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FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

| 10111111 | For An A | Authorized Con | nmittee | Offi | Office Use Only | | |
|---|---|-----------------------|--|--------------------------|---------------------------------|--|--|
| NAME OF COMMITTEE (in fu | TYPE OR PRIN | · | xample: If typing, type ver the lines. | 12FE4M5 | | | |
| John Mills for Co | ongress | 1 1 1 1 1 | | | | | |
| <u> </u> | | | | | | | |
| ADDRESS (number and : | 1940 Boardwa | lk Drive | | | | | |
| ▼ | | | | | | | |
| Check if differ than previousl reported. (ACC | y Miramar Beac | h | | FL 325 | 50 | | |
| 2. FEC IDENTIFICA | TION NUMBER ▼ | CITY ▲ | | STATE ▲ | ZIP CODE ▲ | | |
| C C00565366 | TON NOMBER V | 3. IS THIS REPORT | NEW (N) OR | AMENDED (A) | STATE ▼ DISTRICT | | |
| 4. TYPE OF REPO | , | (b) 12-Day PRI | E-Election Report for th | e: | | | |
| (a) Quarterly Rep | orts: | | Primary (12P) | General (12G) | Runoff (12R) | | |
| April 15 C | Quarterly Report (Q1) | П | Convention (12C) | Special (12S) | | | |
| July 15 Q | uarterly Report (Q2) | | | | | | |
| October 1 | 5 Quarterly Report (Q3) | Election or | M M / D D | / Y Y Y Y | in the State of | | |
| January 3 | 1 Year-End Report (YE) | (c) 30-Day PO | ST-Election Report for t | he: | | | |
| | | | General (30G) | Runoff (30R) | Special (30S) | | |
| Terminatio | n Report (TER) | Election or | M M M / D D | / Y Y Y Y | in the State of | | |
| 5. Covering Period | M M / D D / | y y y y y y 2019 | through | 06 30 / Y | y y y 2019 | | |
| I certify that I have exa | mined this Report and to Adams, Chris Treasurer | | nowledge and belief it i | s true, correct and co. | mplete. | | |
| Signature of Treasurer | Adams, Christopher, , , | | [Electronically Filed] | Date 07 | 10 Y Y Y Y Y 2019 | | |
| NOTE: Submission of fal | se, erroneous, or incomple | ete information may | subject the person signi | ng this Report to the pe | enalties of 52 U.S.C. §30109 | | |
| Office Use Only | | | | | FEC FORM 3 (Revised 05/2016) | | |

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Mills for Congress

2019 2019 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 630.00 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 630.00 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 147.63 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 40585.98 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)

Write or Type Committee Name

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John Mills for Congress 04 06 01 2019 30 2019 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 (add Lines 11(a)(iii), (b), (c), and (d)).. 805.00 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 9234.94 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 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) 0.00 10039.94 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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| | | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|-----|-----|--|-------------------------------|------------------------------------|
| 17. | OPI | ERATING EXPENDITURES | 630.00 | 8801.49 |
| 18. | | ANSFERS TO OTHER THORIZED COMMITTEES | 0.00 | 0.00 |
| 19. | LOA | AN REPAYMENTS: | | |
| | (a) | Of Loans Made or Guaranteed by the Candidate | 0.00 | 0.00 |
| | (b) | Of All Other Loans | 0.00 | 0.00 |
| | (c) | TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) | 0.00 | 0.00 |
| 20. | REF | FUNDS OF CONTRIBUTIONS TO: | | |
| | (a) | Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| | | | 0.00 | 0.00 |
| | (b) | Political Party Committees Other Political Committees | 0.00 | 0.00 |
| | (-) | (such as PACs) | 0.00 | 0.00 |
| | (d) | TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) | 0.00 | 0.00 |
| 21. | ОТН | HER DISBURSEMENTS | 0.00 | 0.00 |
| 22. | | TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21) | 630.00 | 8801.49 |
| | | III. CASH SU | MMARY | |
| 23. | CAS | SH ON HAND AT BEGINNING OF REPOR | RTING PERIOD | 777.63 |
| 24 | TO | TAL RECEIPTS THIS PERIOD (from Line 1 | 6, page 3) | 0.00 |
| 25. | SUI | BTOTAL (add Line 23 and Line 24) | | 777.63 |
| 26. | тот | TAL DISBURSEMENTS THIS PERIOD (fron | m Line 22) | 630.00 |
| 27. | | SH ON HAND AT CLOSE OF REPORTING | PERIOD | 147.63 |

SCHEDULE B (FEC Form 3)

5 47 FOR LINE NUMBER: **PAGE** (check only one) **x** 17 18 19a 20a 20b 20c 21

Use separate schedule(s) for each category of the ITEMIZED DISBURSEMENTS 19b Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Mills for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Law Office of James C. Thomas III 2019 10 Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting Services 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 315.00 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.4882 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) Law Office of James C. Thomas III Date of Disbursement Mailing Address 7509 NW Tiffany Springs Pkwy 2019 10 04 Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting Services 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 157.50 Disbursement For: Office Sought: House Senate Primary General Transaction ID: SB17.4884 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 04 2019 Suite 300 City Zip Code State **FEC Identification Number** Kansas City MO 64153 Purpose of Disbursement Legal and Reporting Services 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 157.50 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.4886 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 630.00 TOTAL This Period (last page this line number only)..... 630.00

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

PAGE 6
FOR LINE NUMBER: (check only one)

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OF

| | | 135 |
|--|--------------------|---|
| NAME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4711 |
| | | |
| LOAN SOURCE Full Name (Last, First, Mic | ddle Initial) | ☐ Memo Item Election: 2018 |
| John Mills for Congress | | x Primary General |
| Mailing Address 1940 Boardwalk Drive | | Other (specify) ▼ |
| City | State | ZIP Code Personal Funds of the Candidate |
| Miramar Beach | FL | 32550 |
| Original Amount of Loan | Cumulative Pay | ment To Date Balance Outstanding at Close of This Period |
| 126.34 | | 0.00 126.34 |
| TERMS Date Incurred | D | ate Due Interest Rate Secured: (If none, enter 0) |
| M09M / D21D / Y Ž01Ť Y | M M / D D | / Y11/ŏ8/2ŏ18 |
| List All Endorsers or Guarantors (if any) to | o Loan Source | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City State | ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| | | |
| SUBTOTALS This Period This Page (optional). | | 126.34 |
| TOTALS This Period (last page in this line only | /) | |
| Carry outstanding balance only to LINE 3, Sch | nedule D, for this | line. If no Schedule D, carry forward to appropriate line of Summary. |

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

PAGE 7
FOR LINE NUMBER: (check only one)

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OF

| | | 130 |
|--|--------------------|---|
| NAME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4742 |
| | | |
| John Mills for Congress | Idle Initial) | ☐ Memo Item Election: 2018 x Primary |
| Mailing Address 1940 Boardwalk Drive | | General Other (specify) ▼ |
| City | State | ZIP Code |
| Miramar Beach | FL | 32550 Personal Funds of the Candidate |
| Original Amount of Loan | Cumulative Pay | ment To Date Balance Outstanding at Close of This Period |
| 303.01 | 2 | 0.00 |
| TERMS Date Incurred | D | ate Due Interest Rate Secured: (If none, enter 0) |
| M10 ^M / D04 ^D / Y Ž017 Y | M M / D D | / ^Y 11/ŏ8/2ŏ18 ^Y 0.00 |
| List All Endorsers or Guarantors (if any) to | o Loan Source | |
| Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City State | ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City State | ZIP Code | Guaranteed Outstanding: |
| | | |
| SUBTOTALS This Period This Page (optional) | | 303.01 |
| TOTALS This Period (last page in this line only | y) | ······································ |
| Carry outstanding balance only to LINE 3, Sch | nedule D, for this | line. If no Schedule D, carry forward to appropriate line of Summary. |

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

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FOR LINE NUMBER: (check only one)

13a

| | | | | Detailed out | illillary i age | | 13b |
|--|---------------------|--------------------|------------------|--------------------------------------|---|--|------------|
| AME OF COMMITTEE (In Full) John Mills for Congress | | | | | Transaction | on ID : SC/10.4743 | |
| LOAN SOURCE Full Name (Las John Mills for Congress Mailing Address 1940 Boardwalk Drive | t, First, Mi | ddle Initial) | | N | flemo Item | Election: 2018 ✓ Primary General Other (specify) ▼ | |
| City Miramar Beach | | State | ZIP Cod 32550 | е | | Personal Funds of the | e Candidat |
| Original Amount of Loan Cumulative Payment To 4.24 | | | | Date 0.00 | Baland | ce Outstanding at Close of | This Perio |
| TERMS Date Incurred Date Due | | | | | nterest Rate f none, enter 0 0.00 | | ed: |
| List All Endorsers or Guarantor | | to Loan Source | | | | | |
| 1. Full Name (Last, First, Middle | nitial) | | | Name of Emplo | oyer | | |
| Mailing Address | | | | Occupation | | | |
| City | City State ZIP Code | | | Amount Guaranteed Outstanding: | | , , , , , , , , , , , , , , , , , , , | |
| 2. Full Name (Last, First, Middle | Initial) | | | Name of Emplo | oyer | | |
| Mailing Address | | | | Occupation | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | | , , , , , | |
| 3. Full Name (Last, First, Middle | Initial) | ' | | Name of Emplo | oyer | | |
| Mailing Address | | | | Occupation | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | | , , , , , , | |
| 4. Full Name (Last, First, Middle | Initial) | | | Name of Emplo | oyer | | |
| Mailing Address | | | | Occupation | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | | , , , , , , | |
| SUBTOTALS This Period This Page FOTALS This Period (last page in the | | | | | <u> </u> | 7 7 7 | 4.24 |
| Carry outstanding balance only to | LINE 3, Sci | hedule D, for this | s line. If n | o Schedule D. | carry forwa | rd to appropriate line of | Summary. |

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

FOR LINE NUMBER: (check only one)

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OF

| | | | | | Ţ. | 130 | |
|---|---|-------------|--------------------|-------------------|------------------------------|--|--|
| | AME OF COMMITTEE (In Full) ohn Mills for Congress | | | | Transa | action ID : SC/10.4744 | |
| | | First 1.5 | 1-11- 1 | | | Tet ii | |
| | John Mills for Congress | rırst, Mic | iale initial) | | ☐ Memo Iter | x Primary | |
| | Mailing Address 1940 Boardwalk Drive | | | | | General Other (specify) ▼ | |
| | City State ZIP Co | | | | de | M Description of the Condidate | |
| | Miramar Beach | | FL | 32550 | | Personal Funds of the Candidate | |
| | Original Amount of Loan | | Cumulative Pay | ment To | Date Ba | alance Outstanding at Close of This Period | |
| | 35 | 5.00 | | | 0.00 | 35.00 | |
| | TERMS Date Incurred | | D | ate Due | Interest Ra (If none, ent | | |
| | M10 ^M / D10 ^D / Y Ž01Ť | Y | M M / D D | / ^Y 11 | /08/2018 ^Y | 0.00 % (apr) Yes X No | |
| | List All Endorsers or Guarantors | (if any) to | o Loan Source | | | | |
| | 1. Full Name (Last, First, Middle I | nitial) | | | Name of Employer | | |
| | Mailing Address | | | | Occupation | | |
| | | | | | Amount | | |
| | City State ZIP Code | | | | Guaranteed Outstanding: | 7 7 | |
| | 2. Full Name (Last, First, Middle In | itial) | | | Name of Employer | | |
| | Mailing Address | | | | Occupation | | |
| | | | | | Amount Guaranteed | | |
| | City | State | ZIP Code | | Outstanding: | 9 1 9 1 7 | |
| | 3. Full Name (Last, First, Middle In | itial) | | | Name of Employer | | |
| | Mailing Address | | | | Occupation | | |
| | | | | | Amount | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 | |
| | 4. Full Name (Last, First, Middle In | itial) | | | Name of Employer | | |
| | Mailing Address | | | | Occupation | | |
| | | | 1 | | Amount | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 7 | |
| | | | | | | | |
| S | UBTOTALS This Period This Page (| optional) | | | <u> </u> | 35.00 | |
| T | OTALS This Period (last page in this | line only | r) | | ······ | | |
| _ | Carry outstanding balance only to LII | NE 3, Sch | nedule D, for this | line. If | no Schedule D, carry fo | rward to appropriate line of Summary. | |
| | | | | | | | |

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

FOR LINE NUMBER: (check only one)

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13b Transaction ID: SC/10.4745 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 1940 Boardwalk Drive Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 21.63 0.00 21.63 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D12^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)..... 21.63 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

| | | | | | | 130 | |
|----|--|-------------|---|------------|----------------------------|--|--|
| | ME OF COMMITTEE (In Full) ohn Mills for Congress | | | | Trans | saction ID : SC/10.4746 | |
| Ľ | | | | | | | |
| | LOAN SOURCE Full Name (Last, | First, Mid | ldle Initial) | | ☐ Memo Ite | | |
| | John Mills for Congress | | | | | X Primary General | |
| | Mailing Address 1940 Boardwalk Drive | | | | | Other (specify) ▼ | |
| | City | | State | ZIP Co | | ✗ Personal Funds of the Candidate | |
| | Miramar Beach | | FL | 32550 | | To order to and or the definition | |
| | Original Amount of Loan | | Cumulative Pay | yment To | | alance Outstanding at Close of This Period | |
| | , , , | 7.95 | | | 0.00 | 7.95 | |
| | TERMS Date Incurred | | D | ate Due | Interest R (If none, er | | |
| | M10 ^M / D17 ^D / Y Ž017 | Y | M M / D D | / Y1 | /ŏ8/2ŏ18 [×] | 0.00 % (apr) Yes No | |
| | List All Endorsers or Guarantors | (if any) to | o Loan Source | | | | |
| | 1. Full Name (Last, First, Middle I | nitial) | | | Name of Employer | | |
| | Mailing Address | | | | Occupation | | |
| | | | | | Amount | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | , | |
| | 2. Full Name (Last, First, Middle Initial) | | | | Name of Employer | | |
| | Mailing Address | | | | Occupation | | |
| | | | | | Amount | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | , | |
| | 3. Full Name (Last, First, Middle In | itial) | | | Name of Employer | | |
| | Mailing Address | | | | Occupation | | |
| | | | | | Amount | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | |
| | 4. Full Name (Last, First, Middle In | itial) | • | | Name of Employer | | |
| | Mailing Address | | | | Occupation | | |
| | | | | | Amount | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | , , , , , , , , , , | |
| | | | | | | | |
| SI | UBTOTALS This Period This Page (| optional) | | | ······ | 7.95 | |
| T | OTALS This Period (last page in this | line only | y) | | ······ | 7 | |
| C | Carry outstanding balance only to LII | NE 3, Sch | nedule D, for this | s line. If | no Schedule D, carry fo | orward to appropriate line of Summary. | |
| | , | - , | , | | · · · · · · · - ,, · · | | |

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

FOR LINE NUMBER: (check only one)

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OF

| | | | 130 |
|--|------------|--------------------|---|
| AME OF COMMITTEE (In Full) Ohn Mills for Congress | | | Transaction ID : SC/10.4747 |
| LOAN SOURCE Full Name (Last, John Mills for Congress | First, Mic | ddle Initial) | ☐ Memo Item |
| Mailing Address 1940 Boardwalk Drive | | | Other (specify) ▼ |
| City | | State | ZIP Code X Personal Funds of the Candidate |
| Miramar Beach | | FL | 32550 |
| Original Amount of Loan | | Cumulative Pay | yment To Date Balance Outstanding at Close of This Period |
| 72 | 2.49 | 7 | 0.00 72.49 |
| TERMS Date Incurred | | D | Oate Due Interest Rate Secured: (If none, enter 0) |
| M10 ^M / D30 ^D / Y Ž017 | Y | M M / D D | / ^Y 11/ŏ8/2ŏ18 |
| 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 |
| 0.0 | To | 710.0 | Amount Guaranteed |
| City | State | ZIP Code | Outstanding: |
| 2. Full Name (Last, First, Middle In | itial) | | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle In | itial) | L | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle In | itial) | | Name of Employer |
| Mailing Address | | | Occupation |
| Ou. | lo | 710.0 | Amount Guaranteed |
| City | State | ZIP Code | Outstanding: |
| SUBTOTALS This Period This Page (| ontional) | | |
| OTALS This Period (last page in this | | | , |
| , - p. O | | • | · |
| Carry outstanding balance only to LI | NE 3, Scl | nedule D, for this | s line. If no Schedule D, carry forward to appropriate line of Summary. |

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

FOR LINE NUMBER: (check only one)

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OF

| | | 100 |
|--|--------------------|---|
| NAME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4748 |
| LOAN SOURCE Full Name (Last, First, M | iddle Initial) | |
| John Mills for Congress | iddie iriitiai) | ☐ Memo Item |
| Mailing Address 1940 Boardwalk Drive | | Other (specify) |
| City | State | ZIP Code Responsible to the Candidate Personal Funds of the Candidate |
| Miramar Beach | FL | 32550 |
| Original Amount of Loan | Cumulative Pa | yment To Date Balance Outstanding at Close of This Period |
| 196.54 | | 0.00 |
| TERMS Date Incurred | Γ | Date Due Interest Rate Secured: (If none, enter 0) |
| M10 ^M / D31 ^D / Y Ž017 Y | M M / D D | / Y11/ŏ8/2ŏ18 |
| List All Endorsers or Guarantors (if any) | to Loan Source | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | · | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount Guaranteed |
| City | ZIP Code | Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| | | |
| SUBTOTALS This Period This Page (optional) | | 196.54 |
| TOTALS This Period (last page in this line or | ıly) | |
| Carry outstanding balance only to LINE 3, Se | chedule D, for thi | s line. If no Schedule D, carry forward to appropriate line of Summary. |

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

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|---|-----|
| | 13b |

| | | | 130 |
|---|--------------|--------------------|---|
| AME OF COMMITTEE (In Full) Iohn Mills for Congress | | | Transaction ID : SC/10.4749 |
| LOAN SOURCE Full Name (Last John Mills for Congress | , First, Mi | ddle Initial) | Memo Item Election: 2018 X Primary General |
| Mailing Address 1940 Boardwalk Drive | | | Other (specify) ▼ |
| City | | State | ZIP Code |
| Miramar Beach | | FL | 32550 |
| Original Amount of Loan | | Cumulative Page | ment To Date Balance Outstanding at Close of This Period |
| , , | 11.21 | 2 | 0.00 41.21 |
| TERMS Date Incurred | | Е | ate Due Interest Rate Secured: (If none, enter 0) |
| M11M / D01D / Y Ž017 | Y | M M / D D | / [∨] 11/08/2018 |
| List All Endorsers or Guarantors | s (if any) t | 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 | nitial) | | Name of Employer |
| Mailing Address | | | Occupation |
| | T | | Amount Guaranteed |
| City | State | ZIP Code | Outstanding: |
| 3. Full Name (Last, First, Middle | nitial) | | Name of Employer |
| Mailing Address | | | Occupation |
| | T | | Amount Guaranteed |
| City | State | ZIP Code | Outstanding: |
| 4. Full Name (Last, First, Middle | nitial) | | Name of Employer |
| Mailing Address | | | Occupation |
| 011 | lo: : | 715.0 | Amount Guaranteed |
| City | State | ZIP Code | Outstanding: |
| | <i>(</i> .: | | |
| SUBTOTALS This Period This Page | (optional) | | 41.21 |
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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13b Transaction ID: SC/10.4750 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 804.08 0.00 804.08 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 M 1 1 M D05D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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)..... 804.08 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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|---|--------------------|---|
| NAME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4751 |
| ū | iddla Initial | |
| LOAN SOURCE Full Name (Last, First, M John Mills for Congress | iddie initial) | ☐ Memo Item |
| Mailing Address 1940 Boardwalk Drive | | General Other (specify) ▼ |
| City | State | ZIP Code Responsible to the Candidate of the Candidate |
| Miramar Beach | FL | 32550 |
| Original Amount of Loan | Cumulative Pa | yment To Date Balance Outstanding at Close of This Period |
| 19.08 | | 0.00 |
| TERMS Date Incurred | Γ | Date Due Interest Rate Secured: (If none, enter 0) |
| M11M / D08D / Y Z017 Y | M M / D D | / Y11/Ŏ8/2Ŏ18 |
| List All Endorsers or Guarantors (if any) | to Loan Source | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount Guaranteed |
| City | ZIP Code | 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 |
| | T | Amount Guaranteed |
| City | ZIP Code | 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) | | 19.08 |
| TOTALS This Period (last page in this line on | ly) | ······································ |
| Carry outstanding balance only to LINE 3, So | chedule D, for thi | s line. If no Schedule D, carry forward to appropriate line of Summary. |

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

FOR LINE NUMBER: (check only one)

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| | 13b |

| NAME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4752 | | | | |
|--|--|---|--|--|--|--|
| LOAN SOURCE Full Name (Last, First, John Mills for Congress | Middle Initial) | ☐ Memo Item | | | | |
| Mailing Address 1940 Boardwalk Drive | | Other (specify) ▼ | | | | |
| City | State | ZIP Code | | | | |
| Miramar Beach | FL | 32550 Personal Funds of the Candidate | | | | |
| Original Amount of Loan | Cumulative Pa | yment To Date Balance Outstanding at Close of This Period | | | | |
| 93.73 | | 0.00 93.73 | | | | |
| TERMS Date Incurred | С | late Due Interest Rate Secured: (If none, enter 0) | | | | |
| M11M / D08D / Y Z017 Y | M M / D D | / ^Y 11/ŏ8/2ŏ18 | | | | |
| List All Endorsers or Guarantors (if any | y) to 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: Name of Employer | | | | |
| Mailing Address | | Occupation | | | | |
| | | Amount | | | | |
| City State | ZIP Code | Guaranteed Outstanding: | | | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | | | |
| Mailing Address | | Occupation | | | | |
| City State | z ZIP Code | Amount Guaranteed | | | | |
| 4. Full Name (Last, First, Middle Initial) | | Outstanding: Name of Employer | | | | |
| Mailing Address | | Occupation | | | | |
| | | A | | | | |
| City | ZIP Code | Amount Guaranteed Outstanding: | | | | |
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| 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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| NAME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4753 |
| LOAN SOURCE Full Name (Last, First, Mi | iddle Initial\ | |
| John Mills for Congress | ladie initial) | ☐ Memo Item |
| Mailing Address 1940 Boardwalk Drive | | General Other (specify) ▼ |
| City | State | ZIP Code Personal Funds of the Candidate |
| Miramar Beach | FL | 32550 Personal Funds of the Candidate |
| Original Amount of Loan | Cumulative Pa | yment To Date Balance Outstanding at Close of This Period |
| 6.00 | | 0.00 6.00 |
| TERMS Date Incurred | С | Date Due Interest Rate Secured: (If none, enter 0) |
| M12M / D21D / Y Z017 Y | M M / D D | / Y11/ŏ8/2ŏ18 |
| List All Endorsers or Guarantors (if any) | to Loan Source | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount Guaranteed |
| City | ZIP Code | Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City State | ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| | | |
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| Carry outstanding balance only to LINE 3, Sc | hedule D, for this | s line. If no Schedule D, carry forward to appropriate line of Summary. |

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

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| | ME OF COMMITTEE (In Full) ohn Mills for Congress | | | | Trans | action ID : SC/10.4754 | | |
| Ľ | | | | | | | | |
| | LOAN SOURCE Full Name (Last, | First, Mic | ddle Initial) | | ☐ Memo Iter | | | |
| | John Mills for Congress | | | | | Primary General | | |
| | Mailing Address 1940 Boardwalk Drive | | | | | Other (specify) | | |
| | City State | | | ZIP Co | | Personal Funds of the Candidate | | |
| | Miramar Beach FL 32550 | | | 32550 | | 1 crasmain and on the Gandidate | | |
| | Original Amount of Loan Cumulative Payment To | | | ment To | Date Ba | alance Outstanding at Close of This Period | | |
| | 308 | 3.00 | | | 0.00 | 308.00 | | |
| | TERMS Date Incurred | | D | ate Due | Interest Ra (If none, en | | | |
| | M12M / D22D / Y 2017 | Y | M M / D D | / ^Y 11 | 1/Ŏ8/2Ŏ18 ^Y | 0.00 % (apr) Yes No | | |
| | List All Endorsers or Guarantors | (if any) to | o Loan Source | | | | | |
| | 1. Full Name (Last, First, Middle I | ` • • | | | Name of Employer | | | |
| | Mailing Address | | | | Occupation | | | |
| | | | | | Amount | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 9 | | |
| | 2. Full Name (Last, First, Middle In | itial) | · | | Name of Employer | | | |
| | Mailing Address | | | | Occupation Amount | | | |
| | | | | | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: Name of Employer | | | |
| | 3. Full Name (Last, First, Middle In | itial) | | | | | | |
| | Mailing Address | | | | Occupation | | | |
| | | | | | Amount | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 9 | | |
| | 4. Full Name (Last, First, Middle In | itial) | | | Name of Employer | | | |
| | Mailing Address | | | Occupation | | | | |
| | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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| NAME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4755 |
| LOAN SOURCE Full Name (Last, First, M | iddle Initial) | |
| John Mills for Congress | iddie iriitiai) | ☐ Memo Item |
| Mailing Address 1940 Boardwalk Drive | | Other (specify) ▼ |
| City | State | ZIP Code Personal Funds of the Candidate |
| Miramar Beach | FL | 32550 |
| Original Amount of Loan | Cumulative Pa | yment To Date Balance Outstanding at Close of This Period |
| 56.34 | | 0.00 56.34 |
| TERMS Date Incurred | Γ | Date Due Interest Rate Secured: (If none, enter 0) |
| M12 ^M / D24 ^D / Y Ž017 Y | M M / D D | / Y11/Ŏ8/2Ŏ18 |
| List All Endorsers or Guarantors (if any) | to Loan Source | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount Guaranteed |
| City | ZIP Code | Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
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| SOBIOTALS THIS PERIOD THIS Page (optional) | | 56.34 |
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| Carry outstanding balance only to LINE 3, So | chedule D, for thi | s line. If no Schedule D, carry forward to appropriate line of Summary. |

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

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Transaction ID: SC/10.4756 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 208.00 0.00 208.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 ^D29^D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 208.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Transaction ID: SC/10.4678 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 400.00 0.00 400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D17D M 01M Ž018 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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)..... 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.

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

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| NAME OF COMMITTEE (In Full) | | Transaction | ID : SC/10.4709 | | | | |
| John Mills for Congress | | | | | | | |
| LOAN SOURCE Full Name (Last, Fir | st, Middle Initial) | ☐ Memo Item Ele | ection: 2018 | | | | |
| John Mills for Congress | | | Primary | | | | |
| | | | General | | | | |
| Mailing Address 1940 Boardwalk Drive | | | Other (specify) ▼ | | | | |
| 1040 Boardwalk Blive | | - | | | | | |
| City | State | ZIP Code | | | | | |
| Miramar Beach | FL | 32550 | Personal Funds of the Candidate | | | | |
| Willamar Beach | | 32330 | | | | | |
| Original Amount of Loan | Cumulative Pa | ayment To Date Balance | Outstanding at Close of This Period | | | | |
| | | | | | | | |
| 2231.10 |) | 0.00 | 2231.10 | | | | |
| TERMS Date Incurred | | Data Dua Internat Data | Consumedia | | | | |
| TERMS Date Incurred | | Date Due Interest Rate (If none, enter 0) | Secured: | | | | |
| M ₀₃ M / P ₃₁ P / Y Ž018 Y | M M / D | ¹ / _{11/08/2018} 0.00 | | | | | |
| 31 2010 | | 11/00/2010 | % (apr) | | | | |
| List All Endorsers or Guarantors (if | any) to Loan Source | | | | | | |
| - | | Name of Employer | | | | | |
| 1. Full Name (Last, First, Middle Initi | aı) | Name of Employer | | | | | |
| Mailing Address | | Occupation | | | | | |
| Mailing Address | | Occupation | | | | | |
| | | Amount | | | | | |
| City | tate ZIP Code | Guaranteed | | | | | |
| City | late ZIP Code | Outstanding: | 7 | | | | |
| 2. Full Name (Last, First, Middle Initia | .1\ | Name of Employer | | | | | |
| 2. Full Name (Last, First, Middle Illitia | u) | Name of Employer | Name of Employer | | | | |
| Mailing Address | | Occupation | Occupation | | | | |
| Walling Address | | | Cocupation | | | | |
| | | Amount | | | | | |
| City | tate ZIP Code | Guaranteed | | | | | |
| | | Outstanding: | 7 | | | | |
| 3. Full Name (Last, First, Middle Initia | <u>'</u> il) | Name of Employer | | | | | |
| | , | | | | | | |
| Mailing Address | | Occupation | Occupation | | | | |
| | | | | | | | |
| | | Amount | | | | | |
| City | tate ZIP Code | Guaranteed | | | | | |
| | | Outstanding: | , | | | | |
| 4. Full Name (Last, First, Middle Initia | ıl) | Name of Employer | | | | | |
| | | | | | | | |
| Mailing Address | | Occupation | | | | | |
| | | | | | | | |
| | T | Amount | | | | | |
| City | tate ZIP Code | Guaranteed Outstanding: | 9 | | | | |
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| (0) | / | | 2231.10 | | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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| AME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4829 | | | |
| LOAN SOURCE Full Name (Last, First, M John Mills for Congress Mailing Address 1940 Boardwalk Drive | iddle Initial) | ☐ Memo Item Election: 2018 Primary General Other (specify) ▼ | | | |
| City | State | ZIP Code | | | |
| Miramar Beach | FL | 32550 Personal Funds of the Candidate | | | |
| Original Amount of Loan | Cumulative Pag | ment To Date Balance Outstanding at Close of This Perio | | | |
| 150.67 | , | 0.00 150.67 | | | |
| TERMS Date Incurred | С | ate Due Interest Rate Secured: (If none, enter 0) | | | |
| M04 ^M / D20 ^D / Y Z018 Y | M M / D D | ¹ √08/28/2018 | | | |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| | | Amount Guaranteed | | | |
| City | ZIP Code | 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 | | | |
| | | Amount | | | |
| City | ZIP Code | 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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| Carry outstanding balance only to LINE 3, So | chedule D, for this | line. If no Schedule D, carry forward to appropriate line of Summary. | | | |

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| | IE OF COMMITTEE (In Full) | | | | Transa | ction ID : SC/10.4815 | | | |
| JOI | nn Mills for Congress | | | | | | | | |
| П | LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2018 | | | | | | | | |
| | John Mills for Congress | | | | _ Memo Rem | rimary | | | |
| | Torin Willio for Corigioso | | | | | General | | | |
| N 1 | Mailing Address 1940 Boardwalk Drive | | | | | Other (specify) ▼ | | | |
| C | City | | | ZIP Cod | е | Paranal Funda of the Condidate | | | |
| N | firamar Beach | | FL | 32550 | | Personal Funds of the Candidate | | | |
| | Original Amount of Loan | | Cumulative Pay | ment To D | Date Bala | ance Outstanding at Close of This Period | | | |
| | 8500 | 0.00 | 7 | 9 | 700.00 | 7800.00 | | | |
| Т | ERMS Date Incurred | | D | ate Due | Interest Rat (If none, ente | | | | |
| | ^M 04 ^M / ^D 24 ^D / ^Y Ž018 | Y | M M / D D | / ^Y 11/ | 30/2010 | .00 % (apr) Yes X No | | | |
| L | ist All Endorsers or Guarantors | (if any) to | o Loan Source | | | | | | |
| 1 | . Full Name (Last, First, Middle I | Initial) | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | , , , , , , , | | | |
| 2 | 2. Full Name (Last, First, Middle In | nitial) | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation Amount | | | | |
| | | | | - | | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | , , , , , , | | | |
| 3 | B. Full Name (Last, First, Middle In | nitial) | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | I | Guaranteed Outstanding: | , | | | |
| 4 | l. Full Name (Last, First, Middle In | nitial) | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
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| | City | State | ZIP Code | I | Guaranteed Outstanding: | 7 | | | |
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| Lai | ry outstanding balance only to Li | INE O, OCT | ieuuie ש, ior inis | mie. II N | o ochedule b, carry for | ward to appropriate line of Summary. | | | |

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

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|---|---------------------|----------------------|-------------------------------|--------------------------------|---|------------------------|-------------|
| AME OF COMMITTEE (In Full) John Mills for Congress | | • | | Transacti | on ID : SC/10.4830 | | |
| LOAN SOURCE Full Name (Last, First, Mic John Mills for Congress Mailing Address 1940 Boardwalk Drive | ddle Initial) | | 1 | Memo Item | Election: 2018 Primary General Other (specify) | , | |
| City Miramar Beach | State FL | ZIP Code 32550 | | | Personal Funds | of the Car | ndidate |
| Original Amount of Loan | Cumulative Pay | yment To Date | 0.00 | Balan | ce Outstanding at Clo | ose of This 1475.00 | - |
| TERMS Date Incurred M06M / P15P / Y Z018 Y | M M / D D | Pate Due / Y08/28/2 | (| nterest Rate If none, enter 0 |)) | Secured: | x No |
| List All Endorsers or Guarantors (if any) to | o Loan Source | | | | | | |
| Full Name (Last, First, Middle Initial) | | Nar | ne of Emp | loyer | | | |
| Mailing Address | | Occ | Occupation | | | | |
| City | City State ZIP Code | | | Amount Guaranteed Outstanding: | | | |
| 2. Full Name (Last, First, Middle Initial) | | Nar | ne of Emp | loyer | | | |
| Mailing Address | | Occ | cupation | | | | |
| City State ZIP Code | | | ount aranteed standing: | | y y y | | |
| 3. Full Name (Last, First, Middle Initial) | ' | Nar | ne of Emp | loyer | | | |
| Mailing Address | | Occ | Occupation | | | | |
| City State | ZIP Code | Gua | ount aranteed standing: | | , , , | | |
| 4. Full Name (Last, First, Middle Initial) | Nar | ne of Emp | loyer | | | | |
| Mailing Address | Occ | cupation | | | | | |
| City | ZIP Code | Gua | ount aranteed standing: | | , , , | | |
| UBTOTALS This Period This Page (optional) | | | | | | | |
| Carry outstanding balance only to LINE 3, Sch | nedule D, for this | s line. If no S | chedule D | , carry forwa | ard to appropriate lin | e of Sumr | marv. |

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

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|--|-------------------|--------------------|---------------|----------------------------------|-------------------------------------|--|--|
| IAME OF COMMITTEE (In Full) John Mills for Congress | | | | Transaction | n ID : SC/10.4831 | | |
| LOAN SOURCE Full Name | (Last. First. Mic | ddle Initial) | | □ Mome Item El | lection: 2018 | | |
| John Mills for Congre | | ., | | _ Iviolilo itolii | Primary General | | |
| Mailing Address 1940 Boardwalk Drive | | | | | Other (specify) ▼ | | |
| City | | State | ZIP Cod | e | Personal Funds of the Candidate | | |
| Miramar Beach | | FL | 32550 | | recension runde or the canadata | | |
| Original Amount of Loan | | Cumulative Page | ayment To | | Outstanding at Close of This Period | | |
| | 600.00 | | | 0.00 | 600.00 | | |
| TERMS Date Incurred | | | Date Due | Interest Rate (If none, enter 0) | Secured: | | |
| M06 ^M / D15 ^D / Y | ž018 ^Y | M M / D D | / Y08 | Ž8/2Ŏ18 ^Y 0.00 | % (apr) Yes No | | |
| List All Endorsers or Guara | ntors (if any) to | o Loan Source | | | | | |
| 1. Full Name (Last, First, Mi | iddle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| | | | - | Amount | | | |
| City | State | ZIP Code | | Guaranteed Outstanding: | 9 | | |
| 2. Full Name (Last, First, Mic | ddle Initial) | · | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| | | | | Amount | | | |
| City | State | ZIP Code | | Guaranteed Outstanding: | | | |
| 3. Full Name (Last, First, Mic | ddle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| | | | | Amount | | | |
| City | State | ZIP Code | | Guaranteed Outstanding: | | | |
| 4. Full Name (Last, First, Mic | ddle Initial) | • | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| | | | - | Amount | | | |
| City | State | ZIP Code | | Guaranteed Outstanding: | 9 | | |
| SUBTOTALS This Period This F | Page (optional) | | | ······ | 600.00 | | |
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| Carry outstanding balance only | to LINE 3. Sch | nedule D. for this | is line. If r | o Schedule D. carry forward | d 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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| AME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4832 |
| John Mills for Congress Mailing Address 1940 Boardwalk Drive | ddle Initial) | ☐ Memo Item Election: 2018 ## Primary General Other (specify) ▼ |
| City | State | ZIP Code |
| Miramar Beach | FL | 32550 Personal Funds of the Candidate |
| Original Amount of Loan | Cumulative Pay | ment To Date Balance Outstanding at Close of This Period |
| 35.10 | | 0.00 |
| TERMS Date Incurred | D | ate Due Interest Rate Secured: (If none, enter 0) |
| M06 ^M / D27 ^D / Y Ž018 Y | M M / D D | / Y08/28/2018 |
| List All Endorsers or Guarantors (if any) t | o Loan Source | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | 710.0 | Amount Guaranteed |
| City | ZIP Code | 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 | 7ID 0- 4- | Amount Guaranteed |
| | ZIP Code | 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). FOTALS This Period (last page in this line only | | |
| Carry outstanding balance only to LINE 3, Scl | nedule D, for this | line. If no Schedule D, carry forward to appropriate line of Summary. |

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

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| | ME OF COMMITTEE (In Full) ohn Mills for Congress | | | | Transaction ID : SC/10.4841 | | | | |
| Ľ | | | | | | | | | |
| | LOAN SOURCE Full Name (Last, | First, Mic | ldle Initial) | | ☐ Memo Item | | | | |
| | John Mills for Congress | | | | Primary | | | | |
| | Mailing Address | | | General Other (consist) | | | | | |
| | Mailing Address 1940 Boardwalk Drive | | | | Other (specify) ▼ | _ | | | |
| | City | | State | ZIP Co | Personal Funds of the Candidat | te. | | | |
| | Miramar Beach | | FL | 32550 |) | _ | | | |
| | Original Amount of Loan | | Cumulative Pay | ment To | D Date Balance Outstanding at Close of This Period | od | | | |
| | 2000 | 0.00 | | | 0.00 2000.00 | l | | | |
| | TERMS Date Incurred | | D | ate Due | | _ | | | |
| | M07 ^M / D05 ^D / Y Ž018 | Υ | M M / D D | / Y08 | (If none, enter 0) 8/28/2018 0.00 | | | | |
| | | | | | % (apr) Yes X N | 0 | | | |
| | 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 Occupation | | | | |
| | Mailing Address | | | | | | | | |
| | Walling / Address | | | | | | | | |
| | 0'' | lo | 710 0 1 | | Amount Guaranteed | | | | |
| | City | State | ZIP Code | | Outstanding: | | | | |
| | 3. Full Name (Last, First, Middle In | itial) | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | _ | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | | | |
| | 4. Full Name (Last, First, Middle In | itial) | | | Name of Employer | _ | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | | | |
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| т | OTALS This Period (last page in this | s line only | y) | | ······································ | | | | |
| Ļ | James autotandian balance colored | NE 2 O-1 | odulo D. for #11 | line 16 | no Cohodulo D. come formed to come with line of Co | _ | | | |
| l C | arry outstanding balance only to LI | N⊏ 3, Sch | ieauie 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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Transaction ID: SC/10.4842 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 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 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D05D M 07M Ž018 Y08/28/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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|----|--|-------------|--------------------|------------|----------------------------------|---------------------------------------|--|--|--|
| | ME OF COMMITTEE (In Full) ohn Mills for Congress | | | | Transactio | on ID : SC/10.4874 | | | |
| | | | | | | | | | |
| | LOAN SOURCE Full Name (Last, | First, Mic | ldle Initial) | | ☐ Memo Item ☐ | Election: 2020 | | | |
| | John Mills for Congress | | | | | Y Primary General | | | |
| | Mailing Address 1940 Boardwalk Drive | | | | | Other (specify) ▼ | | | |
| | City | | State | ZIP Co | de | Personal Funds of the Candidate | | | |
| | Miramar Beach | | FL | 32550 | | Fersorial Funds of the Candidate | | | |
| | Original Amount of Loan | | Cumulative Pay | ment To | Date Balanc | e Outstanding at Close of This Period | | | |
| | 500 | 0.00 | | | 0.00 | 500.00 | | | |
| | TERMS Date Incurred | | D | ate Due | Interest Rate (If none, enter 0) | Secured: | | | |
| | M03M / D18D / Y Ž019 | Υ | M M / D D | / You | 0.00 J | | | | |
| | List All Endorsers or Guarantors | (if anv) to | o Loan Source | | | | | | |
| | Full Name (Last, First, Middle I | ` • • | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | | | |
| | 2. Full Name (Last, First, Middle In | itial) | · | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation Amount | | | | |
| | | | | | | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | | | |
| | 3. Full Name (Last, First, Middle In | itial) | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | <u> </u> | | | |
| | 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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| С | 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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|--|--------------------|---|
| NAME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4106 |
| LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III | ddle Initial) | Memo Item Election: 2014 |
| Mailing Address 1940 Boardwalk Drive | | Other (specify) ▼ |
| City | State | ZIP Code 32550 Personal Funds of the Candidate |
| Miramar Beach | | |
| Original Amount of Loan 5000.00 | Cumulative Pa | yment To Date Balance Outstanding at Close of This Period 0.00 5000.00 |
| TERMS Date Incurred | С | Date Due Interest Rate Secured: |
| ^M 06 ^M / ^D 24 ^D / ^Y Ž01¾ ^Y | M M / D D | (in notice, enter 0) 0.00 % (apr) Yes No |
| List All Endorsers or Guarantors (if any) to | o Loan Source | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City | ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City | ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City State | ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City | ZIP Code | Amount Guaranteed Outstanding: |
| SUBTOTALS This Period This Page (optional) | ' | 5000.00 |
| TOTALS This Period (last page in this line only | | , |
| Carry outstanding balance only to LINE 3, Sc | hedule D, for this | s line. If no Schedule D, carry forward to appropriate line of Summary. |

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

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Transaction ID: SC/10.4116 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 4234.94 0.00 4234.94 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D 18D M 07M ž014 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)..... 4234.94 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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| | ME OF COMMITTEE (In Full) Ohn Mills for Congress | | | | Trans | action ID : SC/10.4197 | | | |
| Ľ | | | | | | | | | |
| | LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III | First, Mic | ldle Initial) | | ☐ Memo Iter | m Election: Primary | | | |
| - | | | | | | General | | | |
| | Mailing Address 1940 Boardwalk Drive | | | | | Other (specify) ▼ | | | |
| | City | | State | ZIP Co | de | Personal Funds of the Candidate | | | |
| - | Miramar Beach | | FL | 32550 | | To to the contact of the contact of | | | |
| | Original Amount of Loan | | Cumulative Pay | yment To | Date Ba | alance Outstanding at Close of This Period | | | |
| | 1000 | 0.00 | | | 0.00 | 1000.00 | | | |
| - | TERMS Date Incurred | | D | Date Due | Interest Ra | | | | |
| | ^M 09 ^M / ^D 08 ^D / ^Y Ž01Š | Y | M M / D D | / Y | (If none, ent | | | | |
| | | //s \ \ \ \ | | | | % (apr) Yes No | | | |
| | List All Endorsers or Guarantors 1. Full Name (Last, First, Middle I | | o Loan Source | | 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 Occupation | | | | |
| - | Mailing Address | | | | | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 9 | | | |
| | 3. Full Name (Last, First, Middle In | itial) | I | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | , | | | |
| - | 4. Full Name (Last, First, Middle In | itial) | | | Name of Employer | | | | |
| - | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 | | | |
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| ı v | any satisfaming palamos only to El | 0, 001 | 2, 101 1118 | SG. 11 | Joneanie D, carry 10 | a.a to appropriate line of outfillary. | | | |

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

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|---|-------------------|---|
| NAME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4299 |
| 9 | | |
| LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III | Idle Initial) | Memo Item Election: 2016 x Primary |
| Mailing Address 1940 Boardwalk Drive | | General Other (specify) ▼ |
| City | State | ZIP Code Representation of the Candidate |
| Miramar Beach | FL | 32550 Personal Funds of the Candidate |
| Original Amount of Loan | Cumulative Pay | ment To Date Balance Outstanding at Close of This Period |
| 3850.64 | | 0.00 3850.64 |
| TERMS Date Incurred | D | ate Due Interest Rate Secured: (If none, enter 0) |
| M01 ^M / D02 ^D / Y Ž016 Y | M M / D D | / Y Y Y Y Y No Yes X No |
| List All Endorsers or Guarantors (if any) to | o Loan Source | |
| Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City State | ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City State | ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City State | ZIP Code | Guaranteed Outstanding: |
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| Carry outstanding balance only to LINE 3, Sch | edule D, for this | line. If no Schedule D, carry forward to appropriate line of Summary. |

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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, MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive | First, Mid | ddle Initial) | | |] Memo Ite | Ele | ction: 201 Primary General Other (spe | | | |
| | | I a. . | I = | | | | | | | |
| City Miramar Beach | | State | 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) | | | Name of Employer | | | | | | |
| Mailing Address | | | Oc | Occupation | | | | | | |
| | | | Δn | nount | | | | | | |
| City | State | ZIP Code | Gu | aranteed itstanding: | | - | 7 | | | |
| 3. Full Name (Last, First, Middle In | nitial) | | Na | Name of Employer | | | | | | |
| 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 | Amount Guaranteed | | | | | | |
| 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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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

| | | 100 |
|--|---|---|
| NAME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID: SC/10.4342 |
| LOAN SOURCE Full Name (Last, First, Mi | ddla Initial\ | |
| MILLS, Ralph, John, , III | ☐ Memo Item Election: 2018 ▼ Primary General | |
| Mailing Address 1940 Boardwalk Drive | | Other (specify) ▼ |
| City | State | ZIP Code Personal Funds of the Candidate |
| Miramar Beach | FL | 32550 |
| Original Amount of Loan | Cumulative Pag | yment To Date Balance Outstanding at Close of This Period |
| 1500.00 | | 0.00 1500.00 |
| TERMS Date Incurred | | Date Due Interest Rate Secured: (If none, enter 0) |
| M07 ^M / D18 ^D / Y Ž016 Y | M M / D D | / Poěmaňd Y 0.00 % (apr) Yes ▼ No |
| List All Endorsers or Guarantors (if any) | to Loan Source | |
| Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | <u>.</u> | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| SUBTOTALS This Period This Page (optional) | | |
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| 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. |

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

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.4343 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 300.00 0.00 300.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D06D M09M ž016 Děmaňd x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 300.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

| | | | | | | 13b | | | |
|---|--|-------------|--------------------|------------|-------------------------------------|---|--|--|--|
| | 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 | | | |
| | WILLO, IVAIPII, JOIIII, , 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 Ž016́ | 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: | y | | | |
| | 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: | | | | |
| | | | | | | | | | |
| S | UBTOTALS This Period This Page (| optional) | | | ······ | 500.00 | | | |
| T | OTALS This Period (last page in this | line only | v) | | | , , , , , , , | | | |
| 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. | | | |
| | | | | | <u> </u> | | | | |

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

FOR LINE NUMBER: (check only one)

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| | | | Detailed Summary | / Page | 13 | 3b | | |
|---|-------------------|---------------|----------------------------|----------------------------------|----------|------|--|--|
| NAME OF COMMITTEE (In Full) John Mills for Congress | | | Trai | nsaction ID : SC/10.4351 | - ' | | | |
| | | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mic MILLS, Ralph, John, , III | Idle Initial) | | ☐ Memo I | Election: 2018 Primary General | | | | |
| Mailing Address 1940 Boardwalk Drive | | | | Other (specify) | | | | |
| City | State | ZIP Code | | | | | | |
| Miramar Beach | FL | 32550 | | Personal Funds of the | e Candid | late | | |
| Original Amount of Loan 500.00 | Cumulative Pay | yment To D | 0.00 | Balance Outstanding at Close of | This Pe | riod | | |
| TERMS Date Incurred | 7 | ate Due | Interest | Rate Secur | ed: | _ | | |
| M05 ^M / D02 ^D / Y Z017 Y | M M / D D | | (If none, | enter 0) 0.00 | | No | | |
| List All Endorsons or Customators (if any) t | a Laan Cauraa | | | % (apr) | es 🖳 | INO | | |
| List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial) | b Loan Source | | Name of Employer | | | | | |
| Mailing Address | | | Occupation | | | | | |
| | | | Amount | | | | | |
| City | ZIP Code | I | Guaranteed Outstanding: | | | | | |
| 2. Full Name (Last, First, Middle Initial) | • | | Name of Employer | | | | | |
| Mailing Address | | 1 | Occupation | | | | | |
| | | | Amount | | | | | |
| City State | ZIP Code | | Guaranteed Outstanding: | 9 9 | | | | |
| 3. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | | |
| Mailing Address | | | Occupation | | | | | |
| | | | Amount | | | | | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | _ | | | |
| 4. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | | |
| Mailing Address | | | Occupation | | | | | |
| | | | Amount | | _ | | | |
| City State | ZIP Code | | Guaranteed Outstanding: | 7 7 7 | | | | |
| SUBTOTALS This Period This Page (optional) | | | ······ | 5 | 00.00 | ٦ | | |
| TOTALS This Period (last page in this line only | ·) | | ······ | 7 7 | | ╡ | | |
| | • | | | 7 7 | | | | |
| Carry outstanding balance only to LINE 3, Sch | edule D, for this | s line. If no | Schedule D, carry | forward to appropriate line of | Summa | ry. | | |

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

FOR LINE NUMBER: (check only one)

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OF

| | ME OF COMMITTEE (In Full) ohn Mills for Congress | | | | Trans | action ID : SC/10.4357 | |
|-------------------------|--|----------------------------|----------------------------|-------------|------------------------------|---|--|
| | LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III | First, Mid | ddle Initial) | | ☐ Memo Itel | Election: 2018 X Primary General | |
| | Mailing Address 1940 Boardwalk Drive | | | | | Other (specify) ▼ | |
| | City | | State | ZIP Co | | ▼ Personal Funds of the Candidate | |
| | Miramar Beach | | FL | 32550 | | | |
| Original Amount of Loan | | | Cumulative Payment To Date | | Date Ba | Balance Outstanding at Close of This Period | |
| | 150 | 0.00 | 0.00 | | 0.00 | 150.00 | |
| | TERMS Date Incurred | | С | Date Due | Interest Ra (If none, en | | |
| | ^M 07 ^M / ^D 26 ^D / Y Ž01Ť | Y | M M / D D | / Y | | 0.00 % (apr) Yes No | |
| | List All Endorsers or Guarantors | (if any) t | o Loan Source | | | | |
| | 1. Full Name (Last, First, Middle I | Initial) | | | Name of Employer | | |
| | Mailing Address | | | | Occupation | | |
| City State | | ZIP Code Amount Guaranteed | | | | | |
| | City State | | Outstanding: | | | 9 9 | |
| | 2. Full Name (Last, First, Middle Ir | nitial) | | | Name of Employer Occupation | | |
| | Mailing Address | | | | | | |
| | City | Ctoto | ZIP Code | | Amount Guaranteed | | |
| | City | State | ZIP Code | | Outstanding: | 9 9 | |
| | 3. Full Name (Last, First, Middle Ir | nitial) | | | Name of Employer Occupation | | |
| | Mailing Address | | | | | | |
| | 0:: | To | 710.0 | | Amount Guaranteed | | |
| | City | State | ZIP Code | | Outstanding: | y y | |
| | 4. Full Name (Last, First, Middle In | nitial) | | | Name of Employer | | |
| | Mailing Address | | | | Occupation | | |
| | | | | | Amount Guaranteed | | |
| | City | State | ZIP Code | | Outstanding: | 7 | |
| SI | UBTOTALS This Period This Page (| optional). | | | | 150.00 | |
| | OTALS This Period (last page in this | | | | | 100.00 | |
| _ | tarny outstanding holonog only to 11 | NE 3 Sal | adula D. for this | e line If | no Schodule D. carry fo | prward to appropriate line of Summary. | |
| | arry outstanding palance only to Li | in⊑ o, oci | iedule D, for this | s iiiie. If | no ochedule D, carry 10 | nwaru 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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|--|----------------------|-------------------|------------------------|----------------------------------|---------------|--|--|
| NAME OF COMMITTEE (In Full) John Mills for Congress | | | Trans | saction ID : SC/10.4358 | | | |
| John Mills for Congress | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mic | ddle Initial) | | ☐ Memo Ite | m Election: 2018 | | | |
| MILLS, Ralph, John, , III | | | | rimary | | | |
| <u> </u> | | | | General | | | |
| Mailing Address 1940 Boardwalk Drive | | Other (specify) ▼ | | | | | |
| 1940 Boardwark Drive | 1940 Boardwalk Drive | | | | | | |
| City | State | ZIP Code | <u> </u> | | | | |
| | | | | Personal Funds of the | Candidate | | |
| Miramar Beach | FL | 32550 | | | | | |
| Original Amount of Loan | Cumulative Pay | vmont To D | ato P | alance Outstanding at Close of | Thic Pariod | | |
| Original Amount of Loan | Outfluiative Fag | yillelit 10 D | ale D | alarice Outstariding at Glose of | iilis i ellou | | |
| 750.00 | | | 0.00 | 75 | 0.00 | | |
| 7 7 | 7 | , | | 7 7 | | | |
| TERMS Date Incurred | | Date Due | Interest R | | d: | | |
| | | | (If none, er | · | | | |
| ^M 09 ^M / ^D 13 ^D / ^Y Ž017 ^Y | M - M / D - D | / Y - Y | YY | 0.00 % (apr) Yes | s X No | | |
| | | | | 76 (apr) | 5 INO | | |
| List All Endorsers or Guarantors (if any) to | o Loan Source | | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | | | |
| | | | | | | | |
| Mailing Address | | Occupation | | | | | |
| 3 11 11 | | | | | | | |
| | | 7 | Amount | | | | |
| City State | ZIP Code | - | Guaranteed | | | | |
| | | (| Outstanding: | 7 7 | | | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | | | | | |
| 2 | | | | | | | |
| Mailing Address | | (| Occupation Amount | | | | |
| | | | | | | | |
| | | 7 | | | | | |
| City State | ZIP Code | | Guaranteed | | | | |
| | | (| Outstanding: | | | | |
| 3. Full Name (Last, First, Middle Initial) | ' | 1 | Name of Employer | | | | |
| , | | | | | | | |
| Mailing Address | | (| Occupation | | | | |
| , and the second | | | | | | | |
| | | 7 | Amount | | | | |
| City State | ZIP Code | | Guaranteed | | | | |
| | | (| Outstanding: | -,, | | | |
| 4. Full Name (Last, First, Middle Initial) | ' | | Name of Employer | | | | |
| | | | | | | | |
| Mailing Address | | (| Occupation | | | | |
| | | | | | | | |
| | | | | Amount | | | |
| City State | ZIP Code | | Guaranteed | | | | |
| | | (| Outstanding: | | | | |
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| Carry outstanding balance only to LINE 3, Sch | nedule D, for this | s line. If no | Schedule D, carry fo | orward to appropriate line of S | ummary. | | |

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

FOR LINE NUMBER: (check only one)

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OF

| | | | 130 |
|--|------------------------|--------------------|---|
| NAME OF COMMITTEE (In John Mills for Congr | • | | Transaction ID: SC/10.4811 |
| 9 | | | |
| LOAN SOURCE Full Na | ame (Last, First, Mic | ldle Initial) | ☐ Memo Item |
| MILLS, Ralph, Joh | nn, , III | | X Primary |
| Mailing Addings | | | General |
| Mailing Address 1940 Boardwalk Drive | | | Other (specify) ▼ |
| City | | State | ZIP Code Personal Funds of the Candidate |
| Miramar Beach | | FL | 32550 |
| Original Amount of Loa | n | Cumulative Pay | yment To Date Balance Outstanding at Close of This Period |
| | 16.95 | | 0.00 16.95 |
| TERMS Date Inc. | ırred | C | Date Due Interest Rate Secured: |
| M ₀₄ M / P ₀₇ D / | Y Ž018 Y | M M / D D | 11/08/2018 |
| | | | % (apr) Yes X No |
| List All Endorsers or G | luarantors (if any) to | o Loan Source | |
| 1. Full Name (Last, Firs | st, Middle Initial) | | Name of Employer |
| Mailing Address | | | Occupation |
| | | | Amount |
| City | State | ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First | , Middle Initial) | | Name of Employer |
| | | | |
| Mailing Address | | | Occupation |
| | | | Amount |
| City | State | ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First | , Middle Initial) | | Name of Employer |
| Mailing Address | | | Occupation |
| | | | Amount |
| City | State | ZIP Code | Guaranteed |
| 4. Full Name (Last, First | Middle Initial) | | Outstanding: Name of Employer |
| , | | | |
| Mailing Address | | | Occupation |
| | | | Amount |
| City | State | ZIP Code | Guaranteed Outstanding: |
| | l | 1 | ' |
| SUBTOTALS This Period T | his Page (optional) | | 16.95 |
| TOTAL C This Desired #2.1 | agg in this P ! | λ | |
| TOTALS This Period (last p | page in this line only | <u> </u> | |
| Carry outstanding balance | only to LINE 3, Sch | 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

PAGE FOR LINE NUMBER: (check only one)

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13a X 13b Transaction ID: SC/10.4843 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary Start Skydiving, LLC General Mailing Address 1711 Runway Drive Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate ОН 45042 Middletown Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 920.16 0.00 920.16 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D02D M 07M Ž018 Y08/28/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 920.16 TOTALS This Period (last page in this line only) 38563.53 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

(Use separate schedule(s) for each

PAGE 45 OF FOR LINE NUMBER: (check only one)

| | 9 |
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| X | 10 |

| excluding Loans | | | numbered line) | X 10 | | |
|--|---|----------------------------|----------------|---|--|--|
| NAME OF COMMITTEE (In Full) | | | | | | |
| John Mills for Congre | SS | | | | | |
| | Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | | | |
| Law Office of James C. Thom | Law Office of James C. Thomas III | | | | | |
| Mailing Address 7509 NW Tiffany Springs Pk Suite 300 | xwy | | | | | |
| City | State | Zip Code | | | | |
| Kansas City | MO | 64153 | | | | |
| Outstanding Balance Beginning This Period | i | | Transactio | on ID : SD10.4869 | | |
| 315.00 | | | | | | |
| Amount Incurred This Period | | Payment This Period | Outstandin | Outstanding Balance at Close of This Period | | |
| | | | | ig balance at Close of This Period | | |
| 0.00 | | 315.00 | 0 | 0.00 | | |
| B. Full Name (Last, First, Middle Initial) of De | btor or Cred | litor | Nature of De | ebt (Purpose): | | |
| Law Office of James C. Thom | as III | | | Reporting Services | | |
| Mailing Address 7509 NW Tiffany Springs Pk | wy | | | | | |
| City | State | Zip Code | | | | |
| Kansas City | MO | 64153 | | | | |
| Outstanding Balance Beginning This Period | i | | Transactio | on ID : SD10.4870 | | |
| 157.50 | | | | | | |
| Amount Incurred This Period | | Payment This Period | Outstandir | ng Balance at Close of This Period | | |
| 0.00 | | 157.50 | 0 | 0.00 | | |
| 0.00 | 0.00 | | | | | |
| C. Full Name (Last, First, Middle Initial) of D | ebtor or Cre | ditor | Nature of De | ebt (Purpose): | | |
| Law Office of James C. Thom | as III | | | Legal and Reporting Services | | |
| Mailing Address 7509 NW Tiffany Springs Pl Suite 300 | кwy | | | | | |
| City | State | Zip Code | | | | |
| Kansas City | MO | 64153 | | | | |
| Outstanding Balance Beginning This Period | i | | Transacti | on ID : SD10.4875 | | |
| 157.50 | | | | | | |
| Amount Incurred This Period | | Payment This Period | Outstandin | ng Balance at Close of This Period | | |
| 0.00 | | 157.50 | 0 | 0.00 | | |
| 1) SUBTOTALS This Period This Page (optional | ıl) | | · · · | 0.00 | | |
| 2) TOTALS This Period (last page this line num | nber only) ···· | | - | 7 7 7 | | |
| TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | | | | |
| 4) ADD 2) and 3) and carry forward to approp | riate line of ' | Summary Page (last page on | lv) | | | |

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 46 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

| John | Mills | for | Congress |
|------|-------|-----|----------|
| | | | |

| A. Full Name (Last, First, Middle Initial) of De Law Office of James C. Thoma | Nature of Debt (Purpose): Legal and Reporting Services | | | |
|---|---|---------------------|---|--|
| Mailing Address 7509 NW Tiffany Springs Pkv Suite 300 | vy | | | |
| City | State | Zip Code | | |
| Kansas City | МО | 64153 | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : SD10.4876 | |
| 1112.45 | | | | |
| Amount Incurred This Period | Payment This Period 0.00 | | Outstanding Balance at Close of This Period | |
| 0.00 | | | 1112.45 | |
| B. Full Name (Last, First, Middle Initial) of Deb Law Office of James C. Thoma | | itor | Nature of Debt (Purpose): Legal and Reporting Services | |
| Mailing Address 7509 NW Tiffany Springs Pkv Suite 300 | vy | | | |
| City Kansas City | State Zip Code | | | |
| , | МО | 64153 | | |
| Outstanding Balance Beginning This Period 162.50 | | | Transaction ID : SD10.4877 | |
| Amount Incurred This Period | 7 | | | |
| 0.00 | | | | |
| | C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Law Office of James C. Thomas III | | | |
| Mailing Address 7509 NW Tiffany Springs Pkv Suite 300 | wy | | | |
| City | State Zip Code | | | |
| Kansas City | МО | 64153 | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : SD10.4879 | |
| 0.00 | | | | |
| Amount Incurred This Period | | Payment This Period | Outstanding Balance at Close of This Period | |
| 162.50 | | 0.00 | 162.50 | |
|) SUBTOTALS This Period This Page (optional) |) | | 1437.45 | |
|) TOTALS This Period (last page this line numb | TOTALS This Period (last page this line number only) | | | |
|) TOTAL OUTSTANDING LOANS from Schedu | · | | | |
|) ADD 2) and 3) and carry forward to appropri | > | | | |

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

Exc

1)

2)

3)

4)

NAI

| luding Loans | | | for each numbered line) | (check only one) | y 10 | |
|---|------------------|---|----------------------------|---|-------------|--|
| ME OF COMMITTEE (In Full) | | | | | 10 | |
| ohn Mills for Congre | SS | | | | | |
| A. Full Name (Last, First, Middle Initial) of D Law Office of James C. Thom | | Nature of Debt (Purpose): Legal and Reporting Services | | | | |
| Mailing Address 7509 NW Tiffany Springs Pk Suite 300 | cwy | | | | | |
| City Kansas City | State MO | Zip Code 64153 | | | | |
| Outstanding Balance Beginning This Period 0.00 | ŀ | | Transacti | on ID : SD10.4880 | | |
| Amount Incurred This Period | | Payment This Period | Outstandi | ng Balance at Close of | This Period | |
| 422.50 | | 0.0 | 00 | , 42 | 22.50 | |
| B. Full Name (Last, First, Middle Initial) of De Law Office of James C. Thom | | itor | | ebt (Purpose): Reporting Services | | |
| Mailing Address 7509 NW Tiffany Springs Pk Suite 300 | :wy | | | | | |
| City Kansas City | State MO | Zip Code 64153 | | | | |
| Outstanding Balance Beginning This Period | k | | Transacti | on ID : SD10.4881 | | |
| 0.00 Amount Incurred This Period | | Payment This Period | Outstandi | Outstanding Balance at Close of This Period | | |
| 162.50 | | 0.0 | | | 62.50 | |
| C. Full Name (Last, First, Middle Initial) of D | ebtor or Cred | ditor | Nature of D | ebt (Purpose): | | |
| Mailing Address | | | | | | |
| City | State | Zip Code | | | | |
| Outstanding Balance Beginning This Period | t | | | | | |
| | | | | | | |
| Amount Incurred This Period | 1 | Payment This Period | Outstandi | ng Balance at Close of | This Period | |
| , , , , , , , , , , , , , , , , , , , | | 7 | | 7 | | |
| SUBTOTALS This Period This Page (optional | ıl) | | | 58 | 85.00 | |
| TOTALS This Period (last page this line nun | nber only) ····· | | ··· • | 202 | 22.45 | |
| TOTAL OUTSTANDING LOANS from Scheo | lule C (last pa | age only) | ··· > | 3856 | 63.53 | |
| ADD 2) and 3) and carry forward to approp | riate line of S | Summary Page (last page or | nly) ► | 4058 | 35.98 | |

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FOR LINE NUMBER:

(Use separate schedule(s)