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FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	Authorized Com	mittee	Offic	ce Use Only
1. NAME OF COMMITTEE (in full	TYPE OR PRIN		ample: If typing, type er the lines.	12FE4M5	
John Mills for Co	ngress				1
ADDRESS (number and st	9059 Orlando	Avenue			
▼ (number and si	ireer)				1
Check if differe than previously				FL     3256	66 1 1 1
reported. (ACC					
2. FEC IDENTIFICAT	TON NUMBER ▼	CITY ▲		STATE A	ZIP CODE ▲
					STATE ▼ DISTRICT
C C00565366		<ol><li>IS THIS REPORT</li></ol>	NEW (N) OR	AMENDED (A)	FL     01
I. TYPE OF REPO	RT (Choose One)	(b) 12 Day <b>DDE</b>	-Election Report for t	hor	
(a) Quarterly Repo	rts:		Election Report for the	ne.	
April 15 Qu	uarterly Report (Q1)	X	Primary (12P)	General (12G)	Runoff (12R)
			Convention (12C)	Special (12S)	
July 15 Qu	arterly Report (Q2)		M M / D D	) / Y Y Y Y	in the
October 15	Quarterly Report (Q3)	Election on	08 18	2020	State of
January 31	Year-End Report (YE)	(c) 30-Day <b>POS</b>	<b>T</b> -Election Report for	the:	
		П	General (30G)	Runoff (30R)	Special (30S)
			deneral (30d)	Turion (Sort)	Opecial (000)
Termination	Report (TER)	Election on	M M / D D	/ Y Y Y	in the State of
		LIGORIOTI OTT			otato oi
Cavarina Daviad	M M / D D D 01	y y y y y 2020	the results by	07 D D / Y	y y y 2020
5. Covering Period	07	2020	through	07 29	2020
certify that I have exan	nined this Report and t	o the hest of my kn	owledge and helief it	is true, correct and cor	molete
Type or Print Name of T	Adams, Chri		omouge and benefit	ie are, correct and cor	npice.
<b>7</b>					
Signature of Treasurer	Adams, Christopher, , ,		[Electronically Filed]	Date 08	06 / Y Y Y Y Y Y
		ata infama Para	· · · · · · · · · · · · · · · · · · ·	sing this Deposit to the	
1	e, erroneous, or incompl	ete information may s	subject the person sign	ning this Report to the pe	enalties of 52 U.S.C. §3010
Office Use					EC FORM 3
l Only l	1 1	1	1 1		(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

2020 2020 07 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) 195.00 805.00 (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) 195.00 805.00 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 5363.69 8801.49 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 5363.69 8801.49 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 702.35 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 60277.67 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)

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Write or Type Committee Name

John Mills for Congress

07 07 01 2020 29 2020 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)..... 505.00 190.00 (ii) Unitemized ..... (iii) TOTAL of contributions 190.00 805.00 from individuals ..... 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 5.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 195.00 805.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 5359.12 9234.94 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 5359.12 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) 5554.12 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	5363.69	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.	OTH	HER DISBURSEMENTS	0.00	0.00
22.		<b>TAL DISBURSEMENTS</b> d Lines 17, 18, 19(c), 20(d), and 21)	5363.69	8801.49
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	511.92
24	тот	TAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	5554.12
25.	SUI	BTOTAL (add Line 23 and Line 24)		6066.04
26.	тот	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	5363.69
27.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	702.35

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	ny information copied from such Reports and S			person for the purpose of soliciting contributions e to solicit contributions from such committee.			
$\overline{\ \ \ \ \ \ \ \ \ \ }$	NAME OF COMMITTEE (In Full) John Mills for Congress						
Α.	Full Name (Last, First, Middle Initial)  MILLS, Ralph, , , III  Mailing Address 9059 Orlando Avenue			Date of Receipt  07 13 2020			
	City Navarre	State FL	Zip Code 32566	Transaction ID : SA11D.4965			
	FEC ID number of contributing federal political committee.	ů .					
	Name of Employer	Occupation		5.00			
	Receipt For: 2020	Election Cyc	lle-to-Date ▼ 18864.12	Memo Item contribution			
R	Full Name (Last, First, Middle Initial)			Date of Receipt			
ο.	Mailing Address			M M / D D / Y Y Y Y			
	City	State	Zip Code				
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period					
	Name of Employer	Occupation					
	Receipt For: Primary General Other (specify)		ele-to-Date	Memo Item			
_	Full Name (Last, First, Middle Initial)			Date of Receipt			
C.	Mailing Address			M M / D D / Y Y Y Y			
	City	State	Zip Code				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer	Occupation					
	Receipt For: Primary General Other (specify)	Election Cyc	ele-to-Date ▼	Memo Item			
5	SUBTOTAL of Receipts This Page (optional)		<b>)</b>	5.00			
	TOTAL This Period (last page this line number of			5.00			

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 53 (check only one)
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or used by any p	
NAME OF COMMITTEE (In Full)  John Mills for Congress		
Full Name (Last, First, Middle Initial)  MILLS, Ralph, , , III  Mailing Address 9059 Orlando Avenue  City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
rederal political committee.	FL 32566 Cocupation	Amount of Each Receipt this Period  5359.12
Primary General Other (specify) ▼	ection Cycle-to-Date ▼ 18859.12	Memo Item loan to pay expenses
Full Name (Last, First, Middle Initial)  3.   Mailing Address  City	State Zip Code	Date of Receipt
		Amount of Each Receipt this Period
	ection Cycle-to-Date	Memo Item
Full Name (Last, First, Middle Initial)  C. Mailing Address  City	State Zip Code	Date of Receipt
		Amount of Each Receipt this Period
	ection Cycle-to-Date	Memo Item
SUBTOTAL of Receipts This Page (optional)		5359.12

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

5359.12

#### SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: (check only one) **x** 17

**PAGE** 7 53 18 19a 19b

Use separate schedule(s) for each category of the ITEMIZED DISBURSEMENTS Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Mills for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Make Stickers 2020 01 Mailing Address 8061 186th Street City State Zip Code **FEC Identification Number** IL Tinley Park 60487 Purpose of Disbursement bumper stickers 004 Candidate Name Amount of Each Disbursement this Period Category/ Type 222.80 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.4975 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) PostcardMania Date of Disbursement Mailing Address 2145 Sunnydale Blvd 01 2020 Bldg 102 City State Zip Code **FEC Identification Number** FL 33765 Clearwater Purpose of Disbursement postcards 004 Candidate Name Amount of Each Disbursement this Period Category/ Type 1262.00 Disbursement For: Office Sought: House Senate Primary General Transaction ID: SB17.4978 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) c. Ron the Sign Man of Navarre, Inc. Date of Disbursement Mailing Address 1901 Andorra St 80 2020 City State Zip Code **FEC Identification Number** Navarre 32566 Purpose of Disbursement yard signs 004 Candidate Name Amount of Each Disbursement this Period Category/ Type 2942.50 Office Sought: Disbursement For: House Senate Primary General Transaction ID: SB17.4969 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 4427.30 TOTAL This Period (last page this line number only).....

#### SCHEDULE B (FEC Form 3)

**PAGE** 8 53 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Mills for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Ron the Sign Man of Navarre, Inc. 2020 10 Mailing Address 1901 Andorra St State City Zip Code **FEC Identification Number** FΙ Navarre 32566 Purpose of Disbursement yard signs 004 Candidate Name Amount of Each Disbursement this Period Category/ Type 770.40 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.4972 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 770.40 TOTAL This Period (last page this line number only)..... 5197.70

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

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

**X** 13a

										130
AME OF COMMITTEE (In Full)  John Mills for Congress					Trans	action I	D : SC/10.47	11		
LOAN SOURCE Full Name (Last, Fire John Mills for Congress  Mailing Address 9059 Orlando Avenue							ction: 2018 Primary General Other (speci			
City	;	State	ZIP Co	de		×	Personal F	unds of t	he Can	didate
Navarre		FL	32566							
Original Amount of Loan		Cumulative Pay	ment To			alance C	Outstanding a	at Close o	-	
126.34		7		0.00			7	7	126.34	
TERMS Date Incurred		Da	ate Due		Interest Ra (If none, en			Secu	ured:	
M09 <sup>M</sup> / D21 D / Y Ž017 Y	М	M / D D	/ <sup>Y</sup> 11	/08/2018 <sup>Y</sup>		0.00	% (apr)		Yes x	<b>€</b> No
List All Endorsers or Guarantors (if	any) to	Loan Source								
1. Full Name (Last, First, Middle Initi	al)			Name of Em	ployer					
Mailing Address				Occupation						
				Amount					-	
City	tate	ZIP Code		Guaranteed Outstanding:		7	-			
2. Full Name (Last, First, Middle Initia	ıl)			Name of Employer						
Mailing Address				Occupation						
				Amount						
City	tate	ZIP Code		Guaranteed Outstanding:		7				
3. Full Name (Last, First, Middle Initia	ıl)	1		Name of Employer						
Mailing Address				Occupation						
		1		Amount	-				$\overline{}$	
City	tate	ZIP Code		Guaranteed Outstanding:		7	7			
4. Full Name (Last, First, Middle Initia	ıl)	1		Name of Em	ployer					
Mailing Address				Occupation						
				Amount						
City	tate	ZIP Code		Guaranteed Outstanding:		7	7			
CURTOTALO This Deviced This Days (see	:N									$\overline{}$
SUBTOTALS This Period This Page (opt	ional)····				···· <b>&gt;</b>		7	7	126.34	
TOTALS This Period (last page in this lin	ne only)				▶		7	7		
Carry outstanding balance only to LINE	3, Sche	edule D, for this	line. If	no Schedule	D, carry fo	rward t	o appropria	te line o	f Sumn	nary.

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

FOR LINE NUMBER: (check only one)

**PAGE** 

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**X** 13a 13b

53

Transaction ID: SC/10.4742 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify)  $\blacktriangledown$ City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 303.01 0.00 303.01 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10<sup>M</sup> 0.00 D04D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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)..... 303.01 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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

**X** 13a

							100
AME OF COMMITTEE (In Full)  John Mills for Congress					Transa	ction ID : SC/10.4743	
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mid	ddle Initial)			Memo Item	Election: 2018  x Primary General	
Mailing Address 9059 Orlando Avenue						Other (specify) ▼	
City Navarre		State FL	ZIP Cod 32566	е		Personal Funds of the Car	ndidate
Original Amount of Loan	yment To [	Date	Bal	ance Outstanding at Close of This	Period		
7	1.24	7	,	0.00		4.24	1
TERMS Date Incurred		D	Date Due		Interest Rat (If none, enter	er 0)	
M10M / D05D / Y 2017	Y	M M / D D	/ Y11/	Ŏ8/2Ŏ18 <sup>Ÿ</sup>	0	.00 % (apr) Yes	<b>x</b> No
List All Endorsers or Guarantors	(if anv) t	o Loan Source					
1. Full Name (Last, First, Middle I	, ,,			Name of Em	ployer		
Mailing Address				Occupation			
			-	Amount			
City	State	ZIP Code Guaranteed Outstanding:				, , , , , ,	
2. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
				Amount Guaranteed Outstanding:			
City	State	ZIP Code					
3. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		, ,	
4. Full Name (Last, First, Middle In	itial)			Name of Em			
Mailing Address				Occupation			
			-	Amount			
City	State	ZIP Code		Guaranteed Outstanding:		, , , , , , ,	
SUBTOTALS This Period This Page (	optional).					4.24	1
TOTALS This Period (last page in this	line only	/)				y	
Carry outstanding balance only to LI	NE 3, Scl	nedule D, for this	s line. If n	o Schedule	D, carry for	ward to appropriate line of Sumi	mary.

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

FOR LINE NUMBER: (check only one)

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**X** 13a 13b

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Transaction ID: SC/10.4744 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 35.00 0.00 35.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10<sup>M</sup> 0.00 <sup>D</sup>10<sup>D</sup> Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 35.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

						130		
	COMMITTEE (In Full)  Mills for Congress				Trans	action ID : SC/10.4745		
LOAN	I SOURCE Full Name (Last	, First, Mid	ldle Initial)		☐ Memo Iter	m Election: 2018		
Johr	n Mills for Congress	Primary						
NA - III -	- A -l -l	General						
9059	g Address Orlando Avenue	Other (specify) ▼						
City			State	de	X Personal Funds of the Candidate			
Navarr	re		FL	32566				
Orig	ginal Amount of Loan		Cumulative Page	yment To	Date Ba	alance Outstanding at Close of This Period		
	2	1.63	7		0.00	21.63		
TERM	S Date Incurred		С	ate Due	Interest Ra (If none, en			
M 1	10 <sup>M</sup> / <sup>D</sup> 12 <sup>D</sup> / <sup>Y</sup> Ž017	Y	M M / D D	/ Y1	1/00/2010	0.00 % (apr) Yes X No		
List A	All Endorsers or Guarantors	(if any) to	Loan Source					
	ull Name (Last, First, Middle	` ,			Name of Employer			
М	ailing Address				Occupation			
					Amount			
Ci	ity	State	ZIP Code		Guaranteed	9		
2. Ful	Il Name (Last, First, Middle I	 nitial)			Name of Employer			
	''' A I I				Occupation			
IVIa	ailing Address				Occupation			
		1_	T		Amount Guaranteed			
Cit	У	State	ZIP Code			7		
3. Ful	ll Name (Last, First, Middle I	nitial)			Name of Employer			
Ма	ailing Address				Occupation			
					Amount			
Cit	у	State	ZIP Code		Guaranteed Outstanding:	9		
4. Ful	II Name (Last, First, Middle I	nitial)			Name of Employer			
Ma	ailing Address				Occupation			
					Amount			
Cit	у	State	ZIP Code		Guaranteed Outstanding:	, , ,		
		l	1		ı			
SUBTOT	TALS This Period This Page	(optional)			······	21.63		
TOTALS	This Period (last page in the	is line only	)		<del>-</del>			
Carry o	utstanding balance only to I	INE 3. Sch	edule D. for this	s line. If	no Schedule D. carry fo	prward to appropriate line of Summary.		
- Curry Ot	Durance only to L	0, 0011	, .01 1118	11	Jonesaulo D, Carry IC	to appropriate into or ouriniary.		

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

FOR LINE NUMBER: (check only one)

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OF

					<u> </u>	130		
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	action ID : SC/10.4746		
	LOAN SOURCE Full Name (Last,	First, Mid	ldle Initial)		☐ Memo Ite			
	John Mills for Congress					Primary		
	Mailing Address					General Other (appoint)		
	Mailing Address 9059 Orlando Avenue					Other (specify) ▼		
	City		State	ZIP Co		▼ Personal Funds of the Candidate		
	Navarre		FL	32566				
	Original Amount of Loan		Cumulative Pay	yment To	Date Ba	alance Outstanding at Close of This Period		
	7	7.95	,		0.00	7.95		
	TERMS Date Incurred		D	Date Due	Interest Ra (If none, en			
	M10 <sup>M</sup> / D17 <sup>D</sup> / Y Ž01Ť	Y	M M / D D	/ Y11		0.00 % (apr) Yes X No		
	List All Endorsers or Guarantors	(if anv) to	o Loan Source			, (ap.)		
	1. Full Name (Last, First, Middle I				Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , ,		
	2. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	9 9		
	3. Full Name (Last, First, Middle In	itial)			Name of Employer			
	NA 'P' A L L				0			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	9		
	4. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7		
		ı	ı		<u> </u>			
SI	UBTOTALS This Period This Page (	optional)			······	7.95		
TO	OTALS This Period (last page in this	s line only	·) ·······					
						7		
C	carry outstanding balance only to LI	NE 3, Sch	edule 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

	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID : SC/10.4747		
٦							
	LOAN SOURCE Full Name (Last,	First, Mid	ldle Initial)		☐ Memo Item		
	John Mills for Congress				x Primary		
	Mailing Address				General Other (specify) ▼		
	Mailing Address 9059 Orlando Avenue						
	City		State	ZIP Co	Y Personal Funds of the Candida		
	Navarre		FL	32566			
	Original Amount of Loan		Cumulative Pay	ment To	Date Balance Outstanding at Close of This Per		
	72	2.49	9		0.00 72.49		
	TERMS Date Incurred		D	ate Due	Interest Rate Secured: (If none, enter 0)		
	M10 <sup>M</sup> / D30 <sup>D</sup> / Y Ž017	Y	M M / D D	/ <sup>Y</sup> 11	1/08/2018 O.00 (apr) Yes		
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
ļ	1. Full Name (Last, First, Middle I				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
	Walling Address						
	0.1	lo. <i>i</i>	710.0		Amount Guaranteed		
	City	State	ZIP Code		Outstanding:		
	4. Full Name (Last, First, Middle In	itial)	-		Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
		1	ı		1		
SI	UBTOTALS This Period This Page (	optional)			72.49		
т	OTALS This Period (last page in this	s line only	y)		•		
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С	carry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry forward to appropriate line of Summar		

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

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OF

					130			
NAME OF COMMITTEE (In Full)  John Mills for Congress				Transa	ction ID : SC/10.4748			
9								
LOAN SOURCE Full Name (Last,								
John Mills for Congress	Primary General							
Mailing Address	M Tr. A LL							
Mailing Address 9059 Orlando Avenue	Other (specify)							
City	!	State	ZIP Co	de	✗ Personal Funds of the Candidate			
Navarre		FL	32566					
Original Amount of Loan		Cumulative Pay	ment To	Date Ba	ance Outstanding at Close of This Period			
196	6.54	7		0.00	196.54			
TERMS Date Incurred		D	ate Due	Interest Ra (If none, ente				
M10M / D31D / Y Ž01Ť	Y	M / D D	/ <sup>Y</sup> 11	/ð8/2ð18 <sup>×</sup>	0.00 % (apr) Yes No			
List All Endorsers or Guarantors	(if any) to	Loan Source						
1. Full Name (Last, First, Middle I	Initial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed	, , ,			
2. Full Name (Last, First, Middle Ir	itial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed	7			
3. Full Name (Last, First, Middle Ir	l nitial)			Name of Employer				
Mailing Address				Occupation				
		T		Amount				
City	State	ZIP Code		Guaranteed Outstanding:	y y			
4. Full Name (Last, First, Middle Ir	nitial)	1		Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:	7			
	,	1						
SUBTOTALS This Period This Page (	optional)			······	196.54			
TOTALS This Period (last page in this	s line only)							
Carry outstanding balance only to LL	NE 3. Sche	edule D. for this	line If	no Schedule D. carry for	ward 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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FOR LINE NUMBER: (check only one)

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OF

				130				
NAME OF COMMITTEE (In Full)  John Mills for Congress			-	Transaction ID : SC/10.4749				
)								
LOAN SOURCE Full Name (L	ast, First, Mid	ldle Initial)	☐ Mem	no Item Election: 2018				
John Mills for Congres	x Primary General							
Na-ilia a A-lalua a								
Mailing Address 9059 Orlando Avenue	Other (specify) ▼							
City		State	ZIP Code	✗ Personal Funds of the Candidate				
Navarre		FL	32566					
Original Amount of Loan		Cumulative Pa	yment To Date	Balance Outstanding at Close of This Period				
2	41.21	7	0.00	41.21				
TERMS Date Incurred		С		est Rate Secured: ne, enter 0)				
M11M / D01D / Y 2	017 Y	M M / D D	/ <sup>Y</sup> 11/Ŏ8/2Ŏ18 <sup>Y</sup>	0.00 % (apr) Yes X No				
List All Endorsers or Guaran	tors (if any) to	o Loan Source						
1. Full Name (Last, First, Mid	dle Initial)		Name of Employe	r				
Mailing Address			Occupation	Occupation				
			Amount	Amount				
City	State	ZIP Code	Guaranteed Outstanding:	, ,				
2. Full Name (Last, First, Midd	dle Initial)		Name of Employe	Name of Employer				
Mailing Address			Occupation					
			Amount					
City	State	ZIP Code	Guaranteed Outstanding:					
3. Full Name (Last, First, Midd	dle Initial)		-	Name of Employer				
o. Faii Haino (Laot, Filot, Wilde								
Mailing Address			Occupation					
			Amount					
City	State	ZIP Code	Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , ,				
4. Full Name (Last, First, Midd	dle Initial)	·	Name of Employe	r				
Mailing Address			Occupation					
			Amount					
City	State	ZIP Code	Guaranteed Outstanding:	7 7 7 7				
	ı	1	I					
SUBTOTALS This Period This Pa	age (optional)		······	41.21				
TOTALS This Period (last page in	n this line only	·) ·······	·····	7				
Carry outstanding balance only	to LINE 3. Sch	edule D. for this	s line. If no Schedule D. ca	rry forward to appropriate line of Summary.				
,,	3, 3311	,		,				

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OF

				130			
AME OF COMMITTEE (In Full)  John Mills for Congress			Tra	ansaction ID : SC/10.4750			
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9059 Orlando Avenue	First, Mic	ddle Initial)	☐ Memo	Item			
			D.O. I.				
City		State FL	P Code 32566	Personal Funds of the Candidate			
Original Amount of Loan	.08	Cumulative Pay	0.00	Balance Outstanding at Close of This Period 804.08			
TERMS Date Incurred		D	Due Interest	t Rate Secured:			
<sup>M</sup> 11 <sup>M</sup> / <sup>D</sup> 05 <sup>D</sup> / <sup>Y</sup> Ž017̇́	Y	M M / D D	<sup>Y</sup> 11/Ŏ8/2Ŏ18 <sup>Y</sup>	0.00 % (apr) Yes X No			
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle I	nitial)		Name of Employer				
Mailing Address			Occupation				
	la	T=15 0 .	Amount Guaranteed				
City	State	ZIP Code	Outstanding:	9			
2. Full Name (Last, First, Middle In	itial)		Name of Employer	Name of Employer			
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	. , . ,			
3. Full Name (Last, First, Middle In	itial)	I	Name of Employer	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				
	Ta	T=	Amount				
City	State	ZIP Code	Guaranteed Outstanding:				
SUBTOTALS This Period This Page (				804.08			
TOTALS This Period (last page in this							
Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	ne. If no Schedule D, carry	forward to appropriate line of Summary.			

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53

Transaction ID: SC/10.4751 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 9059 Orlando Avenue Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 19.08 0.00 19.08 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M 0.00 D08D 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)..... 19.08 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

						_			130
AME OF COMMITTEE (In Full)  John Mills for Congress					Transa	ction II	D : SC/10.475	52	
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9059 Orlando Avenue	First, Mic	ddle Initial)			Memo Iten	<b>X</b>	tion: 2018 Primary General Other (specit	(y) <b>▼</b>	
		1							
City		State FL	ZIP Code			×	Personal Fu	unds of th	e Candidat
Navarre			32566						
Original Amount of Loan	.73	Cumulative Pay	ment To Date	0.00		lance O	utstanding a	t Close o	f This Perio 93.73
TERMS Date Incurred		D	ate Due		Interest Ra			Secu	red:
M11M / D08D / Y Z017	Υ	M M / D D	<sup>/</sup> 11/Ŏ8/		(If none, ent	er 0) 0.00	% (apr)		res 🗶 No
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle II	nitial)		Na	me of Emp	ployer				
Mailing Address			Oc	cupation					
200	lo	710.0		ount aranteed					$\overline{}$
City	State	ZIP Code		Outstanding:					
2. Full Name (Last, First, Middle In	itial)		Na	Name of Employer					
Mailing Address			Oc	cupation					
City	State	ZIP Code	Gu	ount aranteed tstanding:		7			
3. Full Name (Last, First, Middle In	itial)		Na	Name of Employer					
Mailing Address			Oc	cupation					
City	State	ZIP Code	Gu	ount aranteed tstanding:		7	7		
4. Full Name (Last, First, Middle In	itial)		Na	Name of Employer					
Mailing Address			Oc	cupation					
City	State	ZIP Code	Gu	ount aranteed		-			$\overline{\Box}$
			Ou	tstanding:		,			
SUBTOTALS This Period This Page (o	optional).				···•	_	,	,	93.73
TOTALS This Period (last page in this	line only	/)			▶		,	,	
Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	line. If no S	chedule [	D, carry for	rward to	o appropriat	e line of	Summary.

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

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OF

		100
NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4753
9		
LOAN SOURCE Full Name (Last, First, M	liddle Initial)	☐ Memo Item
John Mills for Congress		<b>x</b> Primary
Mailing Address		General Other (appeils)
Mailing Address 9059 Orlando Avenue		Other (specify)   ———————————————————————————————————
City	State	ZIP Code  Response Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
6.00		0.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M12M / D21D / Y Ž017 Y	M M / D D	/ Y11/08/2018
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	I	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:
	1	
SUBTOTALS This Period This Page (optional)	)	6.00
TOTALS This Period (last page in this line or	ily)	
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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53

Transaction ID: SC/10.4754 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 9059 Orlando Avenue Other (specify)  $\blacktriangledown$ City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 308.00 0.00 308.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>22<sup>D</sup> M 12M 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)..... 308.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

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NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID: SC/10.4755
9		
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Item
John Mills for Congress		<b>x</b> Primary
Mailing Address		General
Mailing Address 9059 Orlando Avenue		Other (specify) ▼
City	State	ZIP Code  Response Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
56.34		0.00 56.34
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M12M / D24D / Y Ž01Ť Y	M M / D D	/ <sup>Y</sup> 11/Ŏ8/2Ŏ18
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
M. W. A. I.		Occupation
Mailing Address		Occupation
		Amount Guaranteed
City	e ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
	I	
SUBTOTALS This Period This Page (option	nal)	56.34
TOTALS This Period (last page in this line	only)	•
Corny outstanding balance cally to LINE C	Schodulo D. for this	s line If no Schodule D. comm. famured to appropriate line of Summer
carry outstanding palance only to LINE 3,	Scriedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

13b 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 9059 Orlando Avenue Other (specify)  $\blacktriangledown$ City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 208.00 0.00 208.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 <sup>D</sup>29<sup>D</sup> 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)..... 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.

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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 9059 Orlando Avenue Other (specify)  $\blacktriangledown$ City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 400.00 0.00 400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D17D M 01M Ž018 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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.

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OF

					, -	130			
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID : SC/10.4709				
Ľ,									
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Item				
	John Mills for Congress				<b>x</b> Primary				
ŀ	Mailing Address				General Other (specify) ▼				
	Mailing Address 9059 Orlando Avenue				Other (specify) •				
	City		State	ZIP Co	Y Personal Funds of t	he Candidate			
	Navarre		FL	32566					
	Original Amount of Loan		Cumulative Pay	yment To	Date Balance Outstanding at Close	of This Period			
	2231	.10	,		0.00	2231.10			
Ì	TERMS Date Incurred		D	ate Due	Interest Rate Sec (If none, enter 0)	ured:			
	M03 <sup>M</sup> / D31 <sup>D</sup> / Y Ž018	Y	M M / D D	/ Y11	1/08/2018	Yes X No			
	List All Endorsers or Guarantors	(if anv) to	o Loan Source		70 (dp.)				
	1. Full Name (Last, First, Middle I				Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
•	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:				
					1				
SI	JBTOTALS This Period This Page (	optional)				2231.10			
т	OTALS This Period (last page in this	line only	·)						
_	James autotondine balance culture 19	NE 0 0-1	odulo D. for #11	line 16	no Sobodulo D. com: formed to accominate "	f Cumanaca:			
C	arry outstanding balance only to Li	NE 3, Sch	ieaule D, for this	s line. If	no Schedule D, carry forward to appropriate line o	i Summary.			

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			Detailed Guillinary	1 age	13b
NAME OF COMMITTEE (In Full) John Mills for Congress			Tran	saction ID : SC/10.4829	
0					
LOAN SOURCE Full Name (Last, First, M	iddle Initial)		☐ Memo It	em Election: 2018	
John Mills for Congress				<b>x</b> Primary	
				General	
Mailing Address 9059 Orlando Avenue				Other (specify)	
City	State	ZIP Code	)	Personal Funds of the	Candidate
Navarre	FL	32566		Personal Funds of the	Carididate
Original Amount of Loan	Cumulative Pa	yment To D	ate E	Balance Outstanding at Close of	This Period
150.67			0.00	15	0.67
2	9	7	4	9 9	
TERMS Date Incurred	Γ	Date Due	Interest F (If none, e		d:
M04 <sup>M</sup> / D20 <sup>D</sup> / Y Ž018 Y	M M / D D	7 Y08/2	∮8/2Ŏ18 <sup>Υ</sup>	0.00 % (apr) Yes	s 🗶 No
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount Guaranteed		
City	ZIP Code		Outstanding:	7 7	
2. Full Name (Last, First, Middle Initial)	1		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	<del></del>	
City	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , ,	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City State	ZIP Code		Guaranteed		
3.19			Outstanding:	7	
SUBTOTALS This Period This Page (optional)			······•	15	0.67
TOTALS This Period (last page in this line on	ly)			7 7	#
				7	
Carry outstanding balance only to LINE 3, So	hedule D, for thi	s line. If no	Schedule D, carry 1	forward to appropriate line of S	ummary.

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OF

						130			
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Tran	saction ID : SC/10.4815			
Ľ,									
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo It				
	John Mills for Congress					Primary General			
	Mailing Address				Other (specify)				
	Mailing Address 9059 Orlando Avenue								
	City		State	ZIP Co	de				
	Navarre		FL	32566		Personal Funds of the Candidate			
	Original Amount of Loan		Cumulative Pay	yment To	Date I	Balance Outstanding at Close of This Period			
	8500	0.00	,		700.00	7800.00			
	TERMS Date Incurred		D	ate Due	Interest I				
	M04 <sup>M</sup> / D24 <sup>D</sup> / Y Ž018	Y	M M / D D	/ Y11	/ŏ8/2ŏ18 <sup>Y</sup>	0.00 % (apr) Yes X No			
	List All Endorsers or Guarantors	(if anv) to	o Loan Source						
	1. Full Name (Last, First, Middle I				Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7			
	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:	7			
SI	UBTOTALS This Period This Page (	optional)			<u> </u>	7800.00			
т	OTALS This Period (last page in this	s line only	·)		······	, , , , , , , , , , , , , , , , , , , ,			
	carry outstanding balance only to LI	NE 3. Sch	nedule D. for this	s line. If	no Schedule D. carry	forward to appropriate line of Summary.			
. ~	, Januaring Salarioc only to Ell		=, .o. and		uuio, ouity	to appropriate into or cuminary.			

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

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FOR LINE NUMBER:
(check only one)

13a 13b

						130			
	OMMITTEE (In Full) Is for Congress				Trans	action ID : SC/10.4830			
	OURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Iter				
John N	Mills for Congress					Primary			
Mailing	Addross					General Other (appoint)			
9059 Orla	Address ando Avenue					Other (specify)   ———————————————————————————————————			
City			State	ZIP Co		Personal Funds of the Candidate			
Navarre			FL	32566		resolution and of the callatation			
Origina	al Amount of Loan		Cumulative Page	yment To	Date Ba	alance Outstanding at Close of This Period			
	147	5.00			0.00	1475.00			
TERMS	Date Incurred			Date Due	Interest Ra	ate Secured:			
		v	M M / D D		(If none, en				
<sup>M</sup> 06 <sup>M</sup>	/ P15 <sup>D</sup> / Y 2018		M M / D D	/ 108	5/20/2010	% (apr) Yes No			
List All	Endorsers or Guarantors	(if any) to	o Loan Source						
1. Full	Name (Last, First, Middle	Initial)			Name of Employer				
Maili	ng Address				Occupation				
					Arranda				
		12	T		Amount Guaranteed				
City		State	ZIP Code			9 9			
2. Full N	lame (Last, First, Middle II	nitial)	<u>'</u>		Name of Employer				
Mailin	ig Address				Occupation				
					Amount				
City		State	ZIP Code		Guaranteed Outstanding:	9 9 9			
3. Full N	Jame (Last, First, Middle II	 nitial)			Name of Employer				
Mailin	ng Address				Occupation				
					Amount				
City		State	ZIP Code		Guaranteed Outstanding:	9 9			
4. Full N	lame (Last, First, Middle II	nitial)			Name of Employer				
Mailin	ng Address				Occupation				
					Amount				
City		State	ZIP Code		Guaranteed				
					Outstanding:	,			
		· »							
SUBTOTAL	S This Period This Page	(optional)			······	1475.00			
TOTALS Th	nis Period (last page in thi	s line only	y)						
0.000	Landing halana a	NE 2 2 :	and by the state of the state o	- II IS	no Ookod U. D	musual to assure state Proc 40			
carry outs	tanding balance only to L	แง⊏ ง, Sch	ieauie D, for this	s line. If	no schedule D, carry to	rward to appropriate line of Summary.			

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

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(check only one)

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					, , ,	130			
	AME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID: SC/10.4831	_			
<u> </u>					_				
	LOAN SOURCE Full Name (Last,	First, Mid	ldle Initial)		☐ Memo Item				
	John Mills for Congress				Primary General				
	Mailing Address			Other (specify) ▼					
	Mailing Address 9059 Orlando Avenue				- Caller (opposity) •				
	City		State	ZIP Co	Personal Funds of the Can	didate			
	Navarre		FL B	32566					
	Original Amount of Loan		Cumulative Pay	ment Io	Date Balance Outstanding at Close of This	Period			
	600	0.00			0.00 600.00				
	TERMS Date Incurred		D	ate Due	Interest Rate Secured: (If none, enter 0)				
	M06 <sup>M</sup> / D15 <sup>D</sup> / Y Ž018	Y	M M / D D	/ Y08	8/ž8/2ŏ18 <sup>Y</sup> 0.00 % (apr) Yes	<b>x</b> No			
	List All Endorsers or Guarantors	(if anv) to	o Loan Source						
	1. Full Name (Last, First, Middle I				Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
		T			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:				
		1			1				
s	UBTOTALS This Period This Page (	optional)				П			
Ĺ					600.00				
T	OTALS This Period (last page in this	line only	·)						
_	Carry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry forward to appropriate line of Sumn	nary.			
	<u> </u>	,	,		, , , , , , , , , , , , , , , , , , , ,	•			

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

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OF

							13b	
AME OF COMMITTEE (In Full)  John Mills for Congress					Trans	saction ID : SC/10.4832		
LOAN SOURCE Full Name (Last, F John Mills for Congress Mailing Address 9059 Orlando Avenue	First, Mic	ldle Initial)			Memo Iter	Election: 2018  X Primary  General  Other (specify)	,	
City		State	ZIP Co	de		Personal Funds	of the Candidate	
Navarre		FL	32566					
Original Amount of Loan	10	Cumulative Pay	ment To			alance Outstanding at Clo		
35.	10			0.00	<u>'</u>	7	35.10	
TERMS Date Incurred		D	ate Due		Interest Ra (If none, en		Secured:	
<sup>M</sup> 06 <sup>M</sup> / <sup>D</sup> 27 <sup>D</sup> / <sup>Y</sup> Ž018	Υ	M M / D D	/ Yos	/28/2018 <sup>Y</sup>		0.00 % (apr)	Yes X No	
List All Endorsers or Guarantors (	if any) to	o Loan Source						
1. Full Name (Last, First, Middle In	itial)			Name of Em	ployer			
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:		7 7	· ·	
2. Full Name (Last, First, Middle Ini	tial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Init	tial)	'		Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:		7 7	W	
4. Full Name (Last, First, Middle Ini	tial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:		7 7	W	
SUBTOTALS This Period This Page (o	ntional\				. г			
TOTALS This Period (last page in this						· · · · · · · · · ·	35.10	
	inie only				···· •	7 7	-	
Carry outstanding balance only to LIN	E 3, Sch	edule D, for this	line. If	no Schedule	D, carry fo	orward to appropriate lin	ne of Summary.	

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

PAGE 32 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.4841 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify)  $\blacktriangledown$ City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D05D M 07M Ž018 Y08/28/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Guillinary I	13b
NAME OF COMMITTEE (In Full) John Mills for Congress		Trans	action ID : SC/10.4842
John Mills for Congress			
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Iter	m Election: 2018
John Mills for Congress			<b>x</b> Primary
			General
Mailing Address 9059 Orlando Avenue			Other (specify) $\blacktriangledown$
City	State	ZIP Code	
Navarre	FL	32566	Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Ba	alance Outstanding at Close of This Period
2000.00		0.00	2000.00
2000.00		0.00	2000.00
TERMS Date Incurred	Γ	Date Due Interest Ra	
M07 <sup>M</sup> / D05 <sup>D</sup> / Y Ž018 Y	M M / D D		0.00
07 05 2018		06/26/2016	% (apr) Yes X No
List All Endorsers or Guarantors (if ar	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
		Occupation	
Mailing Address		Occupation	
		Amount	
City	e ZIP Code	Guaranteed	
,		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
maining / taurees		'	
		Amount	
City	e ZIP Code	Guaranteed Outstanding:	9 9 9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
or rain rearise (East, First, Wildels Hillian)			
Mailing Address		Occupation	
		A	
City Stat	e ZIP Code	Amount Guaranteed	
City	e Zir Code	Outstanding:	7
4. Full Name (Last, First, Middle Initial)	'	Name of Employer	
A4 :::			
Mailing Address		Occupation	
		Amount	
City	e ZIP Code	Guaranteed	
		Outstanding:	-,,
SUBTOTALS This Period This Page (option	nal)		2000.00
			, 2000.00
TOTALS This Period (last page in this line	only)	······	
			7
Carry outstanding balance only to LINE 3.	Schedule D, for this	s 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

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**X** 13a 13b

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Transaction ID: SC/10.4874 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary John Mills for Congress General Mailing Address 9059 Orlando Avenue Other (specify)  $\blacktriangledown$ City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 18D M 03M ž019 Y03/17/2020 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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)..... 500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

							100	
AME OF COMMITTEE (In Full)  John Mills for Congress					Transac	ction ID : SC/10.4106		
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mid	ddle Initial)			Memo Item	Election: 2014  x Primary  General		
Mailing Address 1940 Boardwalk Drive						Other (specify)		
City		State	ZIP Cod	le		X Personal Funds of the Cand	didate	
Miramar Beach		FL	32550			1 croonal rando di tile cane		
Original Amount of Loan		Cumulative Pay	yment To	Date	Bala	nce Outstanding at Close of This F	<sup>2</sup> eriod	
5000	0.00	7		0.00		5000.00	Ш	
TERMS Date Incurred		D	Date Due		Interest Rate (If none, enter			
M06 <sup>M</sup> / D24D / Y Ž014	Y	M M / D D	/ Y	Y Y Y	0.	00 % (apr) Yes	No	
List All Endorsers or Guarantors	(if any) t	o Loan Source						
1. Full Name (Last, First, Middle I	nitial)			Name of Emp	oloyer			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed				
-		2 0000		Outstanding:		7		
2. Full Name (Last, First, Middle In	itial)			Name of Emp	oloyer			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle In	itial)	1		Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		9		
4. Full Name (Last, First, Middle In	itial)			Name of Employer				
Mailing Address				Occupation				
	1	T=:=	•	Amount				
City	State	ZIP Code		Guaranteed Outstanding:		7		
SUBTOTALS This Period This Page (	optional).					5000.00		
TOTALS This Period (last page in this	line only	/)				7 7 7		
Carry outstanding balance only to LI	NE 3, Scl	nedule D, for this	s line. If r	no Schedule [	D, carry forv	vard to appropriate line of Summ	ary.	

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

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OF

						130
AME OF COMMITTEE (In Full)  John Mills for Congress					Transac	tion ID : SC/10.4116
LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, John, , III				N	Memo Item	Election: Primary General
Mailing Address 1940 Boardwalk Drive						Other (specify) ▼
City		State ZIP Code			✗ Personal Funds of the Candidate	
Miramar Beach		FL	32550			Torsonal Funds of the Sundade
Original Amount of Loan Cumulative Payment				To Date Balance Outstanding at Close of This Period		
423	0.00			_	4234.94	
TERMS Date Incurred				nterest Rate f none, enter		
M07 <sup>M</sup> / D18 <sup>D</sup> / Y Ž014	Υ	M M / D D	) / Y	Y Y Y		% (apr) Yes X No
List All Endorsers or Guarantors	(if any) t	to Loan Source				
1. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed		
		Zii Oode		Outstanding:		9 9
2. Full Name (Last, First, Middle Initial)				Name of Employer  Occupation		
Mailing Address						
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 9
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		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:		7
SUBTOTALS This Period This Page (	optional)				·	4234.94
TOTALS This Period (last page in this	s line onl	y)			· [	7 7 7
Carry outstanding balance only to LI	NE 3, Sc	hedule D, for this	s line. If ı	no Schedule D,	carry forw	vard 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			Trans	saction ID : SC/10.4197	
LOAN SOURCE Full Name (Last, First, M MILLS, Ralph, John, , III  Mailing Address 1940 Boardwalk Drive	iddle Initial)		☐ Memo Ite	Election: Primary General Other (specify)	
City	State	ZIP Code			
Miramar Beach	FL	32550		Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pay	yment To Da	te E	Balance Outstanding at Close of This Period	
1000.00			0.00	1000.00	
TERMS Date Incurred	D	Date Due	Interest F (If none, e		
M09M / D08D / Y Z01Š Y	M M / D D	/ Y Y	YY	% (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		N	ame of Employer		
Mailing Address		0	ccupation		
			mount		
City	ZIP Code		uaranteed utstanding:	, , , , , , , , , , , , , , , , , , ,	
2. Full Name (Last, First, Middle Initial)	<u>'</u>	N	Name of Employer		
Mailing Address		0	Occupation		
	T		mount		
City	ZIP Code		utstanding:	9	
3. Full Name (Last, First, Middle Initial)		N	ame of Employer		
Mailing Address		0	ccupation		
City State	ZIP Code	G	mount uaranteed utstanding:	7	
4. Full Name (Last, First, Middle Initial)			ame of Employer		
Mailing Address	Mailing Address				
City	ZIP Code	G	mount uaranteed utstanding:	7 7 7	
SUBTOTALS This Period This Page (ontional)	SUPTOTALS This Devied This Dega (entions)				
TOTALS This Period (last page in this line only)					
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Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If no	Schedule D, carry f	orward to appropriate line of Summary.	

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

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Transaction ID: SC/10.4299 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify)  $\blacktriangledown$ State ZIP Code City 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 3850.64 0.00 3850.64 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D02D M01M ž016 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)..... 3850.64 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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			Detailed Guillinary	. uge	13b
NAME OF COMMITTEE (In Full) John Mills for Congress			Tran	saction ID : SC/10.4337	
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)		☐ Memo Ita	em Election: 2016	
Mailing Address 1940 Boardwalk Drive	• • • • • • • • • • • • • • • • • • • •				
City	State	ZIP Code	)	Personal Funds of the	Candidate
Miramar Beach	FL	32550		reconding a made of the	
Original Amount of Loan 345.33	Cumulative Pa	yment To D	0.00	Balance Outstanding at Close of 3	This Period 5.33
TERMS Date Incurred	С	Date Due	Interest F		d:
M06 <sup>M</sup> / D30 <sup>D</sup> / Y Z016 Y	M M / D D	/ Y Y	(If none, e	0.00 % (apr) Yes	s 🗶 No
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
City State	ZIP Code		Amount Guaranteed		
			Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		(	Occupation		
			Amount		_
City	ZIP Code		Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	9 9	
4. Full Name (Last, First, Middle Initial)	!	1	Name of Employer		
Mailing Address		(	Occupation		
		,	Amount		
City	ZIP Code		Guaranteed Outstanding:	9 9	
SUBTOTALS This Period This Page (optional)				34	5.33
TOTALS This Period (last page in this line onl					
		,			
Carry outstanding balance only to LINE 3, Sc	nedule D, for this	s line. If no	Schedule D, carry f	orward to appropriate line of S	ummary.

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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 <sup>M</sup> / D18 <sup>D</sup> / 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:		
SURTOTALS This Period This Page (antional)				
	SUBTOTALS This Period This Page (optional) 1500.00			
TOTALS This Period (last page in this line onl	y)	• • • • • • • • • • • • • • • • • • •		
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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OF

		100	
NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4343	
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	Memo Item Election: 2018	
MILLS, Ralph, John, , III	Memo Item    Clection: 2018		
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼	
City	State	ZIP Code  Personal Funds of the Candidate	
Miramar Beach	FL	32550	
Original Amount of Loan	Cumulative Page	yment To Date Balance Outstanding at Close of This Period	
300.00		0.00 300.00	
TERMS Date Incurred		late Due Interest Rate Secured: (If none, enter 0)	
M09 <sup>M</sup> / D06 <sup>D</sup> / Y Z016 Y	M M / D D	✓ Pěmaňd Ý 0.00 % (apr) Yes 🗶 No	
List All Endorsers or Guarantors (if any) t	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	T	Amount	
City	ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
SUBTOTALS This Period This Page (optional) 300.00			
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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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Transaction ID: SC/10.4344 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 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>23<sup>D</sup> 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)..... 500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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				135
AME OF COMMITTEE (In Full)  John Mills for Congress			Transaction ID : SC/10.4351	
LOAN SOURCE Full Name (Last MILLS, Ralph, John, , III	, First, Mi	ddle Initial)	Memo Item Election: 2018  x Primary General	
Mailing Address 1940 Boardwalk Drive			Other (specify)	<b>,</b>
City		State	ZIP Code Personal Funds	of the Candidate
Miramar Beach		FL	32550 Telsonal Funds	
Original Amount of Loan	0.00	Cumulative Pa	nent To Date  Balance Outstanding at Cl  0.00	ose of This Period
TERMS Date Incurred			te Due Interest Rate (If none, enter 0)	Secured:
M05M / D02D / Y Ž017	Y	M M / D D	/ Děmaňd Y 0.00 % (apr)	Yes X No
List All Endorsers or Guarantors	(if any)	to Loan Source		
1. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle I	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle I	nitial)	I	Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle I	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page  FOTALS This Period (last page in th			7	500.00
			line. If no Schedule D, carry forward to appropriate li	ne of Summary.

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

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OF

Transaction ID: SC/10.4357 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify)  $\blacktriangledown$ City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 150.00 0.00 150.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>26<sup>D</sup> M 07M Ž017 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 150.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

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

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

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Transaction ID: SC/10.4811 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 16.95 0.00 16.95 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D07D M 04M Ž018 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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)..... 16.95 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

AME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4899		
LOAN SOURCE Full Name (Last, Firs MILLS, Ralph, John, , III	t, Middle Initial)	☐ Memo Item ☐ Election: ☐ Primary ☐ General		
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 Pay	ment To Date Balance Outstanding at Close of This Period		
300.00		0.00		
TERMS Date Incurred	Di	ate Due Interest Rate Secured: (If none, enter 0)		
M07M / D12D / Y Z019 Y	M M / D D	/		
List All Endorsers or Guarantors (if a		Name of Employer		
Full Name (Last, First, Middle Initial	u) 			
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial	)	Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial	)	Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial	)	Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:		
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		line. If no Schedule D, carry forward to appropriate line of Summary.		
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Use separate schedule(s) for each category of the Detailed Summary Page

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Transaction ID: SC/10.4900 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify)  $\blacktriangledown$ City State ZIP Code Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1200.00 0.00 1200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 18D M 07M ž019 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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)..... 1200.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

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NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4901
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Middle Initial)	☐ Memo Item
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼
City Miramar Beach	State	ZIP Code  32550  Personal Funds of the Candidate
Original Amount of Loan		yment To Date  Balance Outstanding at Close of This Period
1500.00	Guindiative 1 a	0.00 1500.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M09M / D10D / Y Ž01Š Y	M M / D D	0.00 % (apr) Yes ▼ No
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Stat	e ZIP Code	Amount Guaranteed
	211 0000	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	e ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option  TOTALS This Period (last page in this line		, , , ,
	~···//	
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

						1	JU
AME OF COMMITTEE (In Full)  John Mills for Congress					Transa	action ID : SC/10.4929	
LOAN SOURCE Full Name (Last, MILLS, Ralph, , , III	First, Mi	ddle Initial)			Memo Item	Primary General	
Mailing Address 9059 Orlando Avenue						Other (specify)	
City Navarre		State	ZIP Cod 32566	е		Personal Funds of the Candid	date
Original Amount of Loan		Cumulative Pa		Date	Ba	  ance Outstanding at Close of This Pe	 eriod
1500	0.00	,	,	0.00	-	1500.00	
TERMS Date Incurred		Г	Date Due		Interest Ra		
M12M / D30D / Y Ž019	Y	M M / D D	) / Y	Y Y Y	(	0.00 % (apr) Yes	No
List All Endorsers or Guarantors	(if any)	to Loan Source					
1. Full Name (Last, First, Middle	, ,,			Name of Em	ployer		
Mailing Address				Occupation			
			-	Amount			
City	State	ZIP Code		Guaranteed Outstanding:		9 9	
2. Full Name (Last, First, Middle Ir	nitial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
3. Full Name (Last, First, Middle Initial)				Name of Em			
Mailing Address				Occupation			
			-	Amount			
City	State	ZIP Code		Guaranteed Outstanding:		7	
4. Full Name (Last, First, Middle Ir	nitial)	<b>'</b>		Name of Em	ployer		
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:		9	
SUBTOTALS This Period This Page (	optional)					1500.00	
TOTALS This Period (last page in this	s line onl	y)			▶	7 7 7	
Carry outstanding balance only to LI	NE 3, Sc	hedule D, for this	is line. If n	o Schedule	D, carry for	ward to appropriate line of Summa	ry.

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

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OF

Transaction ID: SC/10.4936 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary MILLS, Ralph, , , III General Mailing Address 9059 Orlando Avenue Other (specify)  $\blacktriangledown$ City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 12000.00 0.00 12000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D17D M 04M **2020** x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 12000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

		100
NAME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID: SC/10.4966
LOAN SOURCE Full Name (Last, First, MMILLS, Ralph, , , III	liddle Initial)	☐ Memo Item Election: 2020   ✓ Primary  Connection:
Mailing Address 9059 Orlando Avenue	General Other (specify) ▼	
City	State	ZIP Code
Navarre	FL	32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5359.12	ļ,	0.00 5359.12
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M07 <sup>M</sup> / D10 <sup>D</sup> / Y Ž02Ŏ Y	M M / D D	/
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City State	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	)	5359.12
TOTALS This Period (last page in this line or	ıly)	59502.49
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.

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

Exc

SCHEDULE D (FEC Form 3)					se separate PAGE 53 OF 53			
DEBTS AND OBLIGATIONS				1	nedule(s) or each	FOR LINE NUMBER		
"'				1	pered line)	(check only one)	9 10	
	ME OF COMMITTEE (In Full)				<u> </u>		14 10	
J	ohn Mills for Congre	SS						
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Law Office of James C. Thomas III  Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300					ebt (Purpose):		
					Legal and Reporting Services			
	City	State	Zip Code					
ŀ	Kansas City	МО	64153					
	Outstanding Balance Beginning This Period				Transaction ID : SD10.4949			
	473.68							
	Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Close o	f This Period	
	0.00		0.0	00		7	473.68	
t	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Nature of Debt (Purpose): Legal and Reporting Services			
	Law Office of James C. Thomas III  Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300							
	City	State	Zip Code					
ŀ	Kansas City	MO	64153					
	Outstanding Balance Beginning This Period  167.50				Transacti	on ID : SD10.4947		
	Amount Incurred This Period		Payment This Period		Outstandi	ng Balance at Close o	f This Period	
	0.00		0.0	00			167.50	
	7 7 7 7					7		
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Law Office of James C. Thomas III  Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300				Nature of Debt (Purpose): Legal and Reporting Services			
-								
Ī	City	State	Zip Code					
	Kansas City	MO	64153					
	Outstanding Balance Beginning This Period				Transaction ID : SD10.4948			
	134.00							
	Amount Incurred This Period	Payment This Period			Outstanding Balance at Close of This Period			
	0.00		, 0.0	00		7	134.00	
1)	SUBTOTALS This Period This Page (optional)					7	775.18	
2)	TOTALS This Period (last page this line number only)					, ,	775.18	
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)					, 59	502.49	
4)	ADD 2) and 3) and carry forward to appropri	ate line of	Summary Page (last page or	nly) ►		60	277.67	

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