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REPORT OF RECEIPTS **AND DISBURSEMENTS**

For A	n Authorized Comm	nittee	Off	ice Use Only
NAME OF COMMITTEE (in full) TYPE OR PI		mple: If typing, type the lines.	12FE4M5	
John Mills for Congress				I
ADDRESS (number and street)	do Avenue			
▼ Check if different				
than previously reported. (ACC)			FL 325	566
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C00565366	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose One)	(b) 12-Day PRE -E	Election Report for the		
(a) Quarterly Reports:	(b) 12-Day PRE -E	section Report for the	, .	
April 15 Quarterly Report (Q1)		Primary (12P)	General (12G)	Runoff (12R)
		Convention (12C)	Special (12S)	
July 15 Quarterly Report (Q2)		M M / D D	/ Y Y Y Y	in the
October 15 Quarterly Report (Q3	Election on			State of
January 31 Year-End Report (YE	(c) 30-Day POST	-Election Report for the	he:	
		General (30G)	Runoff (30R)	Special (30S)
		delierar (30d)	Trunon (3011)	Opecial (000)
Termination Report (TER)	Election on	M M / D D	/ Y Y Y	in the State of
5. Covering Period 04 01	/ Y Y Y Y Y 2023	through 0	M / D D / Y	Y Y Y Z023
I certify that I have examined this Report and Adams, C Type or Print Name of Treasurer	d to the best of my kno hristopher, , ,	wledge and belief it is	s true, correct and co	omplete.
Adams, Christopher Signature of Treasurer		Electronically Filed]	Date 07	12 / Y Y Y Y Y Y Y 2023
NOTE: Submission of false, erroneous, or incor	nplete information may su	ubject the person signir	ng this Report to the p	enalties of 52 U.S.C. §30109
Office				·
Use Only				FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Mills for Congress

2023 2023 06 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 805.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 805.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 1985.00 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1985.00 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 645.91 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 73197.49 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 60

Write or Type Committee Name

John Mills for Congress

04 06 01 2023 30 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 300.00 (i) Itemized (use Schedule A)..... 505.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 805.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 805.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 2500.00 9234.94 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 2500.00 9234.94 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 2500.00 10039.94 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

ursements

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
	(h) Political Party Committees	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	7 7 7 7 7	
	(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 SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	rting 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 (fro	m Line 22)	1985.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		645.91

S

SCHEDULE A (FEC Form 3)			FOR LINE NUMBER: PAGE 5 OF 60
		Use separate schedule(s) for each category of the	(check only one)
TEMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 11d 11d 12 x 13a 13b 14 15
Any information copied from such Reports and S or for commercial purposes, other than using the	person for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) John Mills for Congress			
Full Name (Last, First, Middle Initial)			
John Mills for Congress			Date of Receipt
Mailing Address 9065 Orlando Avenue			M M / D D / Y Y Y Y
City	State	Zip Code	05 02 2023
Navarre	FL	32566	Transaction ID : SA13A.5091
FEC ID number of contributing federal political committee.	C co	0565366	Amount of Each Receipt this Period
Name of Employer	Occupation	n	2500.00
Receipt For: 2024	Election C	ycle-to-Date _	Memo Item
✓ Primary General Other (specify) ▼		22695.51	For Legal and Reporting fees
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	n	
Receipt For:	Election C	ycle-to-Date _	Memo Item
Primary General Other (specify) ▼		7 7 7	
Full Name (Last, First, Middle Initial)			+
D			Date of Receipt
Mailing Address City	State	Zip Code	M M / D D / Y Y Y Y
· 	State	Zip Gode	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	n	
Receipt For:	Election C	ycle-to-Date	Memo Item
Primary General Other (specify) ▼		7 7 7	
<u>'</u>			
SUBTOTAL of Receipts This Page (optional)			2500.00

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

2500.00

SCHEDULE B (FEC Form 3)

6 60 FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Mills for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Law Office of James C. Thomas III 2023 05 02 Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting fees C00565366 001 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: Disbursement For: 2024 House 921.00 Senate Primary General Transaction ID: SB17.5082 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Law Office of James C. Thomas III Date of Disbursement Mailing Address 7509 NW Tiffany Springs Pkwy 02 2023 Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting fees C00565366 001 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: 190.00 Disbursement For: House 2024 Senate Primary General Transaction ID: SB17.5083 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) C. Law Office of James C. Thomas III Date of Disbursement Mailing Address 7509 NW Tiffany Springs Pkwy 2023 Suite 300 City Zip Code State **FEC Identification Number** Kansas City MO 64153 Purpose of Disbursement Legal and Reporting fees previously due on 04/02/2023 C00565366 001 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Disbursement For: 2024 190.00 Office Sought: House Senate Primary General Transaction ID: SB17.5084 President Other (specify) Memo Item State: FL District: SUBTOTAL of Disbursements This Page (optional)..... 1301.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

7 60 FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Mills for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Law Office of James C. Thomas III 2023 05 02 Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 City State Zip Code FEC Identification Number MO Kansas City 64153 Purpose of Disbursement Legal and Reporting fees C00565366 001 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: Disbursement For: 2024 494.00 House Senate Primary General Transaction ID: SB17.5085 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Law Office of James C. Thomas III Date of Disbursement Mailing Address 7509 NW Tiffany Springs Pkwy 02 2023 06 Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting fees C00565366 001 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type 190.00 Office Sought: Disbursement For: House 2024 Senate Primary General Transaction ID: SB17.5086 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 684.00 TOTAL This Period (last page this line number only)..... 1985.00

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

PAGE 8
FOR LINE NUMBER: (check only one)

X 13a 13b

OF

							130
AME OF COMMITTEE (In Full) John Mills for Congress					Transa	action ID : SC/10.4711	
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9065 Orlando Avenue			Memo Item	Election: 2018 Primary General Other (specify)			
9065 Örlando Avenue							
City		State	ZIP Code			X Personal Funds of the	Candidate
Navarre		FL	32566				
Original Amount of Loan	.34	Cumulative Pay	yment To Da	ate 0.00		lance Outstanding at Close of	This Period 26.34
TERMS Date Incurred		D	ate Due		Interest Rat		ed:
^M 09 ^M / ^D 21 ^D / ^Y Ž01Ť	Υ	M M / D D	/ ¥11/ŏ	8/2Ŏ18 ^Ÿ		0.00 % (apr) Ye	s X No
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle I	nitial)		١	lame of Em	ployer		
Mailing Address			(Occupation			
			A	mount	_		_
City	State	ZIP Code		Guaranteed Outstanding:	y y		
2. Full Name (Last, First, Middle In	itial)		١	Name of Employer			
Mailing Address			(Occupation			
O'th .	04-4-	710.01-		Amount Guaranteed			
City	State	ZIP Code		Outstanding:		7 7	
3. Full Name (Last, First, Middle In	itial)		1	Name of Employer			
Mailing Address			(Occupation			
0''		710.0		mount Guaranteed			
City	State	ZIP Code	I	Outstanding:		9	
4. Full Name (Last, First, Middle In	itial)		1	Name of Employer			
Mailing Address				Occupation			
	1			mount			
City	State	ZIP Code	I	Guaranteed Outstanding:		y y x	
SUBTOTALS This Period This Page (optional)					12	26.34
TOTALS This Period (last page in this						7 7	
Carry outstanding balance only to LII	NE 3 Sol	adula D for this	line If no	Schodule I	D carry for	rward to appropriate line of S	Summany
carry outstanding balance only to Li	1L 0, 301	iedule D, IUI IIIIS	, mie. II 110	Julieuule I	ر, carry ior	wara to appropriate line of a	ummany.

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

PAGE 9 OF
FOR LINE NUMBER:
(check only one)

13a 13b

NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4742
LOAN SOURCE Full Name (Last, First, John Mills for Congress	Middle Initial)	Memo Item Election: 2018
Mailing Address 9065 Orlando Avenue		Other (specify) ▼
City	State	ZIP Code
Navarre	FL	32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
303.01	,	0.00 303.01
TERMS Date Incurred	D	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D04 ^D / Y Ž017 Y	M M / D D	/ ¥11/ŏ8/2ŏ18
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
	Zii Gode	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed
Oily	Zii Godc	Outstanding:
SUBTOTALS This Period This Page (options	al)	303.01
TOTALS This Period (last page in this line of	only)	······
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 10

13a

OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4743
9		
LOAN SOURCE Full Name (Last, First, I	☐ Memo Item	
John Mills for Congress	x Primary	
Mailing Address		General Other (specify) ▼
Mailing Address 9065 Orlando Avenue	——————————————————————————————————————	
City	State	ZIP Code Response Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
4.24		0.00 4.24
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D05 ^D / Y Ž017 Y	M M / D D	√ 11/ŏ8/2ŏ18
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	I	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	!	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
	1	
SUBTOTALS This Period This Page (optional	ıl)	4.24
TOTALS This Period (last page in this line of	nly)	
Carry outstanding balance only to LINE 3, 5	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

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13a 13b

OF

60

Transaction ID: SC/10.4744 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9065 Orlando Avenue Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 35.00 0.00 35.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D10^D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 35.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

13a

OF

				<u> </u>		131	
AME OF COMMITTEE (In Full) John Mills for Congress					Transac	ction ID : SC/10.4745	
LOAN SOURCE Full Name (Last, John Mills for Congress	ddle Initial)] Memo Item	Election: 2018 x Primary General		
Mailing Address 9065 Orlando Avenue						Other (specify)	
City Navarre		State FL	ZIP Cod 32566	е		Personal Funds of the Candida	
Original Amount of Loan		Cumulative Pay	yment To [Date	Bala	Ince Outstanding at Close of This Peri	
, , , , 21	.63	7	,	0.00		21.63	
TERMS Date Incurred		D	Date Due		Interest Rate (If none, enter	r 0)	
M10M / D12D / Y 2017	Y	M M / D D	/ Y11/	Ŏ8/2Ŏ18 ^Ÿ	0.	00 % (apr) Yes X	
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle I	nitial)			Name of Em	ployer		
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code Guaranteed Outstanding:				7	
2. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:			
3. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed		7	
4. Full Name (Last, First, Middle In	itial)			Outstanding: Name of Employer			
Mailing Address				Occupation			
			-	A			
City	State	ZIP Code Amount Guaranteed Outstanding:			7		
SUBTOTALS This Period This Page (optional).					21.63	
FOTALS This Period (last page in this	line onl	/)				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Carry outstanding balance only to LI	NE 3, Scl	nedule D, for this	s line. If n	o Schedule	D, carry for	ward to appropriate line of Summary	

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

FOR LINE NUMBER: (check only one)

PAGE 13

13a

OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4746
9		
LOAN SOURCE Full Name (Last, First, M	☐ Memo Item	
John Mills for Congress	x Primary	
Mailing Address		General Other (specify) ▼
Mailing Address 9065 Orlando Avenue	——————————————————————————————————————	
City	State	ZIP Code Personal Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
7.95	,	0.00 7.95
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D17 ^D / Y Ž017 Y	M M / D D	/ Y11/08/2018
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
3. Full Name (Last, First, Middle Illitial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
	·	·
SUBTOTALS This Period This Page (optional)	7.95
TOTALS This Period (last page in this line or	nly)	
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

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				Detailed of	diffillary i ag	6	13b	1
AME OF COMMITTEE (In Full) Iohn Mills for Congress					Transact	tion ID : SC/10.4747		
John Mills for Congress Mailing Address 9065 Orlando Avenue	., First, Mid	ddle Initial)			Memo Item	Election: 2018 Primary General Other (specify)		
City Navarre		State ZIP Code FL 32566				✗ Personal Funds of the	ne Candida	te
Original Amount of Loan	mount of Loan Cumulative Payment To			0.00	Balar	nce Outstanding at Close o	of This Peri	od
TERMS Date Incurred M10 ^M / D30 ^D / Y Z017		Interest Rate (If none, enter 0.0	0)	V	lo			
List All Endorsers or Guaranton		o Loan Source						
1. Full Name (Last, First, Middle	Initial)			Name of Emp	oloyer			
Mailing Address				Occupation				
City	State ZIP Code			Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle	Initial)	<u>'</u>		Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle	Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		y y		
4. Full Name (Last, First, Middle	Initial)	•		Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		, , , , , ,		
SUBTOTALS This Period This Page FOTALS This Period (last page in the	is line only	у)			- <u>-</u> <u>-</u> <u>-</u>	7 7	72.49]
Carry outstanding balance only to I	INE 3, Sci	hedule D, for this	s line. If n	o Schedule D	, carry forw	ard to appropriate line of	Summary	

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

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FOR LINE NUMBER: (check only one)

13a

			Detailed Out	illiary i age		131	၁
AME OF COMMITTEE (In Full) John Mills for Congress				Transactio	on ID : SC/10.4748		
John Mills for Congress Mailing Address 9065 Orlando Avenue	ddle Initial)		_ M	lemo Item	Election: 2018 ✓ Primary General Other (specify) ▼		
City Navarre	State FL	ZIP Code 32566			X Personal Funds of th	e Candida	= ate
Original Amount of Loan				Balanc	e Outstanding at Close of	f This Per	iod
TERMS Date Incurred M10M / P31P / Y Z017 Y	D D D	Date Due		terest Rate none, enter 0) 0.00		·	No
List All Endorsers or Guarantors (if any) to	o Loan Source						
Full Name (Last, First, Middle Initial)		N	ame of Emplo	byer			
Mailing Address		С	Occupation				
City	ZIP Code	G	mount uaranteed utstanding:	L,	7		
2. Full Name (Last, First, Middle Initial)	l	N	Name of Employer				
Mailing Address		C	ccupation				
City	ZIP Code	G	mount uaranteed utstanding:	,	7		
3. Full Name (Last, First, Middle Initial)		N	Name of Employer				
Mailing Address		C	ccupation				
City	ZIP Code	G	mount uaranteed utstanding:	· ,	7		
4. Full Name (Last, First, Middle Initial)	!	N	Name of Employer				
Mailing Address	C	Occupation					
City	ZIP Code	G	mount uaranteed utstanding:				
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only				· [7 7 1	96.54]
Carry outstanding balance only to LINE 3, Sch	edule D, for this	s line. If no	Schedule D.	carry forwar	rd to appropriate line of	Summar	— v.

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

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X 13a 13b

OF

NAME OF COMMITTEE (In Full) John Mills for Congress			Trans	saction ID : SC/10.4749			
John Mills for Congres	Election: 2018 X Primary General						
Mailing Address 9065 Orlando Avenue	Mailing Address 9065 Orlando Avenue						
City		State	ZIP Code	✗ Personal Funds of the Candidate			
Navarre		FL	32566	1 ersonal runus of the Candidate			
Original Amount of Loan		Cumulative Pay	yment To Date B	dalance Outstanding at Close of This Period			
	41.21		0.00	41.21			
TERMS Date Incurred		С	Pate Due Interest F (If none, e				
M11M / D01D / Y 2	017 Y	M M / D D	[/] 11/08/2018 [×]	0.00 % (apr) Yes X No			
List All Endorsers or Guaran		o Loan Source					
1. Full Name (Last, First, Mic	ldle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Midd	dle Initial)		Name of Employer	Name of Employer			
Mailing Address			Occupation				
	1	T	Amount Guaranteed				
City	State	ZIP Code	Outstanding:	9			
3. Full Name (Last, First, Midd	dle Initial)		Name of Employer				
Mailing Address			Occupation				
0:4	04-4-	710.0-1-	Amount Guaranteed				
City	State	ZIP Code	Outstanding:	9 9			
4. Full Name (Last, First, Midd	dle Initial)		Name of Employer				
Mailing Address			Occupation				
00	lo	710 0 1	Amount Guaranteed				
City	State	ZIP Code	Outstanding:	9			
SUBTOTALS This Period This Pa	age (optional)			41.21			
TOTALS This Period (last page in	n this line only	·)					
Carry outstanding balance only	to LINE 3. Sch	edule D. for this	s line. If no Schedule D. carry f	orward to appropriate line of Summary.			

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

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OF

						130	
	COMMITTEE (In Full) Ils for Congress				Trans	action ID : SC/10.4750	
	SOURCE Full Name (Last,	m Election: 2018					
John I	Mills for Congress	Y Primary					
Mailing	Address					General Other (specify)	
9065 Or	Address lando Avenue	Other (specify) ———————————————————————————————————					
City			State	ZIP Co		✗ Personal Funds of the Candidate	
Navarre			FL	32566			
Origina	al Amount of Loan		Cumulative Page	yment To	Date Ba	alance Outstanding at Close of This Period	
	80	4.08			0.00	804.08	
TERMS	Date Incurred			Date Due	Interest Ra		
M11 ^M	v / □05□ / Y Ž01Ť	Y	M M / D D	/ Y ₄ ,	(If none, en	0.00	
	05 2017				1/00/2010	% (apr) Yes No	
List All	Endorsers or Guarantors	(if any) to	o Loan Source				
1. Full	Name (Last, First, Middle	Initial)			Name of Employer		
Mail	ling Address				Occupation		
					Amount		
City		State	ZIP Code		Guaranteed		
City		State	ZIF Code		Outstanding:	g g	
2. Full 1	Name (Last, First, Middle I	nitial)			Name of Employer		
Mailir	ng Address				Occupation		
					Amount		
City		State	ZIP Code		Guaranteed Outstanding:	9 9	
0. 5.41.1	Name	:±: - I\			Outotairairig.	,	
3. Full I	Name (Last, First, Middle I	niliai)			Name of Employer		
Mailir	ng Address				Occupation		
					Amount		
City		State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
4. Full 1	Name (Last, First, Middle I	nitial)			Name of Employer		
Mailir	ng Address				Occupation		
					A		
City		State	ZIP Code		Amount Guaranteed		
					Outstanding:	7	
					_		
SUBTOTAL	LS This Period This Page	(optional)			······	804.08	
TOTALS T	his Period (last page in thi	s line only	y)		······		
0.000	standing belows and the Co	INE O Oct	adula D. Conti	a line 10	no Cohodula D	musual to annual to the of O	
Carry outs	standing balance only to L	แง⊏ उ, ocn	ieuuie D, for this	s ime. if	no achedule D, carry to	rward to appropriate line of Summary.	

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

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OF

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

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				Detailed	Summary Pag	e	13b		
AME OF COMMITTEE (In Full)				•	Transac	tion ID : SC/10.4752			
John Mills for Congress									
LOAN SOURCE Full Name (Last, F	irst, Mic	ldle Initial)			Memo Item	Election: 2018			
John Mills for Congress						x Primary			
Mailing Address						General Other (specify) ▼			
Mailing Address 9065 Orlando Avenue						— Curior (opeony) V			
City State ZIP Cod						✗ Personal Funds of the C	`andidata		
Navarre	32566			reisonal runus of the C	alluluale				
Original Amount of Loan		Cumulative Pay	yment To	Date	Bala	nce Outstanding at Close of Th	nis Period		
93.	73			0.00	0		.73		
TERMS Date Incurred		D	ate Due		Interest Rate		:		
M ₁₁ ^M / D ₀₈ D / Y Ž017	Υ	M M / D D	/ Y11	/08/2018 ^Y	(If none, enter	00			
				00/2010		% (apr) Yes	× No		
List All Endorsers or Guarantors (i		o Loan Source		Ni					
1. Full Name (Last, First, Middle In	itial)			Name of Em	nployer				
Mailing Address				Occupation					
				Amount			_		
City		Guaranteed Outstanding:		7 7 7	_				
2. Full Name (Last, First, Middle Init	ial)	<u>'</u>		Name of Employer					
Mailing Address				Occupation					
				Amount			_		
City	State	ZIP Code		Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Init	ial)	<u>'</u>		Name of Employer					
Mailing Address				Occupation					
				Amount			_		
City	State	ZIP Code		Guaranteed Outstanding:		7	_		
4. Full Name (Last, First, Middle Init	ial)			Name of Em	nployer				
Mailing Address				Occupation					
			ŀ	Amount			_		
City	State	ZIP Code		Guaranteed Outstanding		7			
SUBTOTALS This Period This Page (o	ptional)				▶	93.	.73		
TOTALS This Period (last page in this	line only	·)			▶				
Carry outstanding balance only to LIN	F 3. Sch	nedule D for this	s line If r	o Schedule	D. carry forw	ard to appropriate line of Su	mmary		
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

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	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transacti	on ID : SC/10.4753			
Ľ					Т				
	LOAN SOURCE Full Name (Last,	First, Mid	Idle Initial)		☐ Memo Item	Election: 2018			
	John Mills for Congress					Y Primary General			
	Mailing Address					Other (specify) ▼			
	Mailing Address 9065 Orlando Avenue				Other (specify)				
	City		State	pde					
	Navarre		FL						
	Original Amount of Loan		Cumulative Pay	ment To	Date Balan	ce Outstanding at Close of This Period			
	6	5.00	9		0.00	6.00			
	TERMS Date Incurred		D	ate Due	Interest Rate (If none, enter 0	Secured:			
	M12M / D21D / Y 2017	Υ	M M / D D	/ Y11	/ŏ8/2ŏ18 [×] 0.00	% (apr) Yes X No			
	List All Endorsers or Guarantors	(if anv) to	o Loan Source						
	1. Full Name (Last, First, Middle I				Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City State ZIP Code				Guaranteed				
					Outstanding.	y y			
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation Amount Guaranteed Outstanding: Name of Employer				
	City	State	ZIP Code						
	3. Full Name (Last, First, Middle In	itial)	·						
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
				Amount					
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , ,			
П		ı	1						
SI	UBTOTALS This Period This Page (optional)				6.00			
T	OTALS This Period (last page in this	s line only	r)						
						7			
C	carry outstanding balance only to LI	NE 3, Sch	edule D, for this	line. If	no Schedule D, carry forwa	ard to appropriate line of Summary.			

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OF

		135						
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4754						
9		1						
LOAN SOURCE Full Name (Last, First,	☐ Memo Item							
John Mills for Congress	John Mills for Congress							
Mailing Address	AA 22 A LL							
Mailing Address 9065 Orlando Avenue		Other (specify)						
City	State	ZIP Code Personal Funds of the Candidate						
Navarre	FL	32566						
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period						
308.00		0.00 308.00						
TERMS Date Incurred		Date Due Interest Rate Secured:						
M12M / D22D / Y Ž01Ť Y	M M / D D	(If none, enter 0) / \(^11/\dog{0}8/2\dog{0}18\dog^\text{Y}\)						
12 22 2017		11/06/2018						
List All Endorsers or Guarantors (if any	/) to Loan Source							
1. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City State	ZIP Code	Guaranteed						
City	ZIP Code	Outstanding:						
2. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
3. Full Name (Last, First, Middle Initial)		Name of Employer						
, , ,		Tulino di Employo						
Mailing Address		Occupation						
		Amount						
City State	ZIP Code	Guaranteed Outstanding:						
4. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City State	ZIP Code	Amount Guaranteed						
		Outstanding:						
SUBTOTALS This Period This Page (option	al)	308.00						
TOTALS This Period (last page in this line of	only)							
Carry outstanding balance only to LINE 2	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.						
Carry outstanding balance only to LINE 3,	concadie D, ioi tili	into it no contende b, carry forward to appropriate line of cultilliary.						

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

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OF

						•			130
AME OF COMMITTEE (In Full) John Mills for Congress					Trans	action I	D : SC/10.47	55	
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9065 Orlando Avenue							etion: 2018 Primary General Other (speci	fy) ▼	
9065 Ōrlando Avenue								•	
City		State	ZIP Code			×	Personal Fu	unds of th	ne Candidate
Navarre		FL	32566						
Original Amount of Loan	.34	Cumulative Pay	ment To Dat	e 0.00	-	alance C	Outstanding a	t Close c	of This Perio 56.34
TERMS Date Incurred		D	ate Due		Interest Ra			Secu	ıred:
M12M / D24D / Y Z017	/ Y11/Ŏ8/	2018 ^Y	(If none, en	0.00	% (apr)		Yes 🗶 No		
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle I	nitial)		Na	me of Em	ployer				
Mailing Address			Oc	cupation					
			An	Amount					
City	State	ZIP Code		aranteed tstanding:		,			
2. Full Name (Last, First, Middle In	itial)		Na	Name of Employer					
Mailing Address			Oc	Occupation					
				nount					
City	State	ZIP Code		Guaranteed Outstanding:					
3. Full Name (Last, First, Middle In	itial)	-	Na	Name of Employer					
Mailing Address			Oc	Occupation					
			An	nount					
City	State	ZIP Code		aranteed tstanding:		7	7		
4. Full Name (Last, First, Middle In	itial)	-	Na	me of Emp	ployer				
Mailing Address			Oc	cupation					
	An	nount							
City	State	ZIP Code		aranteed tstanding:	-	7	7	1 4	
SUBTOTALS This Period This Page (optional).						,	,	56.34
TOTALS This Period (last page in this	line only	/)			▶		7	,	
Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	line. If no S	Schedule I	D, carry fo	rward t	to appropria	te line of	Summary.

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

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OF

					130			
NAME OF COMMITTEE (In Full) John Mills for Congress				Transa	ction ID : SC/10.4756			
<u> </u>								
LOAN SOURCE Full Name (Last,		Memo Item Election: 2018 **Primary**						
John Mills for Congress	John Mills for Congress							
Mailing Address	Na-Way Addison							
Mailing Address 9065 Orlando Avenue				Other (specify)				
City		State	ZIP Co 32566		✗ Personal Funds of the Candidate			
Navarre		FL						
Original Amount of Loan		Cumulative Pay	ment To	Date Bal	ance Outstanding at Close of This Period			
20	8.00			0.00	208.00			
TERMS Date Incurred		D	ate Due	Interest Rat (If none, ente				
M12M / D29D / Y 2017	Y	/ M / D D	/ Y11		0.00			
List All Endorsers or Guarantors	(if any) to	Loan Source			70 (apr) 100 1100			
Full Name (Last, First, Middle	` •	- Louis Course		Name of Employer				
Mailing Address				Occupation				
				Amount				
C:h	Ctata	ZID Code		Guaranteed				
City	State	ZIP Code			9 9			
2. Full Name (Last, First, Middle In	nitial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:	9 9 9			
3. Full Name (Last, First, Middle I	nitial)	L		Name of Employer Occupation				
Mailing Address								
				Amount				
City	State	ZIP Code		Guaranteed				
4. Full Name (Last, First, Middle II	nitial)			Outstanding: Name of Employer	,			
Mailing Adduses				0				
Mailing Address				Occupation				
	Ta	T		Amount				
City	State	ZIP Code		Guaranteed Outstanding:	7			
	·							
SUBTOTALS This Period This Page	(optional)			······	208.00			
TOTALS This Period (last page in thi	s line only))		·····				
Carry outstanding balance only to I	INE 3. Sch	edule D. for this	s line. If	no Schedule D. carry for	ward to appropriate line of Summary.			
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OF

x 13a Detailed Summary Page 13b Transaction ID: SC/10.4678 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9065 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 400.00 0.00 400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D17D M 01M Ž018 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 400.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4709
	NA : 1 II 1 :1: IV	T =
John Mills for Congress	, Middle Initial)	☐ Memo Item
Mailing Address 9065 Orlando Avenue		General Other (specify) ▼
City	State	ZIP Code
Navarre	FL	32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
2231.10		0.00 2231.10
TERMS Date Incurred]	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D31D / Y Z018 Y	M M / D D	/ Y11/ŏ8/2ŏ18
List All Endorsers or Guarantors (if a	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
0::		Amount Guaranteed
City	te ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	te ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
CURTOTAL C. This Desired This Day ()		
SUBTOTALS This Period This Page (option	กลเ)	2231.10
TOTALS This Period (last page in this line	only)	······································
Carry outstanding balance only to LINE 3	, Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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						•			130
AME OF COMMITTEE (In Full) John Mills for Congress					Trans	action II	D : SC/10.482	29	
John Mills for Congress							tion: 2018 Primary General Other (speci	fv) 🕶	
Mailing Address 9065 Orlando Avenue							Other (opeon	·9/ V	
City	ZIP Code	de Personal Funds of the Car				ne Candidat			
Navarre	32566	-1-		-1			f This Davis		
Original Amount of Loan).67	Cumulative Pay	yment 10 D	0.00		alance O	utstanding a		150.67
TERMS Date Incurred		D	ate Due		Interest Ra			Secu	ired:
M04M / D20D / Y Ž018	Y	M M / D D	/ Y08/2	8/2Ŏ18 ^Y		0.00	% (apr)		Yes 🗶 No
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle I	nitial)		1	Name of Em	ployer				
Mailing Address			(Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:		,	,		
2. Full Name (Last, First, Middle In	itial)		1	Name of Employer					
Mailing Address			(Occupation					
	1			Amount					77
City	State	ZIP Code		Guaranteed Outstanding:					
3. Full Name (Last, First, Middle In	itial)		1	Name of Employer					
Mailing Address			(Occupation					
			/	Amount					
City	State	ZIP Code		Guaranteed Outstanding:		,	7	1 (8)	
4. Full Name (Last, First, Middle In	itial)	•	1	Name of Em	ployer				
Mailing Address			(Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:		- 9	7	1 4	
SUBTOTALS This Period This Page (optional).				▶		,	7	150.67
TOTALS This Period (last page in this	line only	/)			▶		,	7	
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Transaction ID: SC/10.4815 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9065 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 8500.00 700.00 7800.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D24^D M 04M Ž018 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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Transaction ID: SC/10.4830 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9065 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1475.00 0.00 1475.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 15D M 06M Ž018 Y08/28/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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Transaction ID: SC/10.4831 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9065 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 600.00 0.00 600.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 15D M 06M Ž018 Y08/28/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 600.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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AME OF COMMITTEE (In Full) John Mills for Congress					Transa	ction ID	SC/10.4832	2		
John Mills for Congress Mailing Address 9065 Orlando Avenue		ddle Initial)			Memo Item	X P	n: 2018 imary eneral ther (specify	') ▼		
City Navarre		State FL	ZIP Cod 32566	е		F	Personal Fur	nds of the (Candida	
Original Amount of Loan	yment To [Date 0.00		ance Out	standing at		his Peri			
TERMS Date Incurred M 06 ^M / D27 ^D / Y 20	Date Due	ž8/2Ŏ18 ^Ÿ	Interest Rat (If none, enter		% (apr)	Secured Yes	~			
List All Endorsers or Guaranto		o Loan Source								
1. Full Name (Last, First, Midd	le Initial)			Name of Em	ployer					
Mailing Address				Occupation						
City	City State ZIP Code					7	. ,			
2. Full Name (Last, First, Middle	e Initial)			Name of Em	ployer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:						
3. Full Name (Last, First, Middle	e Initial)			Name of Employer						
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	. ,			
4. Full Name (Last, First, Middle	e Initial)	'		Name of Em	ployer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	7			
SUBTOTALS This Period This Pag					···••			35	5.10	
Carry outstanding balance only to	LINE 3, Sci	hedule D, for this	s line. If n	o Schedule I	D, carry for	ward to	appropriate	line of Su	ımmarv	

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

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	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	saction ID : SC/10.4842				
	LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mic	ldle Initial)		☐ Memo Item					
						General				
	Mailing Address 9065 Orlando Avenue				Other (specify)					
	City		State	de	Personal Funds of the Candidate					
	Navarre		FL		1 craonal i unas of the Ganadate					
	Original Amount of Loan		Cumulative Pay	Date B	alance Outstanding at Close of This Period					
	2000	0.00	7		0.00	2000.00				
	TERMS Date Incurred		D	ate Due	Interest R (If none, er					
	M07 ^M / D05 ^D / Y Ž018	Υ	M M / D D	/ Y08	%/28/2018 ^Y	0.00 % (apr) Yes X No				
	List All Endorsers or Guarantors	(if anv) to	o Loan Source			, , (-p-)				
	1. Full Name (Last, First, Middle I				Name of Employer					
	Mailing Address				Occupation					
					Amount					
	City	State	ZIP Code		Guaranteed Outstanding:	9 9				
	2. Full Name (Last, First, Middle In	itial)			Name of Employer					
	Mailing Address				Occupation Amount Guaranteed Outstanding: Name of Employer					
		T								
	City	State	ZIP Code							
	3. Full Name (Last, First, Middle In	itial)								
	Mailing Address				Occupation					
		1			Amount					
	City	State	ZIP Code		Guaranteed Outstanding:	y y x				
	4. Full Name (Last, First, Middle In	itial)	<u>'</u>		Name of Employer					
	Mailing Address				Occupation					
					Amount					
	City	State	ZIP Code		Guaranteed Outstanding:	7				
SI	UBTOTALS This Period This Page (optional)			<u> </u>	2000.00				
T	OTALS This Period (last page in this	line only	r)		······	7				
C	Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	orward to appropriate line of Summary.				
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	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	action ID : SC/10.4874			
Ľ									
	LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2020								
	John Mills for Congress				Primary General				
	Mailing Address				Other (specify)				
	Mailing Address 9065 Orlando Avenue			Other (specify)					
	City		State	ZIP Co		Personal Funds of the Candidate			
	Navarre		FL 32566						
	Original Amount of Loan		Cumulative Pay	yment Io	Date Ba	alance Outstanding at Close of This Period			
	500.00				0.00	500.00			
	TERMS Date Incurred	ERMS Date Incurred Date D			Interest Ra (If none, en				
	M03M / D18D / Y Ž019	Y	M M / D D	/ You	3/17/2020 ^Y	0.00 % (apr) Yes X No			
	List All Endorsers or Guarantors	(if any) to	o Loan Source						
		. Full Name (Last, First, Middle Initial)							
	Mailing Address				Occupation				
				Amount					
	City	State	ZIP Code		Guaranteed				
	Oity	State	Zii Oode		Outstanding:	7 7			
	2. Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer				
					Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
	3. Full Name (Last, First, Middle In	B. Full Name (Last, First, Middle Initial)				Name of Employer			
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
	4. Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer				
					Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , ,			
١.									
SI	SUBTOTALS This Period This Page (optional)								
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C	arry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry fo	rward to appropriate line of Summary.			

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Transaction ID: SC/10.5091 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2024 Memo Item Primary John Mills for Congress General Mailing Address 9065 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D02D M 05M **2023** N/AY x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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		13k					
AME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4106					
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive	ddle Initial)	☐ Memo Item Election: 2014 Primary General Other (specify) ▼					
City Miramar Beach	State FL	ZIP Code 32550 Personal Funds of the Candida					
Original Amount of Loan 5000.00	Cumulative Pay	ayment To Date Balance Outstanding at Close of This Per 0.00 5000.00					
TERMS Date Incurred M06M / D24D / Y Z014 Y	M M / D D	Date Due Interest Rate (If none, enter 0) O / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
List All Endorsers or Guarantors (if any) t	o Loan Source						
Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City	ZIP Code	Amount Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)	'	Name of Employer					
Mailing Address		Occupation					
City 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	ZIP Code	Amount Guaranteed Outstanding:					
COTALS This Period (last page in this line only)							
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	is line. If no Schedule D, carry forward to appropriate line of Summary					

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NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4116					
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Middle Initial)	Memo Item Election: Primary General					
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼					
City Miramar Beach	State	ZIP Code 32550 Personal Funds of the Candidate					
Original Amount of Loan 4234.94	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 4234.94					
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)					
M07 ^M / D18 ^D / Y 2014 Y	M M / D D	/ Y Y Y Y Y W No					
List All Endorsers or Guarantors (if any) to Loan Source						
1. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City	ZIP Code	Amount Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City	ZIP Code	Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City	ZIP Code	Amount Guaranteed Outstanding:					
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TOTALS This Period This Page (optional) 4234.94							
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.					
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Transaction ID: SC/10.4197 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D08D M09M Ž015 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4299
LOAN SOURCE Full Name (Last, First, MMILLS, Ralph, John, , III	fiddle Initial)	☐ Memo Item Election: 2016 ▼ Primary
Mailing Address 1940 Boardwalk Drive		General Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
3850.64	,	0.00 3850.64
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M01M / D02D / Y Ž016 Y	M M / D D	/ Y Y Y Y Y No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
2. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer
2. Full Name (Last, First, Middle Illitial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	I	Name of Employer
Mailing Address		Occupation
	T	Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
City	ZIF Code	Outstanding:
SUBTOTALS This Period This Page (optiona)	3850.64
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OF

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AME OF COMMITTEE (In Full) Iohn Mills for Congress					Trans	saction	ID : SC/10.4	337		
LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive] Memo Ite	Ele	ction: 201 Primary General Other (spe			
		I a. .	I ===							
City Miramar Beach		State FL	ZIP Code 32550				Personal	Funds of	the Ca	ndidate
							- · · · · · · ·	. 0		
Original Amount of Loan	5.33	Cumulative Pay	yment to Dat	0.00		salance (Outstanding	at Close	345.3	_
TERMS Date Incurred		D	ate Due		Interest F			Se	cured:	
M06M / D30D / Y Ž016	Y	M M / D D	/ Y Y	YY	(II Holle, el	0.00	% (apr)		Yes	x No
List All Endorsers or Guarantors	(if any) t	o Loan Source								
1. Full Name (Last, First, Middle I	nitial)		Na	me of Em	ployer					
Mailing Address			Oc	cupation						
City	State	ZIP Code	Gu	nount aranteed itstanding:						
2. Full Name (Last, First, Middle Ir	itial)			me of Em						
Mailing Address			Oc	cupation						
			Δn	nount						
City	State	ZIP Code	Gu	aranteed itstanding:		-	7			
3. Full Name (Last, First, Middle In	nitial)		Na	me of Em	ployer					
Mailing Address			Oc	cupation						
City	State	ZIP Code	Gu	nount laranteed ltstanding:		7	,			
4. Full Name (Last, First, Middle In	itial)		Na	me of Em	ployer					
Mailing Address			Oc	cupation						
City	State	ZIP Code	Gu	nount laranteed						
SUBTOTALS This Period This Page (7	7	345.3	3
Carry outstanding balance only to LI					D carry f	orward	to appropri	ate line	of Sum	mary
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NAME OF COMMITTEE (In Full) John Mills for Congress				Transaction ID: SC/10.4342				
LOAN SOURCE Full Name (Last,	First. Mid	ldle Initial)		Memo Item Election: 2018				
MILLS, Ralph, John, , III		Memo Item Election: 2018						
Mailing Address 1940 Boardwalk Drive				Other (specify) ▼				
City		State	ZIP Co	Personal Funds of the Candida				
Miramar Beach		FL	32550) South and of the bandar				
Original Amount of Loan		Cumulative Page	yment To	Date Balance Outstanding at Close of This Per				
1500	0.00			0.00 1500.00				
TERMS Date Incurred		С	ate Due	Interest Rate Secured: (If none, enter 0)				
M07 ^M / D18 ^D / Y Ž016	Υ	M M / D D	/ Y	Děmaňd ^Y 0.00 % (apr) Yes X 1				
List All Endorsers or Guarantors	(if any) to	Loan Source						
1. Full Name (Last, First, Middle	Initial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code	Guaranteed Outstanding:					
2. Full Name (Last, First, Middle In	nitial)			Name of Employer				
Mailing Address				Occupation				
				Amount Guaranteed				
City	State	ZIP Code		Outstanding:				
3. Full Name (Last, First, Middle Ir	nitial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Ir	nitial)	•		Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:				
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NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4343
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	Memo Item Election: 2018
MILLS, Ralph, John, , III	Memo Item Clection: 2018	
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Page	yment To Date Balance Outstanding at Close of This Period
300.00		0.00 300.00
TERMS Date Incurred		late Due Interest Rate Secured: (If none, enter 0)
M09 ^M / D06 ^D / Y Z016 Y	M M / D D	✓ Pěmaňd Ý 0.00 % (apr) Yes 🗶 No
List All Endorsers or Guarantors (if any) t	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
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	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transactio	on ID : SC/10.4344			
					1				
	LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mic	ddle Initial)		☐ Memo Item	Election: 2018 X Primary			
	MILLO, Italphi, John, , III					General			
	Mailing Address 1940 Boardwalk Drive					Other (specify) ▼			
	City		State	ZIP Co	de	Personal Funds of the Candidate			
	Miramar Beach		FL	32550		reisonal runds of the Candidate			
	Original Amount of Loan		Cumulative Pay	ment To	Date Balanc	ce Outstanding at Close of This Period			
	500	.00	7		0.00	500.00			
	TERMS Date Incurred		D	ate Due	Interest Rate (If none, enter 0)	Secured:			
	^M 09 ^M / □23 □ / Y Ž016̃	Υ	M M / D D	/ Y	emaňd ^Ý 0.00				
	List All Endorsers or Guarantors	(if any) to	o Loan Source						
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	2. Full Name (Last, First, Middle In	itial)	'		Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	3. Full Name (Last, First, Middle In	itial)	·		Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	y			
	4. Full Name (Last, First, Middle In	itial)	-		Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
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T	OTALS This Period (last page in this	line only	/)			, , , , , ,			
c	Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry forwa	rd to appropriate line of Summary.			
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Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4351
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	ddle Initial)	☐ Memo Item
Mailing Address 1940 Boardwalk Drive		General Other (specify) ▼
City	State FL	ZIP Code Personal Funds of the Candidate
Miramar Beach		32550
Original Amount of Loan 500.00	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period 0.00 500.00
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)
M05M / D02D / Y Ž017 Y	M " M / D " D	/ Pěmaňd Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	L	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
·	Zii Oode	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional).		500.00
TOTALS This Period (last page in this line only	/)	7 7 7
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

				130			
AME OF COMMITTEE (In Full) Ohn Mills for Congress			Transaction ID : SC/10.4357	_ -			
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive	First, Mid	ddle Initial)	Memo Item Election: 2018				
City		State	ZIP Code				
Miramar Beach		FL	32550 Personal Funds of the Cand	didate			
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This I	Period			
150	0.00	2	0.00 150.00				
TERMS Date Incurred		D	ate Due Interest Rate Secured: (If none, enter 0)				
^M 07 ^M / ^D 26 ^D / Y Ž017	Y	M M / D D	0.00 % (apr) Yes	No			
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle I	nitial)		Name of Employer				
Mailing Address			Occupation				
			Amount				
City	State	ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle In	nitial)		Name of Employer	Name of Employer			
Mailing Address			Occupation				
	1_	T	Amount Guaranteed				
City	State	ZIP Code	Outstanding:				
3. Full Name (Last, First, Middle In	nitial)		Name of Employer				
Mailing Address			Occupation				
	1	T	Amount Guaranteed				
City	State	ZIP Code	Outstanding:				
4. Full Name (Last, First, Middle In	nitial)		Name of Employer				
Mailing Address			Occupation				
011	To: .	710.0	Amount Guaranteed				
City	State	ZIP Code	Outstanding:				
SUBTOTALS This Period This Page (optional).		150.00				
OTALS This Period (last page in this	s line only	/)	•	Ш			
Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summ	ary.			

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

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OF

		130
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4358
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Middle Initial)	☐ Memo Item Election: 2018 ✓ Primary
Mailing Address 1940 Boardwalk Drive		General Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
750.00		0.00 750.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M09M / D13D / Y Ž017 Y	M M / D D	/
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
Glate	Zii Oode	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
3. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer
3. Full Name (Last, First, Middle Illitial)		wante of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T=	Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (options	al)	750.00
TOTALS This Period (last page in this line of		, , , , , , , , , , , , , , , , , , , ,
		7 7
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

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

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

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						130
AME OF COMMITTEE (In Full) John Mills for Congress					Transa	ction ID : SC/10.4899
LOAN SOURCE Full Name (Las MILLS, Ralph, John, , III		ddle Initial)] Memo Item	Election: Primary General
Mailing Address 1940 Boardwalk Drive						Other (specify) ▼
City		State	ZIP Code			Personal Funds of the Candidat
Miramar Beach		FL	32550			
Original Amount of Loan	00.00	Cumulative Pa	ayment to D	o.00		ance Outstanding at Close of This Perio
TERMS Date Incurred		Γ	Date Due		Interest Rat	
^M 07 ^M / □12□ / Y Ž01	ğΥ	M M / D D	D / Y Y	YY	,	0.00
List All Endorsers or Guaranton	rs (if any)	to Loan Source				
1. Full Name (Last, First, Middle	e Initial)		1	lame of Em	ployer	
Mailing Address			(Occupation		
City	State	ZIP Code Amount Guaranteed Outstanding				7
2. Full Name (Last, First, Middle	Initial)		1	lame of Em	ployer	
Mailing Address			(Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		7
3. Full Name (Last, First, Middle	Initial)		1	lame of Em	ployer	
Mailing Address			(Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		7
4. Full Name (Last, First, Middle	Initial)		1	Name of Employer		
Mailing Address			(Occupation		
0.1	0	710.0		Amount Guaranteed		
City	State	ZIP Code		Outstanding:		7 7
SUBTOTALS This Period This Page	e (optional)					300.00
TOTALS This Period (last page in t	his line onl	у)			▶	, , , , , , ,
Carry outstanding balance only to	LINE 3, Sc	hedule D, for thi	is line. If no	Schedule	D, carry for	ward to appropriate line of Summary.

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

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OF

AME OF COMMITTEE (In Full) John Mills for Congress					Transact	tion ID : SC/10.4900	
LOAN SOURCE Full Name (Last, F MILLS, Ralph, John, , III Mailing Address	irst, Midd	dle Initial)			Memo Item	Election: Primary General Other (specify)	
1940 Boardwalk Drive						Other (specify)	
City		State	ZIP Co	de			(0 1 1
Miramar Beach		FL	32550			Personal Funds	s of the Candidate
Original Amount of Loan		Cumulative Pay	ment To	Date	Balar	nce Outstanding at C	lose of This Period
1200.	00	2		0.0	0	7	1200.00
TERMS Date Incurred				Interest Rate (If none, enter		Secured:	
M07M / D18D / Y Ž01Š	Y	M / D D	/ Y	YYY	0.0	0/ ()	Yes X No
List All Endorsers or Guarantors (i		Loan Source		Name of En	anlavar		
1. Full Name (Last, First, Middle In	itial)			Name of En	npioyer		
Mailing Address				Occupation			
		_		Amount			
City	State	ZIP Code		Guaranteed Outstanding		7	
2. Full Name (Last, First, Middle Init	ial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding		7 7	
3. Full Name (Last, First, Middle Init	ial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding		7 7	
4. Full Name (Last, First, Middle Init	ial)	'		Name of En	nployer		
Mailing Address				Occupation			
0''	0	710.0		Amount Guaranteed			
City	State	ZIP Code		Outstanding		7	(B)
SUBTOTALS This Period This Page (o	otional)				···· ·	7 7	1200.00
TOTALS This Period (last page in this	line only)				▶		
Carry outstanding balance only to LIN	E 3, Sche	edule D, for this	line. If	no Schedule	D, carry forw	ard to appropriate li	ne of Summary.

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Transaction ID: SC/10.4901 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D10^D M09M ž019 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.4929 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary MILLS, Ralph, , , III General Mailing Address 9065 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 M 12M D30 D ž019 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4936
LOAN COURCE Full Name // act First N	1: al al a	Floring
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, , , III	ilidale initial)	☐ Memo Item
Mailing Address 9065 Orlando Avenue		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
12000.00	ļ,	0.00 12000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M 04M / D17D / Y Ž02Ŏ Y	M M / D D	/ Y Y Y Y W No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optiona)	12000.00
		7
TOTALS This Period (last page in this line of	ııy <i>)</i>	
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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13b Transaction ID: SC/10.4966 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary MILLS, Ralph, , , III General Mailing Address 9065 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5359.12 0.00 5359.12 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D10^D M 07M **2020** x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5359.12 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.4992 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary MILLS, Ralph, , , III General Mailing Address 9065 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1495.00 0.00 1495.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D04D ^M80^M **2020** Y12/31/2020 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1495.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID: SC/10.4983
LOAN COURCE Full Name // set First Mi	ماماره ایدندنما/	Florence
LOAN SOURCE Full Name (Last, First, Mi MILLS, Ralph, , , III	adie initial)	☐ Memo Item Election: 2020
Mailing Address 9065 Orlando Avenue		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Page	yment To Date Balance Outstanding at Close of This Period
1500.00	9	0.00 1500.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M08 ^M / D05 ^D / Y Ž02Ŏ Y	M M / D D	/ ^Y 12/31/2ŏ20 ^Y 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
	T	Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		1500.00
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TOTALS This Period (last page in this line onl	y)	
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.5016 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary MILLS, Ralph, , , III General Mailing Address 9065 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M 0.00 ^D19^D **2020** x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.5037 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary MILLS, Ralph, , , III General Mailing Address 9065 Orlando Avenue Other (specify) City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D07D M 04M Ž021 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.5050
LOAN SOURCE Full Name (Last, Fir MILLS, Ralph, , , III	st, Middle Initial)	☐ Memo Item
Mailing Address 9065 Orlando Avenue		Other (specify) ▼
City Navarre	State FL	ZIP Code 32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative P	Payment To Date Balance Outstanding at Close of This Period
2000.00		0.00 2000.00
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M12M / D28D / Y Z021	M M / D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if		
Full Name (Last, First, Middle Initial)	al)	Name of Employer
Mailing Address		Occupation
City	tate ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initia	ul)	Name of Employer
Mailing Address		Occupation
City	tate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initia	ul)	Name of Employer
Mailing Address		Occupation
City	tate ZIP Code	Amount Guaranteed
4. Full Name (Last, First, Middle Initia	 ul)	Outstanding: Name of Employer
Mailing Address		Occupation
		Amount
City	tate ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (opt	ional)	2000.00
TOTALS This Period (last page in this li	ne only)	7 7
Carry outstanding balance only to LINE	3. Schedule D. for th	nis line. If no Schedule D, carry forward to appropriate line of Summary.
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

13b Transaction ID: SC/10.5064 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary MILLS, Ralph, , , III General X Mailing Address 9065 Orlando Avenue Other (specify) City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 700.00 0.00 700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D30 D M80^M **Ž**02Ž x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

FOR LINE NUMBER: (check only one)

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13a 13b

OF

NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.5071
LOAN SOURCE Full Name (Last, First, I MILLS, Ralph, , , III	Middle Initial)	Memo Item Election: Primary General
Mailing Address 9065 Orlando Avenue		Other (specify) ▼
City	State	ZIP Code 32566 Personal Funds of the Candidate
Navarre Original Amount of Loan		yment To Date Balance Outstanding at Close of This Period
2000.00		0.00 2000.00
TERMS Date Incurred	[Date Due Interest Rate Secured:
M11M / D17D / Y Ž02Ž Y	M M / D D	/ Y Y Y Y Y W No Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Oit.	ZIP Code	Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
Oity	Zii Gode	Outstanding:
SUBTOTALS This Period This Page (options	ıl)	2000.00
TOTALS This Period (last page in this line of	nly)	9 9 9
Carry outstanding halance only to LINE 3.0	Schedule D. for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

Exc

SC	HEDULE D (FEC Form 3)				separate		0 OF 60
ÞΕ	BTS AND OBLIGATIONS			1	edule(s) each	FOR LINE NUMBER	
	luding Loans			1	ered line)	(check only one)	9 x 10
	ME OF COMMITTEE (In Full)			l			14 10
J	ohn Mills for Congre	SS					
	A. Full Name (Last, First, Middle Initial) of De		ditor	1		ebt (Purpose):	
	Law Office of James C. Thoma	as III			Legal and I	Reporting Fees	
<u>.</u>	Mailing Address 7509 NW Tiffany Springs Pkv Suite 300	wy					
Ī	City	State	Zip Code				
ļ	Kansas City	МО	64153				
	Outstanding Balance Beginning This Period 921.00				Transactio	on ID : SD10.5079	
						5.	
	Amount Incurred This Period		Payment This Period		Outstandir	ng Balance at Close of	of This Period
	0.00		921.0	00			0.00
ļ	, , ,		, , ,			, , ,	
	B. Full Name (Last, First, Middle Initial) of Deb		ditor	1		ebt (Purpose):	
	Law Office of James C. Thoma	as III			Legal and F	Reporting Fees	
<u>.</u>	Mailing Address 7509 NW Tiffany Springs Pkv Suite 300	wy					
Ī	City	State	Zip Code				
	Kansas City	MO	64153				
	Outstanding Balance Beginning This Period				Transactio	on ID : SD10.5080	
	Outstanding Balance Beginning This Period 190.00				Transactio	on ID : SD10.5080	
	190.00		Pavment This Period				of This Period
	190.00 Amount Incurred This Period	_	Payment This Period	20		on ID: SD10.5080	
	190.00		Payment This Period	00			of This Period
	Amount Incurred This Period 0.00	ebtor or Cre	190.0		Outstandir	ng Balance at Close o	
_	190.00 Amount Incurred This Period	ebtor or Cre	190.0		Outstandir		
•	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	190.0		Outstandir	ng Balance at Close o	
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-	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Mailing Address City		190.0		Outstandir	ng Balance at Close o	0.00
-	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Mailing Address City Outstanding Balance Beginning This Period		190.0 Zip Code		Outstandir	ebt (Purpose):	0.00
-	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Mailing Address City Outstanding Balance Beginning This Period		190.0 Zip Code		Outstandir	ebt (Purpose):	0.00
-	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Mailing Address City Outstanding Balance Beginning This Period	State	Zip Code Payment This Period		Outstandir	ebt (Purpose):	0.00
-	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	State	zip Code Payment This Period		Outstandir	ebt (Purpose):	0.00
1)	Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period SUBTOTALS This Period This Page (optional)	State)ber only)	zip Code Payment This Period		Outstandir	ebt (Purpose):	of This Period

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