PAGE 1 / 55

FEC FORM 3			RT OF F DISBUR	SEME	NTS			Office Use Only
1. NAME OF COMMITTEE (in		TYPE OR F	PRINT V	Example over the	If typing, ty lines.	/pe	12FE4M5	
John Mills for (3 						
ADDRESS (number an	id street)	9059 Orla	ndo Avenue					
▼ Check if dif	ferent							
than previou reported. (A		Navarre						32566
2. FEC IDENTIFIC	CATION NU	IMBER 🔻	CIT	Y 🔺		S	TATE 🔺	ZIP CODE
C C0056536	66		3. IS TH REPC	~	NEW (N) C	DR	AMENDE (A)	ED STATE ▼ DISTRICT
4. TYPE OF RE	eports:		(b) 12-Da	y PRE -Electi	on Report fo ary (12P)	or the:	General (12	2G) Runoff (12R)
	Quarterly R			Conv	ention (12C))	Special (12	'S)
	Quarterly Re		3) Electi	ion on	M M / D	D /	Y Y Y Y	in the State of
× January	v 31 Year-End	d Report (Y	E) (c) 30-Da	y POST -Elec	tion Report	for the:		
				Gene	eral (30G)		Runoff (30F	R) Special (30S)
Iermina	tion Report	(TER)	Electi	ion on	M M / D	D /	Y Y Y Y	in the State of
5. Covering Period	M 10	M / D 01	D / Y Y Y 2021	۲ tł	nrough	M M 12	/ D D / 31	Y Y Y Y 2021
I certify that I have e Type or Print Name		Adams,	nd to the best of Christopher, , ,	my knowled	ge and belie	ef it is tru	e, correct and	complete.
Signature of Treasure		ns, Christoph	er, , ,	[Elect	onically Filed	/ <u>]</u> Da	ate	/ D D / Y Y Y Y 12 / 2022
NOTE: Submission of	false, errone	ous, or inco	mplete information	n may subject	the person	signing th	is Report to the	e penalties of 52 U.S.C. §30109
Office Use Only								FEC FORM 3 (Revised 05/2016)

Ima	age# 202201129474962524		
	FEC Form 3 (Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 55
	/rite or Type Committee Name John Mills for Congress		
F	eport Covering the Period: From:	0 / 0 0 / Y Y Y Y 2021 To:	12 / Y Y Y Y 31 / 2021
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	0.00	805.00
	(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	805.00
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	805.00	8801.49
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	805.00	8801.49
8.	Cash on Hand at Close of Reporting Period (from Line 27)	1426.07	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

67997.49

10. Debts and Obligations Owed **BY** the Committee (Itemize all on

Schedule C and/or Schedule D).....

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

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

Imaga#	202204	12047	1062525
imade#	202201	12947	4962525

	FEC Form 3 (Revised 05/2016)	DETAILED SUMMARY PAGE of Receipts	PAGE 3 / 55
	or Type Committee Name n Mills for Congress		
Repor	t Covering the Period: From:	10 / D D / Y Y Y Y 10 01 / 2021 To:	M M / D D / Y Y Y Y 12 31 2021
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CC	NTRIBUTIONS (other than loans) FROM:		
(a)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	300.00
	(ii) Unitemized	0.00	505.00
	(iii) TOTAL of contributions from individuals	0.00	805.00
(b)	Political Party Committees	y , 0.00	y y 0.00
(c)	Other Political Committees (such as PACs)	0.00	0.00
(d) (e)	The Candidate TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	, 805.00
	ANSFERS FROM OTHER THORIZED COMMITTEES	0.00	0.00
13. LO (a)		2000.00	9234.94
(b)	All Other Loans	0.00	0.00
(c)	TOTAL LOANS (add Lines 13(a) and (b))	2000.00	9234.94
EX	FSETS TO OPERATING PENDITURES funds, Rebates, etc.)	0.00	0.00
	HER RECEIPTS vidends, Interest, etc.)	0.00	0.00
11(TAL RECEIPTS (add Lines (e), 12, 13(c), 14, and 15) arry Total to Line 24, page 4)	2000.00	10039.94

DETAILED SUMMARY PAGE FEC Form 3 (Revised 05/2016)

Image# 202201129474962526

of Disbursements

PAGE 4 / 55

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	805.00	8801.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00 7 7	0.00
 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) 	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00 7 7 7 0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	805.00	8801.49

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	231.07
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	2000.00
25.	SUBTOTAL (add Line 23 and Line 24)	2231.07
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	805.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1426.07

				1
S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 5 OF 55 (check only one)
			for each category of the	
11	EMIZED RECEIPTS		Detailed Summary Page	
-				12 × 13a 13b 14 15
	ny information copied from such Reports and Si for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			
$ \rangle$	John Mills for Congress			
<u>/</u>	Full Name (Last, First, Middle Initial)			
Α.	MILLS, Ralph, , , III			Date of Receipt
А.	Mailing Address 9065 Orlando Avenue			
				12 28 2021
	City	State	Zip Code	Transaction ID : SA13A.5050
	Navarre	FL	32566	_
	FEC ID number of contributing	С		Amount of Each Receipt this Period
	federal political committee.	U		
	Name of Employer	Occupation	<u> </u>	2000.00
	Receipt For:	Election C	vcle-to-Date	Memo Item
	Primary General		· · · · · · · · ·	Loan
	Other (specify) v	L	27359.12	
			/ /	-
	Full Name (Last, First, Middle Initial)			Data of Descipt
В.	Mailing Address			Date of Receipt
	Maning Address			M M / D D / 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		7 7 7
	Receipt For:	Flaation O	vala ta Data	Memo Item
	Primary General	Election Cy	vcle-to-Date	
	Other (specify) V	1		
_			7 7 7	·
	Full Name (Last, First, Middle Initial)			
C.				Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	
		Olulo		
	FEC ID number of contributing			-
	federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
				Memo Item
	Receipt For:	Election Cy	vcle-to-Date ▼	
	Other (specify)			1
			9 9 0	1
Г				
	UBTOTAL of Receipts This Page (optional)			2000.00
F				
т	OTAL This Period (last page this line number o	nly)		2000.00

IT	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate scl for each categor Detailed Summar	y of the ry Page	FOR LINE NUMBER: PAGE 6 OF 55 (check only one) I17 18 19a 19b Image: International content of the state of the
	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) John Mills for Congress				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Law Office of James C. Thomas Mailing Address 7509 NW Tiffany Springs Pkwy				Date of Disbursement
	Suite 300 City Kansas City	State MO	Zip Code 64153		FEC Identification Number
	Purpose of Disbursement Legal and Reporting Services			001	C
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disbur Senate President State: District:	rsement For Primary Other (s			Transaction ID : SB17.5045 Memo Item
в.	Full Name (Last, First, Middle Initial) Law Office of James C. Thomas				Date of Disbursement
	Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300				
	City Kansas City Purpose of Disbursement	State MO	Zip Code 64153		FEC Identification Number
	Legal and Reporting Services Candidate Name			001 Category/ Type	
	Office Sought: House Disbur Senate President State: District:	rsement For Primary Other (s		Турс	630.00 Transaction ID : SB17.5047 Memo Item
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Mailing Address				
	City Purpose of Disbursement	State	Zip Code		FEC Identification Number
	Candidate Name			Category/ Type	C Amount of Each Disbursement this Period
	Senate President	rsement For Primary Other (s	General	1	Memo Item
	State: District: SUBTOTAL of Disbursements This Page (option	al)			905.00
_	TOTAL This Period (last page this line number of				

HEDULE C (FEC Form 3) ANS		Use separate sched for each category of Detailed Summary P	f the (check only one) × 13a
ME OF COMMITTEE (In Full)		Trans	action ID : SC/10.4711
LOAN SOURCE Full Name (Last, Firs John Mills for Congress	t, Middle Initial)	Memo Iter	x Primary
Mailing Address 9059 Orlando Avenue			General Other (specify) ▼
City Navarre	State FL	ZIP Code 32566	X Personal Funds of the Candidate
Original Amount of Loan	Cumulative F	ment To Date Ba	alance Outstanding at Close of This Perio
126.34		0.00	126.34
TERMS Date Incurred		ate Due Interest Ra (If none, en	
M09M / D21D / Y Ž017 Y	M M / D	[/] ^Y 11/Ŏ8/2Ŏ18 ^Y	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a	iny) to Loan Sourc		
1. Full Name (Last, First, Middle Initia	I)	Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	y
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	ļ	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
JBTOTALS This Period This Page (optic	onal)	······	126.34

HEDULE C (FEC Form 3 ANS	3)			Use separate schedule	e ^(s) FOR LINE NUMBER:
				for each category of the Detailed Summary Page	he (check only one) X 13a
ME OF COMMITTEE (In Full) ohn Mills for Congress				Transac	ction ID : SC/10.4742
LOAN SOURCE Full Name (Last, F John Mills for Congress	irst, Mido	lle Initial)		Memo Item	Election: 2018 X Primary General
Mailing Address 9059 Orlando Avenue					Other (specify)
City Navarre		State FL	ZIP Code 32566)	Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pa		ate Bala	ance Outstanding at Close of This Perio
303.0)1	7		0.00	303.01
TERMS Date Incurred		[Date Due	Interest Rate (If none, enter	
M10 ^M / ^D 04 ^D / ^Y Ž017	Y	M / D D	⁷ 11/ð		00 % (apr) Yes X No
List All Endorsers or Guarantors (in	f any) to	Loan Source			
1. Full Name (Last, First, Middle Ini	tial)		1	Name of Employer	
Mailing Address			(Occupation	
City	State	ZIP Code	(Amount Guaranteed Dutstanding:	7
2. Full Name (Last, First, Middle Initi	ial)		1	Name of Employer	
Mailing Address			(Occupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	y y
3. Full Name (Last, First, Middle Initi	ial)	1	1	Name of Employer	
Mailing Address			(Occupation	
City	State	ZIP Code	(Amount Guaranteed Dutstanding:	y
4. Full Name (Last, First, Middle Initi	ial)	1	1	Name of Employer	
Mailing Address			(Occupation	
City	State	ZIP Code	(Amount Guaranteed Dutstanding:	9 9
JBTOTALS This Period This Page (or DTALS This Period (last page in this I					303.01

arate schedule(s) category of the Summary Page FOR LINE NUMBER: (check only one) 13a FOR LINE NUMBER: (check only one) Image: Ima
Memo Item Election: 2018 X Primary General Other (specify) Other (specify) ✓ Balance Outstanding at Close of This Peric 0 4.24 Interest Rate (If none, enter 0) Secured: (If none, enter 0) 0.00 % (apr) Yes Note
Interior Item Image: Secured: Image: Secured: 0 Image: Secured: 0 Interest Rate (If none, enter 0) 0 0 % (apr) Yes No nployer
Other (specify) ▼ ✓ Personal Funds of the Candidat Balance Outstanding at Close of This Peric 0 4.24 Interest Rate Secured: (If none, enter 0) 0.00 % (apr) Yes X No
Balance Outstanding at Close of This Period 0 4.24 Interest Rate Secured: (If none, enter 0) 0.00 % (apr) Yes X N nployer
0 4.24 Interest Rate Secured: (If none, enter 0) 0.00 % (apr) Yes X № nployer
Interest Rate (If none, enter 0) 0.00 % (apr) Yes X N nployer
(If none, enter 0) 0.00 % (apr) Yes X N nployer
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CHEDULE C (FEC Form 3) DANS		for each category of	Use separate schedule(s) for each category of the Detailed Summary PagePAGE 10 OF 55FOR LINE NUMBER: (check only one)I3a		
ME OF COMMITTEE (In Full)		Transa	action ID : SC/10.4744		
LOAN SOURCE Full Name (Last, First, John Mills for Congress	Middle Initial)	Memo Iter	x Primary		
Mailing Address 9059 Orlando Avenue			General Other (specify) ▼		
City Navarre	State	ZIP Code 32566	 Personal Funds of the Candidate 		
Original Amount of Loan	Cumulative Pa		alance Outstanding at Close of This Perio		
35.00		0.00	35.00		
TERMS Date Incurred		te Due Interest Ra (If none, ent			
^M 10 ^M ′ ^D 10 ^D ′ ^Y Ž017 ^Y	M M / D		0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if an	y) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	Guaranteed		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:	y		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
UBTOTALS This Period This Page (option	al)	······	35.00		

nulative Paym	ZIP Code 32566 hent To Date te Due	Memo Item te Bala 0.00 Interest Rate (If none, enter /2018	he 100 million international internatione internatinternational international international int	
nulative Paym	32566 nent To Date te Due / ¥11/Ŏ8/3	Memo Item te Bala 0.00 Interest Rate (If none, enter /2018	Election: 2018 Primary General Other (specify) Personal Funds of the Candidate ance Outstanding at Close of This Period 21.63 Constant Secured: 00 00	
nulative Paym	32566 nent To Date te Due / ¥11/Ŏ8/3	te Bala 0.00 Interest Rate (If none, enter /2018 ^Y 0.	 ✗ Primary General Other (specify) ▼ ✗ Personal Funds of the Candidate ance Outstanding at Close of This Perio 21.63 General Secured: 00 	
nulative Paym Dat	32566 nent To Date te Due / ¥11/Ŏ8/3	0.00 Interest Rate (If none, enter /2018 [¥] 0.	General Other (specify) ▼ Personal Funds of the Candidate ance Outstanding at Close of This Perio 21.63 ance Outstanding at Close of This Perio 21.63	
nulative Paym Dat	32566 nent To Date te Due / ¥11/Ŏ8/3	0.00 Interest Rate (If none, enter /2018 [¥] 0.	Other (specify) ▼ Personal Funds of the Candidate ance Outstanding at Close of This Perio 21.63 e	
nulative Paym Dat	32566 nent To Date te Due / ¥11/Ŏ8/3	0.00 Interest Rate (If none, enter /2018 [¥] 0.	ance Outstanding at Close of This Perio 21.63 e O Secured: 00	
/ D D	nent To Date	0.00 Interest Rate (If none, enter /2018 [¥] 0.	ance Outstanding at Close of This Perio 21.63 e O Secured: 00	
/ D D	te Due	0.00 Interest Rate (If none, enter /2018 [¥] 0.	21.63 e 0) 00	
/ D D	[/] ^Y 11/Ŏ8/:	Interest Rate (If none, enter /2Ŏ18 ^Y 0.	7 7 Secured:	
/ D D	[/] ^Y 11/Ŏ8/:	(If none, enter /2018 [×] 0.	· 0) 00	
		/2Ŏ18 ^Ÿ 0.	00	
n Source	Na	ame of Employer		
	Na	ame of Employer		
		Name of Employer		
	Oc	ccupation		
City State ZIP Code				
			g	
	Na	ame of Employer		
	Oc	ccupation		
	Arr	mount		
P Code	Gu	uaranteed	· · · · · · · · · · · · · · · · · · ·	
3. Full Name (Last, First, Middle Initial)				
	Oc	ccupation		
ZIP Code Guaranteed Outstanding:			9	
4. Full Name (Last, First, Middle Initial)				
	Oc	ccupation		
? Code	Gu	Amount Guaranteed Outstanding:		
			21.63	
	Code	Code Ar Code 0 Code 0 C	Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Code Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding:	

CHEDULE C (FEC Form 3) DANS			Use separate schedule(s) FOR LINE NUMBER: for each category of the check only one) Detailed Summary Page 13a		
ME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4746	
LOAN SOURCE Full Name (Last, First, Mic John Mills for Congress	ddle Initial)		Memo Item	Election: 2018	
Mailing Address 9059 Orlando Avenue				General Other (specify) ▼	
City	State	ZIP Code	9	Personal Funds of the Candidat	
Navarre	FL 32566				
Original Amount of Loan 7.95	Cumulative Pa	lyment To D	Date Bala	nce Outstanding at Close of This Perio	
TERMS Date Incurred		Date Due	Interest Rate	<u> </u>	
$\mathbb{M}_{10}^{\mathbb{M}} / \mathbb{D}_{17}^{\mathbb{D}} / \mathbb{Y}_{2017}^{\mathbb{Y}}$	M M / D C		(If none, enter 08/2018 ^Y	0)	
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 State	State ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	te ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	te ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	4. Full Name (Last, First, Middle Initial)				
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:		
UBTOTALS This Period This Page (optional). OTALS This Period (last page in this line only			H	7.95	

age# 202201123414302333					
CHEDULE C (FEC Form 3) DANS			Use separate schedule(s) for each category of the Detailed Summary PagePAGE 13 OF 55FOR LINE NUMBER: (check only one) X 13a 		
ME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4747	
LOAN SOURCE Full Name (Last, First, N	1iddle Initial)		Memo Item	Election: 2018	
John Mills for Congress				X Primary General	
Mailing Address 9059 Orlando Avenue				Other (specify) v	
City	State	ZIP Code)	Personal Funds of the Candidate	
Navarre	FL	32566		Y Personal Funds of the Candidate	
Original Amount of Loan Cumulative Payment To			ate Bala	nce Outstanding at Close of This Perio	
72.49			0.00	72.49	
TERMS Date Incurred		Date Due	Interest Rate (If none, enter		
M10 ^M / D30 ^D / Y Ž017 Y	M M / D	° 11/0	0.000000000000000000000000000000000000		
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	State ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
			Amount Guaranteed		
City State	e ZIP Code			y	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		(Occupation		
			Amount		
City State	ZIP Code	ZIP Code Guaranteed Outstanding:		y y y	
4. Full Name (Last, First, Middle Initial)	4. Full Name (Last, First, Middle Initial)				
Mailing Address		(Occupation		
City State	ZIP Code	(Amount Guaranteed Outstanding:		
UBTOTALS This Period This Page (optional OTALS This Period (last page in this line or	-		H	72.49	

I) ZIP C 3256 tive Payment T Date Due Date Due Source	K Personal Funds of the Candidat To Date Balance Outstanding at Close of This Period 0.00 196.54	
ZIP C 3256 tive Payment T Date Due	Memo Item Election: 2018 ✓ Primary General Other (specify) ▼ Code ✓ 66 ✓ To Date Balance Outstanding at Close of This Period 0.00 196.54 re Interest Rate (If none, enter 0) Y11/08/2018 0.00	
ZIP C 3256 tive Payment T Date Due	Interno Item Image: Primary General Other (specify) Code Other (specify) 66 Image: Personal Funds of the Candidation To Date Balance Outstanding at Close of This Period 0.00 196.54 Image: Personal Funds of the Candidation 0.00 196.54	
3256 tive Payment T Date Due	Other (specify) Code 66 To Date Balance Outstanding at Close of This Period 0.00 196.54 re Interest Rate (If none, enter 0) Y11/08/2018 [×]	
3256 tive Payment T Date Due	K Personal Funds of the Candidat To Date Balance Outstanding at Close of This Period 0.00 196.54 re Interest Rate (If none, enter 0) Secured: *11/08/2018* 0.00 11	
Date Due	0.00 196.54 re Interest Rate Secured: (If none, enter 0) 11/08/2018 0.00	
D D / Y	ne Interest Rate (If none, enter 0) Secured: *11/08/2018 Y 0.00 It	
D D / Y	(If none, enter 0) ^x 11/Ŭ8/2Ŭ18 [×] 0.00	
Source		
	Name of Employer	
	Occupation	
ode	Amount Guaranteed Outstanding:	
	Name of Employer	
	Occupation	
ode	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		
	Occupation	
ode	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		
	Occupation	
ode	Amount Guaranteed Outstanding:	
	ode ode ode	

.ge# 202201120414002001					PAGE 15 OF 55	
HEDULE C (FEC FO ANS	orm 3)			Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full) ohn Mills for Congress				Transac	ction ID : SC/10.4749	
LOAN SOURCE Full Name John Mills for Congres		Idle Initial)		Memo Item	Election: 2018 X Primary General	
Mailing Address 9059 Orlando Avenue					Other (specify)	
City Navarre		State FL	ZIP Code 32566		Personal Funds of the Candidate	
Original Amount of Loan Cumulative Payment To			yment To D	ate Bala	ance Outstanding at Close of This Peric	
	41.21	· · · · ·		0.00	41.21	
TERMS Date Incurred		C	Date Due	Interest Rate (If none, enter		
^M 11 ^M / ^D 01 ^D / ^Y	ž017 ^v	M M / D D	/ ^Y 11/Ò	8/2Ď18 [×] 0.	00 % (apr) Yes 🗴 No	
List All Endorsers or Guara	ntors (if any) to	o Loan Source				
1. Full Name (Last, First, Mi	ddle Initial)			Name of Employer		
Mailing Address				Dccupation		
City	State ZIP Code		(Amount Guaranteed Dutstanding:	y	
2. Full Name (Last, First, Mic	Idle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Mic	Idle Initial)			Name of Employer		
Mailing Address				Dccupation		
City	City State ZIP Code		(Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Mic	Idle Initial)		1	Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code	(Amount Guaranteed Dutstanding:	y y	
JBTOTALS This Period This F					, 41.21 , , , , , , , , , , , , , , , , , , ,	

CHEDULE C (FEC Form 3) DANS		for each category of	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) 13a		
ME OF COMMITTEE (In Full)		Tran	saction ID : SC/10.4750		
LOAN SOURCE Full Name (Last, First, M John Mills for Congress	liddle Initial)	Memo Ite	em Election: 2018		
Mailing Address 9059 Orlando Avenue			General Other (specify) ▼		
City	State	ZIP Code			
Navarre	FL	32566	Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa	ment To Date	Balance Outstanding at Close of This Perio		
804.08		0.00	804.08		
TERMS Date Incurred		ate Due Interest F (If none, e			
M11 ^M / D05 ^D / Y Ž017 Y	M M / D	[/] ^Y 11/Ŏ8/2Ŏ18 ^Y	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	State ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	Guaranteed		
3. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · ·		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
UBTOTALS This Period This Page (optional)		<u> </u>	804.08		

CHEDULE C (FEC Form 3) DANS			Use separate schedule(s) FOR LINE NUMBER: for each category of the FOR LINE NUMBER: Detailed Summary Page 13a		
ME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4751	
LOAN SOURCE Full Name (Last, First,	Middle Initial)		Memo Item	Election: 2018	
John Mills for Congress				Primary General	
Mailing Address 9059 Orlando Avenue				Other (specify)	
City	State	ZIP Code)		
Navarre	FL	32566		Personal Funds of the Candidate	
Original Amount of Loan Cumulative Payment To			ate Bala	nce Outstanding at Close of This Perio	
19.08		7	0.00	19.08	
TERMS Date Incurred		Date Due	Interest Rate (If none, enter		
^M 11 ^M / ^D 08 ^D / ^Y Ž017 ^Y	M M / D	D / ¥11/Č	08/2018 [×] 0.0		
List All Endorsers or Guarantors (if an	y) to Loan Source	Э			
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City Stat	State ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City Stat	tate ZIP Code		Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
	1		Amount		
City Stat	e ZIP Code	ZIP Code Guaranteed Outstanding:		y	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		(Occupation		
City Stat	e ZIP Code		Amount Guaranteed Outstanding:		
UBTOTALS This Period This Page (option	nal)		H	19.08	

) ZIP Co 3256 tive Payment To Date Due Date Due	x Personal Funds of the Candida To Date Balance Outstanding at Close of This Personal 0.00 93.73		
ZIP Co 3256 tive Payment To Date Due	Memo Item Election: 2018 ✓ Primary General Other (specify) ▼ Other (specify) ▼ Sode ✓ Sode ✓ Sode ✓ Balance Outstanding at Close of This Period 0.00 93.73 e Interest Rate (If none, enter 0) 11/08/2018 [×] 0.00		
ZIP Co 3256 tive Payment To Date Due	Internet Rate (If none, enter 0) Interest Rate (If none, enter 0)		
32560 tive Payment To Date Due	General Other (specify) ▼ Gode Go Go Go Go Go Go Go Go Go Go Go Go Go		
32560 tive Payment To Date Due	code 56 Fo Date Balance Outstanding at Close of This Period 0.00 93.73 e Interest Rate (If none, enter 0)		
32560 tive Payment To Date Due	x Personal Funds of the Candida To Date Balance Outstanding at Close of This Personal 0.00 93.73 e Interest Rate (If none, enter 0) 11/08/2018 0.00		
tive Payment To Date Due	36 Balance Outstanding at Close of This Period 0.00 93.73 e Interest Rate (If none, enter 0) 11/08/2018 0.00		
Date Due	0.00 93.73 e Interest Rate (If none, enter 0) 11/08/2018 [×] 0.00		
D D / Y	e Interest Rate (If none, enter 0)		
D D / Y	(If none, enter 0) 11/08/2018 ^Y 0.00		
	11/Ŏ8/2Ŏ18 [×] 0.00		
ource			
	Name of Employer		
	Occupation		
ode	Amount Guaranteed Outstanding:		
	Name of Employer		
	Occupation		
	Amount		
ode	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)			
	Occupation		
	Amount		
ode	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)			
	Occupation		
ode	Amount Guaranteed Outstanding:		
	ide		

age# 202201123414502541				PAGE 19 OF 55		
CHEDULE C (FEC F DANS	Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full ohn Mills for Congres				Transaction ID : SC/10.4753		
LOAN SOURCE Full Name	•	ddle Initial)		Memo Item Election: 2018		
Mailing Address 9059 Orlando Avenue				Other (specify) ▼		
City Navarre		State FL	ZIP Code 32566	e Personal Funds of the Candida		
Original Amount of Loan	6.00	Cumulative Pa	ayment To D	Date Balance Outstanding at Close of This Peri 0.00 6.00		
TERMS Date Incurred	d		Date Due	Interest Rate Secured:		
M12M / D21D / Y	Ž017 ^v	M M / D C	⁷ ¹ 11/0	(If none, enter 0) Ď8/2Ď18 [×] 0.00 % (apr) Yes ✗ №		
List All Endorsers or Guar	antors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
2. Full Name (Last, First, M	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, M	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, M	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
UBTOTALS This Period This OTALS This Period (last page				7 7 7		

uge# 202201120414002042						
CHEDULE C (FEC For DANS	m 3)			Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Full) ohn Mills for Congress				Transad	ction ID : SC/10.4754	
LOAN SOURCE Full Name (La John Mills for Congress		ddle Initial)		Memo Item	Election: 2018 Primary General	
Mailing Address 9059 Orlando Avenue					Other (specify)	
City Navarre		State FL	ZIP Code 32566)	Personal Funds of the Candidate	
Original Amount of Loan Cumulative Payment To			lyment To D	ate Bala	ance Outstanding at Close of This Peric	
<u> </u>	308.00			0.00	308.00	
TERMS Date Incurred M12 ^M / P22 ^D / Y ŽO	17 ^Y	M M / D D	Date Due	0/2010	r 0)	
List All Endorsers or Guarant	ors (if anv) t	o Loan Source	-		• % (apr) Yes 🗶 No	
1. Full Name (Last, First, Mido				Name of Employer		
Mailing Address				Occupation		
City	City State ZIP Code			Amount Guaranteed Outstanding:	y y	
2. Full Name (Last, First, Middl	e Initial)			Name of Employer		
Mailing Address				Occupation		
City	y State ZIP Code			Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middl	e Initial)		1	Name of Employer		
Mailing Address				Occupation		
City	City State ZIP Code			Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middl	e Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
UBTOTALS This Period This Pag OTALS This Period (last page in					308.00	

CHEDULE C (FEC Form 3) DANS		for each cate	Use separate schedule(s) for each category of the Detailed Summary PagePAGE 21 OF 55FOR LINE NUMBER: (check only one) X 13a 		
ME OF COMMITTEE (In Full)			Transaction ID : SC/10.4755		
LOAN SOURCE Full Name (Last, Firs John Mills for Congress	t, Middle Initial)	Me	emo Item Election: 2018		
Mailing Address 9059 Orlando Avenue			General Other (specify) ▼		
City	State	ZIP Code			
Navarre	FL	32566	Personal Funds of the Candidat		
Original Amount of Loan	Cumulative I	ayment To Date	Balance Outstanding at Close of This Period		
56.34		0.00	56.34		
TERMS Date Incurred			erest Rate Secured: none, enter 0)		
M12 ^M / ^D 24 ^D / ^Y Ž017 ^Y	M M / D	^D / ^Y 11/Ŏ8/2Ŏ18 ^Y	0.00 % (apr) Yes X N		
List All Endorsers or Guarantors (if a	any) to Loan Sourc				
1. Full Name (Last, First, Middle Initia	l)	Name of Employ	Name of Employer		
Mailing Address		Occupation			
City Sta	State ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial))	Name of Employ	/er		
Mailing Address		Occupation			
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	Guaranteed		
3. Full Name (Last, First, Middle Initial))	Name of Employ	Name of Employer		
Mailing Address		Occupation			
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·		
4. Full Name (Last, First, Middle Initial))	Name of Employ	/er		
Mailing Address		Occupation			
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:			
UBTOTALS This Period This Page (option OTALS This Period (last page in this line			, , 56.34		

3)			Use separate schedule for each category of th		
		Detailed Summary Pag			
			Transac	tion ID : SC/10.4756	
First, Mid	Idle Initial)		Memo Item	Election: 2018 X Primary General	
				Other (specify)	
			e	× Personal Funds of the Candidate	
	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Peric	
8.00	3		0.00	208.00	
	C	Date Due			
M12 ^M / D29 ^D / Y Ž017 Y M M / D D / Y1				00 % (apr) Yes X No	
(if any) to	o Loan Source				
1. Full Name (Last, First, Middle Initial)					
			Occupation		
State ZIP Code			Guaranteed	7	
itial)			Name of Employer		
			Occupation		
State	e ZIP Code		Guaranteed	y 1 1 y 1 1 x 1	
itial)			Name of Employer		
			Occupation		
State ZIP Code			Guaranteed	y	
itial)			Name of Employer		
Mailing Address			Occupation		
State	ZIP Code		Guaranteed	y y	
				208.00 7 7	
	(if any) to nitial) State nitial) State nitial) State nitial) State state	FL Cumulative Pa 3.00 Y M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	FL 32566 Cumulative Payment To D 3.00 Date Due Y M M P Y M M P Y M Y M M P Y M Y M M P Y M Y M Y M Y M Y M Y M Y M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y <t< td=""><td>FL 32566 Cumulative Payment To Date Bala 3.00 0.00 Date Due Interest Rate (If none, enter Y M / D / Y11/08/2018 Y 0.0 Y M / D / Y11/08/2018 Y 0.1 Y M / D / Y11/08/2018 Y 0.1 Y M / D / Y11/08/2018 Y 0.1 (if any) to Loan Source Name of Employer Occupation Amount State ZIP Code Outstanding: Outstanding: Outstanding: initial) Name of Employer Occupation Amount Outstanding:</td></t<>	FL 32566 Cumulative Payment To Date Bala 3.00 0.00 Date Due Interest Rate (If none, enter Y M / D / Y11/08/2018 Y 0.0 Y M / D / Y11/08/2018 Y 0.1 Y M / D / Y11/08/2018 Y 0.1 Y M / D / Y11/08/2018 Y 0.1 (if any) to Loan Source Name of Employer Occupation Amount State ZIP Code Outstanding: Outstanding: Outstanding: initial) Name of Employer Occupation Amount Outstanding:	

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CHEDULE C (FEC Form 3) DANS				Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full)				Transad	ction ID : SC/10.4678	
LOAN SOURCE Full Name (L John Mills for Congress		ddle Initial)		Memo Item	Election: 2018 X Primary General	
Mailing Address 9059 Orlando Avenue					Other (specify) ▼	
City State ZIP Con Navarre FL 32566			ZIP Code 32566	9	Personal Funds of the Candidat	
Original Amount of Loan 400.00				0.00	ance Outstanding at Close of This Perio 400.00	
TERMS Date Incurred			Date Due	Interest Rate	e Secured:	
M01 ^M / D17 ^D / Y Ž()18 ^Y	M M / D D	° ′ [°] 11/ἀ	(If none, enter)8/2Ŏ18 ^Y 0.	.00	
List All Endorsers or Guarant	ors (if any) t	o Loan Source				
1. Full Name (Last, First, Mide	dle Initial)			Name of Employer		
Mailing Address				Occupation		
City State ZIP Code				Amount Guaranteed Outstanding:	y y	
2. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, First, Midd	e Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Dutstanding:	y y	
4. Full Name (Last, First, Midd	e Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
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st, Middle Initia			Use separate schedul for each category of t Detailed Summary Pag Transac	he (check only one) × 13a	
State				Election: 2018	
State			Memo Item	x Primary	
				Other (specify) ▼	
		ZIP Code 32566)	Personal Funds of the Candidate	
Cumula	itive Payr	ment To Da	ate Bala	ance Outstanding at Close of This Perio	
			0.00	2231.10	
	Da	ate Due	Interest Rate (If none, ente		
M M /	D D	′ [×] 11/Ŏ	0. 0.	00 % (apr) Yes X No	
any) to Loan S	Source				
1. Full Name (Last, First, Middle Initial)					
		C	Occupation		
State ZIP Code			Guaranteed	y y	
l)		Ν	Name of Employer		
		C	Occupation		
ate ZIP C	e ZIP Code		Guaranteed	y y	
l)		Ν	Name of Employer		
		C	Occupation		
ate ZIP C	ode		Guaranteed	y y	
l)		Ν	Name of Employer		
		C	Occupation		
ate ZIP C	ode		Guaranteed	y y	
				2231.10	
	any) to Loan S any) to Loan S an) ate ZIP C ional)	Date ZIP Code any) to Loan Source an) Tate ZIP Code 1) Tate ZIP Code 1) Tate ZIP Code 1) Tate ZIP Code 1) Tate ZIP Code 1) Tate ZIP Code	Date Due Dat	Date Due Date Due Date Due Interest Rate (If none, ente (If none,	

.ge# 202201120414002041				•	PAGE 25 OF 55	
CHEDULE C (FEC Form 3) DANS				Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID	: SC/10.4829	
LOAN SOURCE Full Name John Mills for Congre	•	Idle Initial)			on: 2018 Yrimary General	
Mailing Address 9059 Orlando Avenue					Other (specify) V	
City Navarre					Personal Funds of the Candidat	
Original Amount of Loan		Cumulative Pa	yment To D	ate Balance Ou	itstanding at Close of This Peric	
· · · · · · · ·	150.67			0.00	150.67	
TERMS Date Incurred	1	Ľ	Date Due	Interest Rate (If none, enter 0)	Secured:	
M04 ^M / D20 ^D / Y	Ž018 ^Y	M M / D D	[/] ^Y 08/2	3/2018 ^Y 0.00	% (apr) Yes X	
List All Endorsers or Guar		o Loan Source	I .			
1. Full Name (Last, First, N	1iddle Initial)			lame of Employer		
Mailing Address				Occupation		
City State ZIP Code			(mount Guaranteed Dutstanding:	· · · · · · ·	
2. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		mount Guaranteed Dutstanding:		
3. Full Name (Last, First, M	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code	(mount Guaranteed Dutstanding:		
4. Full Name (Last, First, M	iddle Initial)			lame of Employer		
Mailing Address				Occupation		
City	State	ZIP Code	(mount Guaranteed Dutstanding:		
JBTOTALS This Period This DTALS This Period (last page					, 150.67	

Use separate schedule(s) for each category of the Detailed Summary Page Transaction ID : SC/10.4815 Memo Item Election: 2018	ER: X 13a 13b
Memo Item Election: 2018 Primary General Other (specify) ▼ Personal Funds of Personal Funds of ate Balance Outstanding at Close 700.00 ✓ Interest Rate (If none, enter 0) % (apr)	e of This Perio 7800.00 ecured:
Interior item X Primary General Other (specify) ▼ Personal Funds of ate Balance Outstanding at Close 700.00	e of This Perio 7800.00 ecured:
Other (specify) ▼ Other (specify) ▼ Personal Funds of ate Balance Outstanding at Close 700.00 Interest Rate (If none, enter 0) 8/2018 ^Y 0.00 % (apr)	e of This Perio 7800.00 ecured:
Personal Funds of ate Balance Outstanding at Close 700.00 Interest Rate (If none, enter 0) 8/2018 ^Y 0.00 % (apr)	e of This Perio 7800.00 ecured:
TOD.00 Interest Rate (If none, enter 0) Set 8/2018 ^Y 0.00 % (apr)	7800.00
Interest Rate (If none, enter 0) 8/2018 ^Y 0.00 % (apr)	ecured:
(If none, enter 0) 8/2018 ^Y 0.00 % (apr)	
% (apr)	Yes 🗶 No
Name of Employer	
Name of Employer	
Dccupation	
Amount Guaranteed Outstanding:	
Name of Employer	
Dccupation	
Amount Guaranteed Dutstanding:	
Name of Employer	
Dccupation	
Amount Guaranteed Outstanding:	
Name of Employer	
Dccupation	
Guaranteed	
	7800.00
	Guaranteed Outstanding:

lage# 202201123474	302343			r	PAGE 27 OF 55
CHEDULE C (FEC Form 3) DANS				Use separate schedule(s) for each category of the Detailed Summary Page	
ame of committe ohn Mills for C	. ,			Transac	ction ID : SC/10.4830
LOAN SOURCE John Mills for	Full Name (Last, First, Mic Congress	Idle Initial)		🗌 Memo Item	Election: 2018 X Primary General
Mailing Address 9059 Orlando Aven	ue				Other (specify) ▼
City Navarre		State FL	ZIP Code 32566	e	Personal Funds of the Candidate
Original Amount	of Loan	Cumulative Pa	l lyment To D	Date Bala	ance Outstanding at Close of This Perio
	1475.00	,		0.00	1475.00
TERMS Da	ate Incurred	[Date Due	Interest Rate (If none, enter	
^M 06 ^M / ^D 15	5 ^D [/] ^Y Ž018 ^Y	M M / D C	[/] ^Y 08/2	Ž8/2Ŏ18 [×] 0.	00 % (apr) Yes 🗴 No
List All Endorser	s or Guarantors (if any) t	o Loan Source			
1. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Addres	SS			Occupation	
City	State ZIP Code			Amount Guaranteed Outstanding:	· · · · · · · · ·
2. Full Name (Las	t, First, Middle Initial)			Name of Employer	
Mailing Addres	S			Occupation	
City	State	e ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·
3. Full Name (Las	t, First, Middle Initial)			Name of Employer	
Mailing Addres	S			Occupation	
City	State ZIP Code			Amount Guaranteed Outstanding:	y y
4. Full Name (Las	t, First, Middle Initial)	I		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·
	eriod This Page (optional). (last page in this line only				1475.00
Carry outstanding b	alance only to LINE 3, Sch	edule D, for thi	s line. If n	o Schedule D, carry for	ward to appropriate line of Summary

age# 202201120414002000				I	PAGE 28 OF 55	
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full)				Transaction ID : SC/10.4	4831	
LOAN SOURCE Full Name (Last, F John Mills for Congress	ïrst, Mic	Idle Initial)		Memo Item Election: 20 ⁷	18	
Mailing Address 9059 Orlando Avenue				Other (spe	ecify) 🔻	
City State ZIP Con Navarre FL 32566			ZIP Code 32566		Funds of the Candidat	
Original Amount of Loan Cumulative Payment To				ate Balance Outstanding	g at Close of This Perio	
TERMS Date Incurred	50		Date Due	Interest Rate	600.00 Secured:	
M06 ^M / D15 ^D / Y Ž018	Y	M M / D D	_	(If none, enter 0) 8/2018 [×] 0.00 % (ap		
List All Endorsers or Guarantors (i	f any) t	o Loan Source				
1. Full Name (Last, First, Middle In	itial)			Name of Employer		
Mailing Address				Dccupation		
City State ZIP Code				Amount Guaranteed Dutstanding:		
2. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Dccupation		
City	State	ZIP Code		Amount Guaranteed Dutstanding:		
3. Full Name (Last, First, Middle Init	ial)			Name of Employer		
Mailing Address				Dccupation		
City	City State ZIP Code			Amount Guaranteed Dutstanding:		
4. Full Name (Last, First, Middle Init	ial)			Name of Employer		
Mailing Address				Decupation		
City	State	ZIP Code		Amount Guaranteed Dutstanding:		
UBTOTALS This Period This Page (or OTALS This Period (last page in this				7	600.00	

age# 202201120414002001						
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full)				Transaction ID : SC/10.4832		
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mio	ddle Initial)		Memo Item Election: 2018		
Mailing Address 9059 Orlando Avenue				Other (specify)		
City State ZIP Con Navarre FL 32566			ZIP Code 32566	e Personal Funds of the Candida		
Original Amount of Loan Cumulative Payment To 35.10				Date Balance Outstanding at Close of This Peri 0.00 35.10		
TERMS Date Incurred			Date Due	Interest Rate Secured:		
M06 ^M / D27 ^D / Y Ž018	Y	M M / D D	[/] ^Y 08/2	(lf none, enter 0) Ž8/2Ŏ18 ^Ÿ 0.00 % (apr) Yes ✗ №		
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 State ZIP Code				Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	City State ZIP Code			Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle In	tial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle In	tial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
UBTOTALS This Period This Page (c OTALS This Period (last page in this				7 7 7 7		

age# 2022011234	4302332				PAGE 30 OF 55	
CHEDULE C (FEC Form 3) DANS				Use separate schedule(s) for each category of the Detailed Summary Page		
ame of commit ohn Mills for	. ,			Transac	ction ID : SC/10.4841	
	E Full Name (Last, First, Mic Or Congress	ddle Initial)		Memo Item	Election: 2018 X Primary General	
Mailing Address 9059 Orlando Av	enue				Other (specify) ▼	
City Navarre		State FL	ZIP Code 32566	9	Personal Funds of the Candidate	
Original Amou	nt of Loan	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio	
	2000.00	9		0.00	2000.00	
TERMS	Date Incurred	[Date Due	Interest Rate (If none, enter		
^M 07 ^M / D	05 ^D / Y Ž018 Y	M M / D D	[/] ^v 08/2	28/2018 [×] 0.	00 % (apr) Yes X No	
List All Endors	ers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Add	ress			Occupation		
City	V State ZIP Code			Amount Guaranteed Outstanding:	y y	
2. Full Name (L	ast, First, Middle Initial)			Name of Employer		
Mailing Addr	ess			Occupation		
City	State	e ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (L	ast, First, Middle Initial)			Name of Employer		
Mailing Addr	ess			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
4. Full Name (L	ast, First, Middle Initial)	ļ		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
	Period This Page (optional). od (last page in this line only			H	2000.00 7 7 7 T	
Carry outstanding	balance only to LINE 3, Sch	nedule D, for thi	s line. If n	o Schedule D, carry forw	ward to appropriate line of Sun	

uge# 101201120414002000					
HEDULE C (FEC Form 3) DANS		Use separate schedule for each category of th Detailed Summary Pag	he (check only one) X 13a		
ME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4842	
LOAN SOURCE Full Name (Last, First John Mills for Congress	st, Middle Initial)		Memo Item	Election: 2018 X Primary General	
Mailing Address 9059 Orlando Avenue				Other (specify)	
City State ZIP Con Navarre FL 32566			e	Personal Funds of the Candidat	
Original Amount of Loan	Cumulativ	ve Payment To D	Date Bala	I Ince Outstanding at Close of This Peric	
2000.00			0.00	2000.00	
TERMS Date Incurred M07 ^M / P05 ^D / Y 2018 Y	M M /	Date Due	Interest Rate (If none, enter 28/2018 ^Y 0.		
List All Endorsers or Guarantors (if	any) to Loan Sou	urce			
1. Full Name (Last, First, Middle Initia			Name of Employer		
Mailing Address			Occupation		
City State ZIP Code			Amount Guaranteed Outstanding:	y 1 y 1 y 1 y	
2. Full Name (Last, First, Middle Initia	l)		Name of Employer		
Mailing Address			Occupation		
City	ate ZIP Cod		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, First, Middle Initia)		Name of Employer		
Mailing Address			Occupation		
City St	City State ZIP Code		Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle Initia	l)		Name of Employer		
Mailing Address			Occupation		
City	ate ZIP Cod	le	Amount Guaranteed Outstanding:	y y	
UBTOTALS This Period This Page (opt				2000.00	

-			PAGE 32 OF 55		
CHEDULE C (FEC Form 3) DANS		for each catego	Use separate schedule(s) FOR LINE NUMBER: for each category of the Check only one) Detailed Summary Page 13a		
ME OF COMMITTEE (In Full) ohn Mills for Congress		Т	ransaction ID : SC/10.4874		
LOAN SOURCE Full Name (Last, First, M John Mills for Congress	iddle Initial)		D Item Election: 2020		
Mailing Address 9059 Orlando Avenue			General Other (specify) ▼		
City Navarre	State FL	ZIP Code 32566	Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa	ment To Date	Balance Outstanding at Close of This Perio		
500.00	,	0.00	500.00		
TERMS Date Incurred			st Rate Secured: e, enter 0)		
M03 ^M / D18 ^D / Y Ž019 Y	M M / D I	[/] ^Y 03/Ĭ7/2Ŏ20 ^Y	0.00 % (apr) Yes 🗴 No		
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	Guaranteed		
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	Name of Employer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line on			500.00		

CHEDULE C (FEC Form 3) DANS			Use separate schedule(s) FOR LINE NUMBER: for each category of the (check only one) Detailed Summary Page 13		
AME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4106	
LOAN SOURCE Full Name (Last, First, Mic MILLS, Ralph, John, , III	ddle Initial)		🗌 Memo Item	Election: 2014 Primary General	
Mailing Address 1940 Boardwalk Drive				Other (specify) v	
City Miramar Beach	State FL	ZIP Code 32550	e	Personal Funds of the Candidate	
Original Amount of Loan Cumulative Payment To 5000.00			Date Bala	unce Outstanding at Close of This Perio	
TERMS Date Incurred Date Due M06 ^M / 24 ^D / Y 2014 Y M M / D / Y			Interest Rate (If none, enter	00 0 0	
List All Endorsers or Guarantors (if any) t 1. Full Name (Last, First, Middle Initial)	o Loan Source		Name of Employer		
Mailing Address			Occupation		
City State	State ZIP Code		Amount Guaranteed Outstanding:	y, 1 1 y, 1 1 x x 1	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation Amount		
City State	ate ZIP Code		Guaranteed	y y	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		Ļ	Occupation Amount		
City State	ZIP Code		Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	9 9 9 9 9 9	
UBTOTALS This Period This Page (optional).				5000.00	

CHEDULE C (FEC	Form 3)			Use separate schedule for each category of th	ie (check only one) × 13a	
AME OF COMMITTEE (In Full)				Detailed Summary Pag	tion ID : SC/10.4116	
Iohn Mills for Congres	,			Tansac		
LOAN SOURCE Full Nam MILLS, Ralph, John	•	dle Initial)		Memo Item	Election: Primary General	
Mailing Address 1940 Boardwalk Drive					Other (specify)	
City Miramar Beach		State ZIP Code FL 32550		9	X Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Payment To Date			nce Outstanding at Close of This Peric 4234.94		
TERMS Date Incurre M07 ^M / 18 ^D / Y		и м / D D	Date Due	Interest Rate (If none, enter		
List All Endorsers or Gua	arantors (if any) to	o Loan Source			, (up.)	
1. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
2. Full Name (Last, First, N	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7 7 7	
3. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	g 1 g 1 a a	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	g	
UBTOTALS This Period This					4234.94	
					vard to appropriate line of Summary.	

					PAGE 35 OF 55	
CHEDULE C (FEC Form 3) OANS				Use separate schedule for each category of th Detailed Summary Pag	(s) FOR LINE NUMBER:	
NAME OF COMMITTEE (In Full John Mills for Congres	,			Transac	tion ID : SC/10.4197	
LOAN SOURCE Full Name MILLS, Ralph, John,	•	Idle Initial)		Memo Item Election: Primary General		
Mailing Address 1940 Boardwalk Drive					Other (specify) V	
City Miramar Beach		State FL	ZIP Code 32550	9	X Personal Funds of the Candidate	
Original Amount of Loan		Cumulative Payment To Date Ba		Date Bala	nce Outstanding at Close of This Period	
7 7	1000.00		7	0.00	1000.00	
TERMS Date Incurre M09 ^M / P08 ^D /	d 2015 ^Y	M M / D D	Date Due	Interest Rate (If none, enter		
List All Endorsers or Guar	rantors (if any) to	a Loan Source				
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	ate ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, N	liddle Initial)			Name of Employer		
Mailing Address			_	Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
SUBTOTALS This Period This				H	, 1000.00	
Carry outstanding balance on	ly to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forw	ard to appropriate line of Summary.	

age# 202201120414002000						
CHEDULE C (FEC Form 3) OANS				Use separate schedule for each category of th Detailed Summary Pag	1e (check only one) X 13a	
ME OF COMMITTEE (In Full) ohn Mills for Congress				Transac	tion ID : SC/10.4299	
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mic	ddle Initial)		Memo Item	Election: 2016 X Primary General	
Mailing Address 1940 Boardwalk Drive					Other (specify)	
City Miramar Beach		State FL	ZIP Cod 32550	e	Personal Funds of the Candidate	
Original Amount of Loan		Cumulative Payment To Date		Date Bala	nce Outstanding at Close of This Peric	
3850	.64		<u>-</u> -	0.00	3850.64	
TERMS Date Incurred		Ľ	Date Due	Interest Rate (If none, enter		
M01 ^M / D02 ^D / Y Ž016	Y	M M / D D	/ Y	Y Y Y	₩ (apr) Yes X No	
List All Endorsers or Guarantors		o Loan Source				
1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
2. Full Name (Last, First, Middle In	tial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, First, Middle In	tial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 9 1	
UBTOTALS This Period This Page (OTALS This Period (last page in this					3850.64	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) 13a Transaction ID : SC/10.4337 Image: Memo Item Election: 2016 Image: Memo Item Election: 2016 Image: P Code Personal Funds of the Candida Image: Detailed Summary Page Personal Funds of the Candida Image: Detailed Summary Page Image: Detailed Summary Page Image: Detailed Summary Page Primary Image: Detailed Su
Image: Memo Item Election: 2016 Image: Primary General Other (specify) Image: Primary P Code Personal Funds of the Candida nt To Date Balance Outstanding at Close of This Period 0.00 345.33 Due Interest Rate (If none, enter 0) Y Y Name of Employer
P Code 22550 Personal Funds of the Candida nt To Date Balance Outstanding at Close of This Period 0.00 345.33 Due Interest Rate Secured: (If none, enter 0) Y Y Y Y 0.00 % (apr) Yes X N Name of Employer
P Code
Personal Funds of the Candida nt To Date Balance Outstanding at Close of This Period 0.00 345.33 Due Interest Rate Secured: (If none, enter 0) Y Y Y Y 0.00 % (apr) Yes X N Name of Employer
0.00 345.33 Due Interest Rate Secured: (If none, enter 0) Y Y Y Y 0.00 % (apr) Yes X N Name of Employer
Due Interest Rate Secured: (If none, enter 0) Y Y Y Y 0.00 % (apr) Yes X N Name of Employer
(If none, enter 0) V V V V 0.00 % (apr) Yes X N Name of Employer
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
345.33

age# 202201120414002000				r	PAGE 38 OF 55
CHEDULE C (FEC Form 3) DANS				Use separate schedule(s) for each category of the Detailed Summary Page	
ME OF COMMITTEE (In Full ohn Mills for Congres	,			Transa	ction ID : SC/10.4342
LOAN SOURCE Full Name MILLS, Ralph, John,	•	Idle Initial)		Memo Item	Election: 2018
Mailing Address 1940 Boardwalk Drive					Other (specify)
City Miramar Beach		State FL	ZIP Cod 32550	e	Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pay	yment To E	Date Bal	ance Outstanding at Close of This Perio
	1500.00			0.00	1500.00
TERMS Date Incurred	d	C	ate Due	Interest Rat (If none, ente	
^M 07 ^M / ^D 18 ^D / ^Y	Ž016 ^Y	M M / D D	/ Y De	ěmaňd ^v 0	0.00 ₩ (apr) Yes ¥ No
List All Endorsers or Guar	(3 7	o Loan Source			
1. Full Name (Last, First, N	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1
2. Full Name (Last, First, M	liddle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	State ZIP Code		Amount Guaranteed Outstanding:	y
3. Full Name (Last, First, M	liddle 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:	g
UBTOTALS This Period This					7 7 1500.00 7 7 7

CHEDULE C (FEC Form 3) DANS			Use separate schedule for each category of th Detailed Summary Pag	he (check only one) X 13a
AME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	ction ID : SC/10.4343
LOAN SOURCE Full Name (Last, First, Mic MILLS, Ralph, John, , III	ddle Initial)		🗌 Memo Item	Election: 2018 Primary General
Mailing Address 1940 Boardwalk Drive				Other (specify)
City Miramar Beach	State FL	ZIP Code 32550	9	Personal Funds of the Candidate
Original Amount of Loan 300.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Period 300.00
TERMS Date Incurred M09M / D06D / Y Ž016 Y	M M / D D	Date Due	Interest Rate (If none, enter émaňd ^v 0.	
List All Endorsers or Guarantors (if any) t 1. Full Name (Last, First, Middle Initial)	o Loan Source		Name of Employer	
Mailing Address	Mailing Address			
City State	ZIP Code		Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation Amount	
City State	State ZIP Code		Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 1 1
UBTOTALS This Period This Page (optional).	/)			300.00

		for each category of the		
		Transac	ction ID : SC/10.4344	
Middle Initial)		Memo Item	Election: 2018 X Primary General	
			Other (specify)	
State FL	ZIP Code 32550	9	Personal Funds of the Candidate	
Cumulative Pa	ayment To D	Date Bala	ance Outstanding at Close of This Perio	
		0.00	500.00	
[Date Due			
M M / D C	D / Y De	India	00 % (apr) Yes 🗴 No	
/) to Loan Source	•			
	I	Name of Employer		
Mailing Address				
ZIP Code		Guaranteed	y y	
		Name of Employer		
		Occupation		
State ZIP Code		Guaranteed	y y	
		Name of Employer		
		Occupation		
ZIP Code		Guaranteed	y	
4. Full Name (Last, First, Middle Initial)				
Mailing Address				
ZIP Code		Guaranteed	y y	
			500.00	
	FL Cumulative Pa () to Loan Source () to Loan Source () ZIP Code () ZIP Code () ZIP Code () ZIP Code () ZIP Code () ZIP Code	FL 32550 Cumulative Payment To D Date Due M / D y) to Loan Source y) to Loan Source y ZIP Code x ZIP Code	State ZIP Code FL 32550 Cumulative Payment To Date Bala 0.00 0.00 Date Due Interest Rate (if none, enter M M P Y Date Due Name of Employer 0.ccupation Amount Guaranteed Outstanding: V Coccupation Amount Guaranteed Qutstanding: Occupation Amount Guaranteed Qutstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Varianteed Outstanding: <	

	02000				PAGE 41 OF 55	
CHEDULE C (FEC Form 3) DANS				Use separate schedule(s) for each category of the Detailed Summary Page		
ame of committe Iohn Mills for C	· · · ·			Transad	ction ID : SC/10.4351	
LOAN SOURCE MILLS, Ralph	Full Name (Last, First, Mic , John, , III	ddle Initial)		🗌 Memo Item	Election: 2018 X Primary General	
Mailing Address 1940 Boardwalk Dri	ve				Other (specify)	
City Miramar Beach		State FL	ZIP Code 32550	e	Personal Funds of the Candidate	
Original Amount	of Loan	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio	
	500.00			0.00	500.00	
TERMS Da	te Incurred	Γ	Date Due	Interest Rate (If none, ente		
^M 05 ^M / ^D 02	D / Y Ž017 Y	M M / D D	/ Y De	ěmaňd ^v 0.	.00 % (apr) Yes X No	
List All Endorsers	s or Guarantors (if any) t	o Loan Source				
1. Full Name (Las	st, First, Middle Initial)			Name of Employer		
Mailing Addres	38			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
2. Full Name (Las	t, First, Middle Initial)			Name of Employer		
Mailing Address	S			Occupation		
City	State	State ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Las	t, First, Middle Initial)			Name of Employer		
Mailing Address	S			Occupation		
City	State	State ZIP Code			y y	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
	eriod This Page (optional). (last page in this line only				500.00 7 7	
Carry outstanding ba	alance only to LINE 3, Sch	nedule D, for thi	s line. If no	o Schedule D, carry for	ward to appropriate line of Summary	

		PAGE 42 OF 55
	Use separate schedu for each category of Detailed Summary Pa	the (check only one) × 13a
	Transa	action ID : SC/10.4357
Middle Initial)	Memo Iten	n Election: 2018
		Other (specify)
State FL	ZIP Code 32550	Personal Funds of the Candidate
Cumulative Pa	ment To Date Ba	lance Outstanding at Close of This Perio
	0.00	150.00
	ate Due Interest Ra (If none, ent	
M M / D I	/ Y Y Y Y	0.00 % (apr) Yes X No
) to Loan Source		
	Name of Employer	
	Occupation	
ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·
	Name of Employer	
	Occupation	
ZIP Code	Amount Guaranteed Outstanding:	y y
	Name of Employer	
	Occupation	
ZIP Code	Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
	Name of Employer	
	Occupation	
ZIP Code	Amount Guaranteed Outstanding:	y
al)	······	150.00
	FL Cumulative Pay Da Da M M / D D Da Da Da Da Da Da Da Da Da D	Detailed Summary Putation Middle Initial) State ZIP Code FL 32550 Cumulative Payment To Date Bate Date Due Interest Ra (if none, ent Middle Initial) Date Due Date Due Interest Ra (if none, ent Middle Initial) Occupation Middle Initial Amount Guaranteed Outstanding: Image: Interest Ra (if none, ent Amount Image: Interest Ra (if none, ent Interest Ra (if none, ent Image:

CHEDULE C (FEC Form 3) DANS		Use separate for each cate Detailed Sum	gory of the (check only one) × 13a
ME OF COMMITTEE (In Full) ohn Mills for Congress			Transaction ID : SC/10.4358
LOAN SOURCE Full Name (Last, First, M MILLS, Ralph, John, , III	iddle Initial)	_ Ме	mo Item Election: 2018
Mailing Address 1940 Boardwalk Drive			Other (specify) ▼
City Miramar Beach	State FL	ZIP Code 32550	Personal Funds of the Candida
Original Amount of Loan	Cumulative Pa	nent To Date	Balance Outstanding at Close of This Peri
750.00		0.00	750.00
TERMS Date Incurred	[prest Rate Secured:
^M 09 ^M / ^D 13 ^D / ^Y Ž017 ^Y	M M / D D	/ Y Y Y Y	0.00 % (apr) Yes X N
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employ	er
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employ	er
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·
3. Full Name (Last, First, Middle Initial)		Name of Employ	er
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	- I	Name of Employ	er
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (optional)		, 	750.00

CHEDULE C (FEC Form 3) DANS			Use separate schedule for each category of th Detailed Summary Pag	he (check only one) × 13a
AME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4811
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	ddle Initial)		🗌 Memo Item	Election: 2018 Primary General
Mailing Address 1940 Boardwalk Drive				Other (specify) v
City Miramar Beach	State FL	ZIP Code 32550	e	Personal Funds of the Candidate
Original Amount of Loan 16.95	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Period 16.95
TERMS Date Incurred M04M / D07D / Y Ž018 Y	M M / D D	Date Due	Interest Rate (If none, enter 08/2018 ^Y 0.	
List All Endorsers or Guarantors (if any) t 1. Full Name (Last, First, Middle Initial)	to Loan Source		Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 (y 1 (x 1))
2. Full Name (Last, First, Middle Initial)	, , , , , , , , , , , , , , , , , , ,		Name of Employer	
Mailing Address			Occupation Amount	
City State	State ZIP Code		Guaranteed	y y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)	·		Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1
UBTOTALS This Period This Page (optional).	y)			vard to appropriate line of Summary.

					PAGE 45 OF 55
CHEDULE C (FEC OANS					e(s) FOR LINE NUMBER: (check only one)
NAME OF COMMITTEE (IN F John Mills for Congre				Transac	tion ID : SC/10.4899
LOAN SOURCE Full Na MILLS, Ralph, Joh	•	Idle Initial)		🗌 Memo Item	Election: Primary General
Mailing Address 1940 Boardwalk Drive					Other (specify)
City Miramar Beach		State FL	ZIP Code 32550	e	Personal Funds of the Candidate
Original Amount of Loar	300.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perioc 300.00
TERMS Date Incu			Date Due	Interest Rate	e Secured:
M07M / D12D /	Y Ž019 Y	M M / D D	/ Y	(If none, enter	
List All Endorsers or G	uarantors (if any) to	o Loan Source			
1. Full Name (Last, First			1	Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
3. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y y y y y
4. Full Name (Last, First,	4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · · ·
SUBTOTALS This Period TI	/				300.00
Carry outstanding balance	only to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.

					PAGE 46 OF 55
CHEDULE C (FEC F DANS	Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page	
ME OF COMMITTEE (In Full) ohn Mills for Congres				Transad	ction ID : SC/10.4900
LOAN SOURCE Full Name MILLS, Ralph, John,	•	ddle Initial)		Memo Item	Election: Primary General
Mailing Address 1940 Boardwalk Drive					Other (specify) ▼
City Miramar Beach		State FL	ZIP Code 32550	9	Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pa	ayment To D		ance Outstanding at Close of This Perio
TERMS Date Incurred	1200.00		Date Due	0.00 Interest Rate	1200.00
M07 ^M / D18 ^D / Y	ž019 ^v			(If none, enter	n 0)
List All Endorsers or Guar	antors (if any) t	o Loan Source	9		
1. Full Name (Last, First, N	liddle Initial)			Name of Employer	
Mailing Address	Mailing Address			Occupation	
City	State ZIP Code			Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First, M	iddle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 9 9 9 9
3. Full Name (Last, First, M	iddle Initial)			Name of Employer	
Mailing Address				Occupation	
City	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:	y
UBTOTALS This Period This OTALS This Period (last page					1200.00

age# 202201120414002000					
CHEDULE C (FEC Form 3) DANS		Use separate schedu for each category of Detailed Summary P	the (check only one) X 13a		
ME OF COMMITTEE (In Full) ohn Mills for Congress		Trans	action ID : SC/10.4901		
LOAN SOURCE Full Name (Last, First MILLS, Ralph, John, , III	t, Middle Initial)	Memo Iter	n Election: Primary General		
Mailing Address 1940 Boardwalk Drive			Other (specify) ▼		
City Miramar Beach	State FL	ZIP Code 32550	Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa	yment To Date Ba	alance Outstanding at Close of This Peric		
1500.00		0.00	1500.00		
TERMS Date Incurred	[Date Due Interest Ra (If none, en			
M09M / D10D / Y Ž019 Y	M M / D D		0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if a	• ·				
1. Full Name (Last, First, Middle Initia	1)	Name of Employer			
Mailing Address		Occupation			
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	y		
2. Full Name (Last, First, Middle Initial)	I	Name of Employer			
Mailing Address		Occupation			
City Sta	ity State ZIP Code		y		
3. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address		Occupation			
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	- y - 1 - y - 1 - w - 1		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	y		
UBTOTALS This Period This Page (option OTALS This Period (last page in this line			1500.00		

-					PAGE 48 OF 55	
HEDULE C (FEC F DANS	orm 3)			Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full)	6			Transac	tion ID : SC/10.4929	
LOAN SOURCE Full Name MILLS, Ralph, , , III	(Last, First, Mic	Idle Initial)		Memo Item	Election: 2020 X Primary General	
Mailing Address 9065 Orlando Avenue					Other (specify)	
City Navarre		State FL	ZIP Code 32566	9	Personal Funds of the Candidate	
Original Amount of Loan	1500.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perio 1500.00	
TERMS Date Incurred			Date Due	Interest Rate	e Secured:	
M12M / D30D / Y	ž019 ^v	M M / D D) / Y	(If none, enter		
List All Endorsers or Guara	antors (if any) to	o Loan Source				
1. Full Name (Last, First, M	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
2. Full Name (Last, First, Mi	ddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Mi	ddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	City State ZIP Code			Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
UBTOTALS This Period This I					7 7 7 T	

CHEDULE C (FEC	Form 3)				PAGE 49 OF 55	
OANS				Use separate schedule for each category of th Detailed Summary Pag	he (check only one) X 13a	
IAME OF COMMITTEE (In Ful John Mills for Congres	,			Transac	ction ID : SC/10.4936	
LOAN SOURCE Full Nam MILLS, Ralph, , , III	e (Last, First, Mid	dle Initial)		🗌 Memo Item	Election: 2020 X Primary General	
Mailing Address 9065 Orlando Avenue					Other (specify) ▼	
City Navarre		State FL	ZIP Code 32566	9	Personal Funds of the Candidate	
Original Amount of Loan	12000.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perioc 12000.00	
TERMS Date Incurre M04 ^M / P17 ^D /	Ž02Ŏ ^Ŷ	M M / D D	Date Due	Interest Rate (If none, enter		
List All Endorsers or Gua 1. Full Name (Last, First, I	· •	b Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
2. Full Name (Last, First, M	liddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	te ZIP Code		Amount Guaranteed Outstanding:	y	
3. Full Name (Last, First, M	liddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	g	
4. Full Name (Last, First, M	liddle Initial)	1		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	-y	
SUBTOTALS This Period This				H	7 7 7 12000.00 7 7 7 7	
Carry outstanding balance or	nly to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.	

CHEDULE C (FEC Forr	n 3)				PAGE 50 OF 55	
OANS			Use separate schedule for each category of th Detailed Summary Pag	^{1e} (check only one) × 13a		
IAME OF COMMITTEE (In Full) John Mills for Congress				Transac	tion ID : SC/10.4966	
LOAN SOURCE Full Name (Las MILLS, Ralph, , , III	t, First, Mi	ddle Initial)		Memo Item Election: 2020 Memo Item Frimary General		
Mailing Address 9065 Orlando Avenue					Other (specify) v	
City Navarre		State FL	ZIP Code 32566	e	Personal Funds of the Candidate	
Original Amount of Loan	59.12	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perioc 5359.12	
TERMS Date Incurred M07 ^M / P10 ^D / Y 202	Ŏ Ÿ	M M / D D	Date Due	Interest Rate (If none, enter 0.		
List All Endorsers or Guaranton 1. Full Name (Last, First, Middle		to Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address				Occupation Amount		
City	State	e ZIP Code		Guaranteed Outstanding:		
3. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address			Ļ	Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page					5359.12	
					vard to appropriate line of Summary.	

					PAGE 51 OF 55	
CHEDULE C (FEC Form 3) OANS			Use separate scheduk for each category of t Detailed Summary Pag	e(s) FOR LINE NUMBER: the (check only one) × 13a		
ME OF COMMITTEE	, ,			Transad	ction ID : SC/10.4992	
LOAN SOURCE Fu MILLS, Ralph,	II Name (Last, First, Mic , ,	Idle Initial)		Memo Item	Election: 2020	
Mailing Address 9065 Orlando Avenue					Other (specify)	
City Navarre		State FL	ZIP Code 32566	9	Personal Funds of the Candidate	
Original Amount of	Loan	Cumulative Pa	ayment To D	Pate Bala	ance Outstanding at Close of This Perio	
	1495.00			0.00	1495.00	
	Incurred		Date Due	Interest Rate (If none, enter	r 0)	
^M 08 ^M / ^D 04 ^D	/ ¥ Ž02Ŏ ¥	M M / D I	°12/3	§1/2Ŏ20 ^Υ 0.	.00 % (apr) Yes X No	
List All Endorsers of	or Guarantors (if any) to	o Loan Source				
1. 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:	y	
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed	y y	
3. Full Name (Last,	First, Middle Initial)		!	Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last,	First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1	
	od This Page (optional) ast page in this line only				1495.00	

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CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of the Detailed Summary Pag	e(s) FOR LINE NUMBER: he (check only one) X 13a	
ME OF COMMITTEE (In Full)				Transac	ction ID : SC/10.4983
LOAN SOURCE Full Name (MILLS, Ralph, , , III	Last, First, Mic	Idle Initial)		🗌 Memo Item	Election: 2020 X Primary General
Mailing Address 9065 Orlando Avenue					Other (specify)
City Navarre		State FL	ZIP Code 32566	9	Personal Funds of the Candidate
Original Amount of Loan	1500.00	Cumulative Pa	l lyment To D	Date Bala	ance Outstanding at Close of This Perio 1500.00
TERMS Date Incurred			Date Due	Interest Rate	e Secured:
M08 ^M / D05 ^D / Y	2020 Y	M M / D D	/ ^Y 12/3	(If none, enter 31/2020 ^Y 0.	
List All Endorsers or Guarar	ntors (if any) to	o Loan Source			
1. Full Name (Last, First, Mic	dle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First, Mide	dle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First, Mide	dle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Mide	dle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
UBTOTALS This Period This Pa OTALS This Period (last page i				·····	1500.00

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CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	e(s) FOR LINE NUMBER:	
ME OF COMMITTEE (In Full)				Transac	tion ID : SC/10.5016
LOAN SOURCE Full Name (MILLS, Ralph, , , III	Last, First, Mic	Idle Initial)		Memo Item	Election: 2022 X Primary General
Mailing Address 9065 Orlando Avenue					Other (specify)
City Navarre		State FL	ZIP Code 32566	9	Personal Funds of the Candidate
Original Amount of Loan	1500.00	Cumulative Pa	lyment To D	Date Bala	nce Outstanding at Close of This Perio 1500.00
TERMS Date Incurred	1300.00		Date Due	Interest Rate	<u> </u>
M11M / D19D / Y	2020 ^Y	M M / D D) / Y	(If none, enter	
List All Endorsers or Guaran	ntors (if any) to	o Loan Source			
1. Full Name (Last, First, Mic	ddle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
2. Full Name (Last, First, Mid	dle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First, Mid	dle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Mid	dle Initial)	!		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 9 1 1 1 1
UBTOTALS This Period This P					1500.00 7 7

CHEDULE C (FEC Form 3) OANS IAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, , , III			Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) X 13a
John Mills for Congress				
	II I II IN		Transac	tion ID : SC/10.5037
	die initial)		Memo Item	Election: Primary General
Mailing Address 9065 Orlando Avenue				Other (specify)
City Navarre	State FL	ZIP Code 32566	9	Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	yment To D	Date Bala	nce Outstanding at Close of This Period 2000.00
TERMS Date Incurred M04 ^M / D07 ^D / Y 2021 Y	M M / D D	Pate Due	Interest Rate (If none, enter Y Y Y 0.0	0) 00 0/ ()) / () / ()
List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial)	b Loan Source		Name of Employer	
Mailing Address			Occupation	
City State	State ZIP Code			y
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	State ZIP Code		Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	·		Name of Employer	
Mailing Address			Occupation	
City State	State ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	State ZIP Code		Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only Carry outstanding balance only to LINE 3, Sch)			2000.00

				PAGE 55 OF 55	
CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) × 13a	
ME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.5050	
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, , , III	Aiddle Initial)		Memo Item	Election: Primary General	
Mailing Address 9065 Orlando Avenue				Other (specify)	
City Navarre	State FL	ZIP Code 32566	3	Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	yment To D		nce Outstanding at Close of This Peric	
2000.00 TERMS Date Incurred		Date Due	0.00 Interest Rate	2000.00	
M12 ^M / D28 ^D / Y Ž02ť Y	M M / D D		(If none, enter	0)	
List All Endorsers or Guarantors (if any	to Loan Source				
1. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
City State	State ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
City State	e ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 y 1	
3. Full Name (Last, First, Middle Initial)		I	Name of Employer		
Mailing Address		(Occupation		
City State	State ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code	(Amount Guaranteed Dutstanding:	y	
UBTOTALS This Period This Page (optiona	l)		······	2000.00	
OTALS This Period (last page in this line o				67997.49	
carry outstanding balance only to LINE 3, S	chedule D for thi	is line. If no	Schedule D. carry form	ard to appropriate line of Summan	