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FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

1 0111111 0	For An A	Authorized Com	ımittee	Offi	ce Use Only
NAME OF COMMITTEE (in f	TYPE OR PRIN	•	cample: If typing, type ver the lines.	12FE4M5	
John Mills for C	ongress		<u> </u>		
ADDRESS (number and	street)	ılk Drive			
▼			1 1 1 1 1 1 1		
Check if differ than previous reported. (AC	sly Miramar Beac	h 		FL 325	50
2. FEC IDENTIFIC	ATION NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C00565366		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REP	ORT (Choose One)	(b) 12-Day PRE	E-Election Report for th	e:	
			Primary (12P)	General (12G)	Runoff (12R)
	Quarterly Report (Q1)		Convention (12C)	Special (12S)	
	July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)		M M / D D	/ Y Y Y Y	in the State of
January	31 Year-End Report (YE)	(c) 30-Day POS	ST -Election Report for t	he:	
			General (30G)	Runoff (30R)	Special (30S)
Terminati	on Report (TER)	Election on	M M / D D	/ Y " Y " Y	in the State of
5. Covering Period	M M / D D /	2017 Y 2017	through	06 30 Y	2017
I certify that I have ex	amined this Report and to Adams, Chris Treasurer		nowledge and belief it .	is true, correct and co	mplete.
Signature of Treasurer	Adams, Christopher, , ,		[Electronically Filed]	Date 07	12 / Y Y Y Y Y 2017
NOTE: Submission of fa	alse, erroneous, or incomple	ete information may	subject the person signi	ng this Report to the pe	enalties of 52 U.S.C. §30109
Office Use Only					FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Mills for Congress

2017 2017 06 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 805.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 805.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 375.00 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 375.00 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 273.13 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 17605.91 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
------	-------	-----	----------

04 2017 06 01 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 300.00 (i) Itemized (use Schedule A)...... 505.00 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 805.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 805.00 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 500.00 9234.94 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 500.00 9234.94 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 500.00 10039.94 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	375.00	8801.49
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	7 7 7	7 7 7 7
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	375.00	8801.49
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	rting 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 (fro	om Line 22)	375.00
	CASH ON HAND AT CLOSE OF REPORTING	g Period	273.13

PAGE 5 OF FOR LINE NUMBER: 16 SCHEDULE A (FEC Form 3) (check only one) Use separate schedule(s) for each category of the ITEMIZED RECEIPTS 11a 11b 11d 11c **Detailed Summary Page x** | 13a 12 13b 14 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) MILLS, Ralph, John, , III Date of Receipt Mailing Address 1940 Boardwalk Drive 02 City State Zip Code Transaction ID: SA13A.4351 FL 32550 Miramar Beach FEC ID number of contributing Amount of Each Receipt this Period C H6FL01143 federal political committee. 500.00 Name of Employer Occupation Requested Requested Memo Item Receipt For: 2018 Election Cycle-to-Date Demand Loan **x** Primary General 7995.97 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional).....

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

500.00

SCHEDULE B (FEC Form 3)

PAGE 6 16 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 Law Office of James C. Thomas III 2017 05 18 Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting Services 001 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2018 375.00 Office Sought: House Senate Primary General Transaction ID: SB17.4352 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)..... 375.00 TOTAL This Period (last page this line number only)..... 375.00

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

PAGE 7
FOR LINE NUMBER: (check only one)

13a 13b

			Detailed 5	ummary Pag	je	1	13b
AME OF COMMITTEE (In Full) John Mills for Congress	, ,						
LOAN SOURCE Full Name (Last, First, I	Middle Initial)			Memo Item	Election: 2014		
MILLS, Ralph, John, , III					rimary		
					General		
Mailing Address 1940 Boardwalk Drive					Other (specify) ▼		
City	State	ZIP Code					
	FL	32550			Y Personal Funds of the	e Cand	lidate
Miramar Beach							
Original Amount of Loan	Cumulative Pa	yment To Da	ate	Balaı	nce Outstanding at Close of	This P	² eriod
5000.00			0.00	. .	50	00.00	
TERMS Date Incurred	,	Date Due		Interest Rate		red:	
	W W (D D) / Y Y		(If none, enter	,		
M06M / D24D / Y Z014 Y	M M / D D) / L ·	Ψ Ψ	0.0		es 🗶	No
List All Endorsers or Guarantors (if any) to Loan Source						
1. Full Name (Last, First, Middle Initial)		1	lame of Emp	oloyer			
Mailing Address		(Occupation				
		A	mount			_	
City State	ZIP Code		Guaranteed Outstanding:		y y	_	
2. Full Name (Last, First, Middle Initial)	·	١	Name of Employer				
Mailing Address		(Occupation				
		A	mount			_	
City State	ZIP Code		Guaranteed Outstanding:		7	_	
3. Full Name (Last, First, Middle Initial)		١	Name of Employer				
Mailing Address		(Occupation				
		A	mount			_	
City	ZIP Code		Guaranteed Outstanding:		9 9		
4. Full Name (Last, First, Middle Initial)		١	lame of Emp	oloyer			
Mailing Address			Occupation				
			mount				
City	ZIP Code		Guaranteed Outstanding:		7 7 7	Ш	
							_
SUBTOTALS This Period This Page (optional)							
FOTALS This Period (last page in this line of	nly)			,			Ī
					, , , , ,		
Carry outstanding balance only to LINE 3, \$	Schedule D, for thi	s line. If no	Schedule D	, carry forw	ard to appropriate line of	Summa	ary.

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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NAME OF COMMITTEE (In Full) John Mills for Congress			Tran	saction ID : SC/10.4116	
LOAN SOURCE Full Name (Last, First, M MILLS, Ralph, John, , III	iddle Initial)		☐ Memo Ita	Election: Primary General	
Mailing Address 1940 Boardwalk Drive				Other (specify) ———————————————————————————————————	
City Miramar Beach	State	ZIP Cod 32550		Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pay			Balance Outstanding at Close of This Period	
4234.94	,	,	0.00	4234.94	
TERMS Date Incurred	D	Date Due	Interest F (If none, e		
M07 ^M / D18 ^D / Y Z014 Y	M M / D D	/ Y	YYY	% (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	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)	<u> </u>		Name of Employer		
Mailing Address			Occupation		
City	ZIP Code		Amount Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (optional)				4234.94	
TOTALS This Period (last page in this line on	TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If	no Schedule D, carry f	forward to appropriate line of Summary.	

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

FOR LINE NUMBER: (check only one)

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	13b

AME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4197			
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 * Personal Funds of the Candidate			
Miramar Beach	FL	32550 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
1000.00		0.00			
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)			
M09M / D08D / Y Ž01Š Y	M M / D D	√ Y Y Y Y Y No Yes X No			
List All Endorsers or Guarantors (if a		Name of Familian			
Full Name (Last, First, Middle Initia	1)	Name of Employer			
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:			
SUBTOTALS This Period This Page (optional)————————————————————————————————————					
FOTALS This Period (last page in this line Carry outstanding balance only to LINE 3		line. If no Schedule D, carry forward to appropriate line of Summary.			
variy satutarianing salarioe offiny to LINE	, concadio b, for tills	mier in no confedence b, carry formation to appropriate line of cultimary.			

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

FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4299		
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	☐ Memo Item			
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼		
City	State	ZIP Code		
Miramar Beach	FL	32550 Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
3850.64		0.00 3850.64		
TERMS Date Incurred	С	late Due Interest Rate Secured: (If none, enter 0)		
M01M / D02D / Y Ž016 Y	M M / D D	/ Y Y Y Y Y Y No Yes X 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		
	1	Amount Guaranteed		
City	ZIP Code	Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
O't.	710.0-4-	Amount Guaranteed		
City State	e ZIP Code	Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	ZID Code	Amount Guaranteed		
City State	e ZIP Code	Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	7ID Codo	Amount Guaranteed		
City State	e ZIP Code	Outstanding:		
SUBTOTALS This Period This Page (option	al)	3850.64		
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4337
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)	☐ Memo Item
MILLS, Ralph, John, , III	x Primary General	
Mailing Address 1940 Boardwalk Drive	Other (specify) ▼	
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach	FL	32550
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
345.33		0.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M06M / D30D / Y Ž01Ř Y	M M / D D	/
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
lo.	710.0	Amount Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
Oity	Zii Oode	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Chata	ZIP Code	Amount Guaranteed
City	ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optional)		245.22
		, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line only	/)	······
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

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OF

			100
AME OF COMMITTEE (In Full) John Mills for Congress			Transaction ID : SC/10.4342
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mi	ddle Initial)	☐ Memo Item
Mailing Address 1940 Boardwalk Drive			Other (specify)
City		State	ZIP Code 32550 Personal Funds of the Candidate
Miramar Beach		FL	
Original Amount of Loan	0.00	Cumulative Pay	Balance Outstanding at Close of This Period 0.00 1500.00
TERMS Date Incurred		D	Date Due Interest Rate Secured:
^M 07 ^M / ^D 18 ^D / Y Ž016	Y	M M / D D	
List All Endorsers or Guarantors	(if any)	to Loan Source	
1. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	itial)	l	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle In	itial)	l	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle In	itial)		Name of Employer
Mailing Address			Occupation
City State ZIP Code			Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (FOTALS This Period (last page in this	s line onl	у)	, , , , , ,

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

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

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

FOR LINE NUMBER: (check only one)

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			130
AME OF COMMITTEE (In Full) Iohn Mills for Congress			Transaction ID : SC/10.4344
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive	First, Mid	ddle Initial)	☐ Memo Item Election: 2018 Primary General Other (specify) ▼
City		State	ZIP Code
Miramar Beach		FL	32550 Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
500	0.00		0.00 500.00
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)
M09 ^M / D23 ^D / Y Ž016	Y	M M / D D	/ Y Děmaňd Y 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
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	itial)	1	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle In	itial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
City		ZIP Code	Outstanding:
4. Full Name (Last, First, Middle In	iitiai)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (, , , , , ,
	NE 3, Scl	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Transaction ID: SC/10.4351 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 State ZIP Code City 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 D02D M 05M Ž017 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) 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

(Use separate schedule(s) for each

PAGE 16 OF FOR (chec

LINE NUMBER:		1
ck only one)		9
	Y	10

numbered line) NAME OF COMMITTEE (In Full) John Mills for Congress A. 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 МО 64153 Kansas City Transaction ID: SD10.4349 Outstanding Balance Beginning This Period 375.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 375.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Law Office of James C. Thomas III Legal and Reporting Services Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 State City Zip Code Kansas City 64153 MO Outstanding Balance Beginning This Period Transaction ID: SD10.4354 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 375.00 375.00 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 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1) SUBTOTALS This Period This Page (optional) 375.00 2) TOTALS This Period (last page this line number only) 375.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)-----17230.91 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) 17605.91