

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

John Mills for Congress

ADDRESS (number and street) 1940 Boardwalk Drive

Check if different than previously reported. (ACC)

Miramar Beach FL 32550

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼ C C00565366

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

STATE ▼ DISTRICT FL 01

## 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on M M / D D / Y Y Y Y in the State of  

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

04 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Adams, Christopher, , ,

Signature of Treasurer Adams, Christopher, , , [Electronically Filed] Date M M / D D / Y Y Y Y

07 / 12 / 2017

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

|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**John Mills for Congress**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 0.00                    | 805.00                             |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 0.00                    | 805.00                             |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 375.00                  | 8801.49                            |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 375.00                  | 8801.49                            |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 273.13                  |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 17605.91                |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**John Mills for Congress**

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

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 0.00                                  | 300.00                                     |
| (ii) Unitemized.....   | 0.00                                  | 505.00                                     |
| (iii) TOTAL of contributions from individuals ▶  | 0.00                                  | 805.00                                     |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees (such as PACs).....   | 0.00                                  | 0.00                                       |
| (d) The Candidate.....   | 0.00                                  | 0.00                                       |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 0.00                                  | 805.00                                     |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                                  | 0.00                                       |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | 500.00                                | 9234.94                                    |
| (b) All Other Loans.....   | 0.00                                  | 0.00                                       |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 500.00                                | 9234.94                                    |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.00                                  | 0.00                                       |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 500.00                                | 10039.94                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 375.00                        | 8801.49                            |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 375.00                        | 8801.49                            |

**III. CASH SUMMARY**

|   |        |
|---|--------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 148.13 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 500.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 648.13 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 375.00 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 273.13 |

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 16  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**John Mills for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MILLS, Ralph, John, , III**

Mailing Address 1940 Boardwalk Drive

City Miramar Beach State FL Zip Code 32550

FEC ID number of contributing federal political committee. **C H6FL01143**

Name of Employer Requested Occupation Requested

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7995.97

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 02 / 2017

Transaction ID : SA13A.4351

Amount of Each Receipt this Period  
500.00

Memo Item Demand Loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 500.00 |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 6 OF 16                       |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**John Mills for Congress**

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Law Office of James C. Thomas III</b>                                    |  |                                    | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 18 / 2017 |  |  |
| Mailing Address 7509 NW Tiffany Springs Pkwy<br>Suite 300   |  |                                    | FEC Identification Number<br>C                                |  |  |
| City<br>Kansas City   | State<br>MO  | Zip Code<br>64153                  | Amount of Each Disbursement this Period<br>375.00             |  |  |
| Purpose of Disbursement<br>Legal and Reporting Services   |  | Category/<br>Type<br>001           | Transaction ID : SB17.4352                                    |  |  |
| Candidate Name  |  | Memo Item <input type="checkbox"/> |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                    |   |  |  |
| State: District:  |  |                                    |   |  |  |

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

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

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 375.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 375.00 |

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

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

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

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

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

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

|   |             |
|---|-------------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | [ ] 5000.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ | [ ]         |

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

# SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

|   |         |
|---|---------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 4234.94 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ |         |

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



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

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

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

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

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

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

|   |         |
|---|---------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 1000.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ |         |

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

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

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

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

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

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

|   |         |
|---|---------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 3850.64 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ |         |

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

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

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

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

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

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

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Mills for Congress** Transaction ID : **SC/10.4342**

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

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

|              |                                       |                                  |  |   |
|--------------|---------------------------------------|----------------------------------|--|---|
| <b>TERMS</b> | Date Incurred<br>M 07 / D 18 / Y 2016 | Date Due<br>M M / D D / Y Demand | Interest Rate (If none, enter 0)<br>0.00 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--------------|---------------------------------------|----------------------------------|--|---|

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

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

|   |             |
|---|-------------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | [ ] 1500.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ | [ ]         |

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

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

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

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

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

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

|   |            |
|---|------------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | [ ] 300.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ | [ ]        |

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

# SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

|   |            |
|---|------------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | [ ] 500.00 |
| <b>TOTALS</b> This Period (last page in this line only).....▶ | [ ]        |

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

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

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

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

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

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

|   |          |
|---|----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | 500.00   |
| <b>TOTALS</b> This Period (last page in this line only).....▶ | 17230.91 |

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

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

NAME OF COMMITTEE (In Full)  
**John Mills for Congress**

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

|  |  |  |  |
|--|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="375.00"/> |  | <b>Transaction ID : SD10.4349</b>  |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="375.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="0.00"/> |  |

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

|  |  |  |  |
|--|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="0.00"/> |  | <b>Transaction ID : SD10.4354</b>  |  |
| Amount Incurred This Period<br><input type="text" value="375.00"/>             | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="375.00"/> |  |

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

|   |   |   |  |
|---|---|---|--|
| Outstanding Balance Beginning This Period<br><input type="text"/> |   |   |  |
| Amount Incurred This Period<br><input type="text"/>               | Payment This Period<br><input type="text"/> | Outstanding Balance at Close of This Period<br><input type="text"/> |  |

|  |                                       |
|--|---------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....   | <input type="text" value="375.00"/>   |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                                 | <input type="text" value="375.00"/>   |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....                             | <input type="text" value="17230.91"/> |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ..... | <input type="text" value="17605.91"/> |