOTALS This Period This Page (optional).....▶ | [] 2500.00 |
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4106**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III | | <input type="checkbox"/> Memo Item | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1940 Boardwalk Drive | | | |
| City Miramar Beach | State FL | ZIP Code 32550 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 5000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 5000.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|---------------------------------|--|---|
| TERMS | Date Incurred M 06 / D 24 / Y 2014 | Date Due M M / D D / Y Y Y Y | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|-------------|
| SUBTOTALS This Period This Page (optional).....▶ | [] 5000.00 |
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4116**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III | | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1940 Boardwalk Drive | | | |
| City Miramar Beach | State FL | ZIP Code 32550 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 4234.94 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 4234.94 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|---------------------------------|---|---|
| TERMS | Date Incurred M 07 / D 18 / Y 2014 | Date Due M M / D D / Y Y Y Y | Interest Rate (If none, enter 0) % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------------|---|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 4234.94 |
| 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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4197**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III | | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1940 Boardwalk Drive | | | |
| City Miramar Beach | State FL | ZIP Code 32550 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 1000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 1000.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|---------------------------------|---|---|
| TERMS | Date Incurred M 09 / D 08 / Y 2015 | Date Due M M / D D / Y Y Y Y | Interest Rate (If none, enter 0) % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------------|---|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 1000.00 |
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4299**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III | | <input type="checkbox"/> Memo Item | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1940 Boardwalk Drive | | | |
| City Miramar Beach | State FL | ZIP Code 32550 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 3850.64 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 3850.64 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|---------------------------------|---|---|
| TERMS | Date Incurred M 01 / D 02 / Y 2016 | Date Due M M / D D / Y Y Y Y | Interest Rate (If none, enter 0) % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------------|---|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|---------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4337**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III | | <input type="checkbox"/> Memo Item | Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1940 Boardwalk Drive | | | |
| City Miramar Beach | State FL | ZIP Code 32550 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|--|---|--|
| Original Amount of Loan <input type="text" value="345.33"/> | Cumulative Payment To Date <input type="text" value="0.00"/> | Balance Outstanding at Close of This Period <input type="text" value="345.33"/> |
|--|---|--|

| | | | | |
|--------------|--|--|---|---|
| TERMS | Date Incurred <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2016"/> | Date Due <input type="text"/> / <input type="text"/> / <input type="text"/> | Interest Rate (If none, enter 0) <input type="text" value="0.00"/> % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|--|--|---|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|-------------------------------------|
| SUBTOTALS This Period This Page (optional).....▶ | <input type="text" value="345.33"/> |
| TOTALS This Period (last page in this line only).....▶ | <input type="text"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

| | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | 13a |
| <input type="checkbox"/> | 13b |

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.4342

LOAN SOURCE Full Name (Last, First, Middle Initial)

MILLS, Ralph, John, , III

Memo Item

Election: 2018

Primary

General

Other (specify) ▼

Mailing Address

1940 Boardwalk Drive

City

Miramar Beach

State

FL

ZIP Code

32550

Personal Funds of the Candidate

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^M

/ D 18^D

/ Y 2016 Y

M M

/ D D

/ Y Demand 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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4343**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1940 Boardwalk Drive | | | |
| City Miramar Beach | State FL | ZIP Code 32550 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 300.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 300.00 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|----------------------------------|--|---|
| TERMS | Date Incurred M 09 / D 06 / Y 2016 | Date Due M M / D D / Y Demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|----------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|--------|
| SUBTOTALS This Period This Page (optional).....▶ | 300.00 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4344**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1940 Boardwalk Drive | | | |
| City Miramar Beach | State FL | ZIP Code 32550 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 500.00 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|----------------------------------|--|---|
| TERMS | Date Incurred M 09 / D 23 / Y 2016 | Date Due M M / D D / Y Demand | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|----------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|------------|
| 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4351**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1940 Boardwalk Drive | | | |
| City Miramar Beach | State FL | ZIP Code 32550 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 500.00 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---|------------------------------------|--|---|
| TERMS | Date Incurred M 05 / D 02 / Y 2017 Y | Date Due M M / D D / Y Demand Y | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---|------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|--------|
| 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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4357**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1940 Boardwalk Drive | | | |
| City Miramar Beach | State FL | ZIP Code 32550 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 150.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 150.00 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|---------------------------------|--|---|
| TERMS | Date Incurred M 07 / D 26 / Y 2017 | Date Due M M / D D / Y Y Y Y | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|--------|
| 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.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.4358

LOAN SOURCE Full Name (Last, First, Middle Initial)

MILLS, Ralph, John, , III

Memo Item

Election: 2018

Primary

General

Other (specify) ▼

Mailing Address
1940 Boardwalk Drive

City
Miramar Beach

State
FL

ZIP Code
32550

Personal Funds of the Candidate

Original Amount of Loan

750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09^M

D 13^D

Y 2017 Y

M M

D D

Y Y Y 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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

750.00

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4811**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III | | <input type="checkbox"/> Memo Item | Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1940 Boardwalk Drive | | | |
| City Miramar Beach | State FL | ZIP Code 32550 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|---|---|---|
| Original Amount of Loan <input type="text" value="16.95"/> | Cumulative Payment To Date <input type="text" value="0.00"/> | Balance Outstanding at Close of This Period <input type="text" value="16.95"/> |
|---|---|---|

| | | | | |
|--------------|--|---|---|---|
| TERMS | Date Incurred <input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2018"/> | Date Due <input type="text" value="11/08/2018"/> | Interest Rate (If none, enter 0) <input type="text" value="0.00"/> % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|--|---|---|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|------------------------------------|
| SUBTOTALS This Period This Page (optional).....▶ | <input type="text" value="16.95"/> |
| TOTALS This Period (last page in this line only).....▶ | <input type="text"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4899**

| | | | |
|---|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III | | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1940 Boardwalk Drive | | | |
| City Miramar Beach | State FL | ZIP Code 32550 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 300.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 300.00 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|---------------------------------|--|---|
| TERMS | Date Incurred M 07 / D 12 / Y 2019 | Date Due M M / D D / Y Y Y Y | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|--------|
| SUBTOTALS This Period This Page (optional).....▶ | 300.00 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4900**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III | | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1940 Boardwalk Drive | | | |
| City Miramar Beach | State FL | ZIP Code 32550 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 1200.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 1200.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|---------------------------------|--|---|
| TERMS | Date Incurred M 07 / D 18 / Y 2019 | Date Due M M / D D / Y Y Y Y | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 1200.00 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4901
 John Mills for Congress

| | | | |
|--|-------------|-------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item MILLS, Ralph, John, , III | | | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1940 Boardwalk Drive | | | <input type="checkbox"/> Personal Funds of the Candidate |
| City Miramar Beach | State FL | ZIP Code 32550 | |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 1500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 1500.00 |
|------------------------------------|------------------------------------|--|

| | | | |
|--|---------------------------------|--|---|
| TERMS Date Incurred M 09 / D 10 / Y 2019 | Date Due M M / D D / Y Y Y Y | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | | | | |
|--|-------|----------|------------------------------------|--|
| 1. Full Name (Last, First, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] | |
| 2. Full Name (Last, First, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] | |
| 3. Full Name (Last, First, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] | |
| 4. Full Name (Last, First, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: [] | |

| | |
|--|---------|
| 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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4929**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, , , III | | <input type="checkbox"/> Memo Item | Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 1500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 1500.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|-----------------------------|--|---|
| TERMS | Date Incurred M 12 / D 30 / Y 2019 | Date Due M / D / Y Y Y Y | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|-----------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|---------|
| 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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4936**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, , , III | | <input type="checkbox"/> Memo Item | Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 12000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 12000.00 |
|-------------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|---------------------------------|---|---|
| TERMS | Date Incurred M 04 / D 17 / Y 2020 | Date Due M M / D D / Y Y Y Y | Interest Rate (If none, enter 0) % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------------|---|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 12000.00 |
| TOTALS This Period (last page in this line only).....▶ | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4966**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, , , III | | <input type="checkbox"/> Memo Item | Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 5359.12 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 5359.12 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|---------------------------------|--|---|
| TERMS | Date Incurred M 07 / D 10 / Y 2020 | Date Due M M / D D / Y Y Y Y | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional).....▶ | 5359.12 |
| TOTALS This Period (last page in this line only).....▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4992**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, , , III | | <input type="checkbox"/> Memo Item | Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 1495.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 1495.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 08 / D 04 / Y 2020 | Date Due M M / D D / Y 12/31/2020 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|-------------|
| SUBTOTALS This Period This Page (optional).....▶ | [] 1495.00 |
| TOTALS This Period (last page in this line only).....▶ | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4983**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, , , III | | <input type="checkbox"/> Memo Item | Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 1500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 1500.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 08 / D 05 / Y 2020 | Date Due M M / D D / Y 12/31/2020 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|--------------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|-------------|
| 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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.5016**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, , , III | | <input type="checkbox"/> Memo Item | Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | |
| City Navarre | State FL | ZIP Code 32566 | <input type="checkbox"/> Personal Funds of the Candidate |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 1500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 1500.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|---------------------------------|--|---|
| TERMS | Date Incurred M 11 / D 19 / Y 2020 | Date Due M M / D D / Y Y Y Y | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|-------------|
| 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.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.5037

LOAN SOURCE Full Name (Last, First, Middle Initial)

MILLS, Ralph, , , III

Memo Item

Election:

Primary
 General
 Other (specify) ▼

Mailing Address
9065 Orlando Avenue

City
Navarre

State
FL

ZIP Code
32566

Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 / D 07 / Y 2021 Y

M M / D D / Y Y Y 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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.5050
John Mills for Congress

| | | | |
|--|-------------|-------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item MILLS, Ralph, , , III | | | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | <input type="checkbox"/> Personal Funds of the Candidate |
| City Navarre | State FL | ZIP Code 32566 | |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 2000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 2000.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|---------------------------------|--|---|
| TERMS | Date Incurred M 12 / D 28 / Y 2021 | Date Due M M / D D / Y Y Y Y | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------------|--|---|

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|------------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|--|---------|
| 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.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

| | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | 13a |
| <input type="checkbox"/> | 13b |

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.5064

LOAN SOURCE Full Name (Last, First, Middle Initial)

MILLS, Ralph, , , III

Memo Item

Election: 2022

Primary

General

Other (specify) ▼

Mailing Address
9065 Orlando Avenue

City

State

ZIP Code

Navarre

FL

32566

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

700.00

0.00

700.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08^M

/ D 30^D

/ Y 2022 Y

M M

/ D D

/ Y Y Y Y

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

700.00

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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.5071**

| | | | | |
|--|-------------|-------------------|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, , , III | | | <input type="checkbox"/> Memo Item | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 9065 Orlando Avenue | | | | |
| City Navarre | State FL | ZIP Code 32566 | <input type="checkbox"/> Personal Funds of the Candidate | |

| | | |
|------------------------------------|------------------------------------|--|
| Original Amount of Loan 2000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 2000.00 |
|------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|---------------------------------|---|---|
| TERMS | Date Incurred M 11 / D 17 / Y 2022 | Date Due M M / D D / Y Y Y Y | Interest Rate (If none, enter 0) % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|---------------------------------|---|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional).....▶ | 2000.00 |
| TOTALS This Period (last page in this line only).....▶ | 73197.49 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

John Mills for Congress

| | | | |
|--|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Law Office of James C. Thomas III | | | Nature of Debt (Purpose): Legal and Reporting Fees |
| Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 | | | |
| City Kansas City | State MO | Zip Code 64153 | |

| | | | |
|---|-------------------------------|---|--|
| Outstanding Balance Beginning This Period 921.00 | | Transaction ID : SD10.5079 | |
| Amount Incurred This Period 0.00 | Payment This Period 921.00 | Outstanding Balance at Close of This Period 0.00 | |

| | | | |
|--|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Law Office of James C. Thomas III | | | Nature of Debt (Purpose): Legal and Reporting Fees |
| Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 | | | |
| City Kansas City | State MO | Zip Code 64153 | |

| | | | |
|---|-------------------------------|---|--|
| Outstanding Balance Beginning This Period 190.00 | | Transaction ID : SD10.5080 | |
| Amount Incurred This Period 0.00 | Payment This Period 190.00 | Outstanding Balance at Close of This Period 0.00 | |

| | | | |
|--|-------|----------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Outstanding Balance at Close of This Period | |
| Amount Incurred This Period | Payment This Period | | |

| | |
|--|------|
| 1) SUBTOTALS This Period This Page (optional) | 0.00 |
| 2) TOTALS This Period (last page this line number only) | 0.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |