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FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized		ttee			Office Use Only
NAME OF COMMITTEE (in a	TYPE OR PR	INT ▼		ole: If typing he lines.	g, type	12FE4M5	
John Mills for C	Congress						1
ADDRESS (number and	street)	Pine Lane					
Check if diffe							
than previou reported. (AC						TN L	38133
2. <b>FEC IDENTIFIC</b>	ATION NUMBER ▼	CI	TY A		;	STATE	ZIP CODE A STATE ▼ DISTRICT
C C00565366	5	3. IS T		× NEW (N)	OR	AMENE (A)	
4. TYPE OF REP	PORT (Choose One)						
(a) Quarterly Re	,	(b) 12-Da	ay <b>PRE</b> -Ele	ection Repo	rt for the:		_
			Pr	imary (12P)		General (*	12G) Runoff (12R)
April 15	April 15 Quarterly Report (Q1)  X July 15 Quarterly Report (Q2)		C	onvention (	12C)	Special (1	2S)
X July 15							
October	15 Quarterly Report (Q3)	Elec:	tion on	M - M /	D " D /	Y - Y - Y - Y	in the State of
January	31 Year-End Report (YE)	(c) 30-Da	ay <b>POST</b> -E	lection Rep	ort for the:		
			G	eneral (30G	)	Runoff (30	DR) Special (30S)
Terminat	ion Report (TER)	Elec	tion on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period	M M / D D D D D D D D D D D D D D D D D	/ Y Y Y Y 2015	Y	through	M M M 06	30	Y Y Y Y Y 2015
I certify that I have ex	ramined this Report and	to the best o	f my know	ledge and l	belief it is tro	ue, correct and	d complete.
Type or Print Name o	f Treasurer	homas III					
Signature of Treasurer	James C Thomas III		[El	ectronically I	Filed] D	eate 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of f	alse, erroneous, or incom	plete information	on may sub	ject the per	son signing t	his Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3 (Revised 02/2003)

### SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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Write or Type Committee Name

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

06 30 2015 01 2015 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period 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)) ...... Net Operating Expenditures (a) Total Operating Expenditures 390.00 8801.49 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 390.00 8801.49 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 443.45 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 9234.94 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**

FEC Form 3 (Revised 12/2003) of Receipts PAGE 3/7

Write or Type Committee Name

#### John Mills for Congress

Report Covering the Period: From: 04 01 2015 To: 06 30 2015

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	0.00	300.00	
	(ii) Unitemized	0.00	505.00	
	(iii) TOTAL of contributions from individuals	0.00	805.00	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) The Candidate	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	805.00	
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
_		y 1 y 1 m	9 9 9	
3.	LOANS: (a) Made or Guaranteed by the	0.00		
	Candidate	0.00	9234.94	
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	9234.94	
4.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
5.	OTHER RECEIPTS	0.00	0.00	
_	(Dividends, Interest, etc.)	3.50	0.00	
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	10039.94	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	390.00	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
	(c) 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.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	390.00	8801.49
	III. CASH S	UMMARY	
23.	3. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		
24	4 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		
25.	5. SUBTOTAL (add Line 23 and Line 24)		
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		
	7. CASH ON HAND AT CLOSE OF REPORTING PERIOD  (subtract Line 26 from Line 25)		

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

	FOR LINE NUMBER:	PAGE 5 OF 7			
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 17 18	19a19b			
Betailed Carrinary 1 age	20a 20b	20c 21			
ay not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.					

	[	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.				
$\rangle$	NAME OF COMMITTEE (In Full)  John Mills for Congress				
	Full Name (Last, First, Middle Initial)			Date of Dishuranasa	
Α.	Law Office of James C. Thomas III		Date of Disbursement		
	Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300			05 11 2015	
	City State Kansas City MO	Zip Code 64153		Amount of Each Disbursement this Period	
	Kansas City MO  Purpose of Disbursement Legal and reporting fees	04133		375.00	
	Candidate Name		Category/ Type	Transaction ID : SB17.4189	
	Office Sought:  House  Senate  Primary  President  Disbursement For:  Primary  Other (spec	General cify)	••		
	State: District:				
В.	Full Name (Last, First, Middle Initial)			Date of Disbursement	
	Mailing Address				
	City State	Zip Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement				
	Candidate Name		Category/ Type		
	Office Sought:  House Senate President  Disbursement For: Primary Other (spec	General cify)			
	Full Name (Last, First, Middle Initial)				
C.				Date of Disbursement	
	Mailing Address				
	City State Zip C	Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement  Candidate Name  Category/ Type			L,,	
	Office Sought:  House Senate President  State:  Disbursement For: Primary Other (spec	General cify)			
.5	SUBTOTAL of Disbursements This Page (optional)				
				375.00	
ı	OTAL This Period (last page this line number only)				

## SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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**∨** 13:

DANS	Detailed Summary Page (check only one)			
AME OF COMMITTEE (In Full)  John Mills for Congress	Transaction ID : SC/10.4106			
LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN John MILLS	[PERSONAL FUNDS] Election: 2014  Primary  General			
Mailing Address 8445 WOLF PINE LANE	Other (specify) ▼			
City State ZIP Co	de			
BARTLETT TN 38133				
Original Amount of Loan Cumulative Payment To 5000.00	Date Balance Outstanding at Close of This Period  0.00 5000.00			
TERMS  Date Incurred  Date Due  M06  Date Due	Interest Rate Secured:  9 (apr)  Yes  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:			
SUBTOTALS This Period This Page (optional)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.			
in y outstanding balance only to line 3, schedule b, for this line. If no schedule b, carry forward to appropriate line of summary.				

### SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

**PAGE** 

×	13a
	13h

Detailed Summary Page Transaction ID: SC/10.4116 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: [PERSONAL FUNDS] Primary JOHN John MILLS General Mailing Address Other (specify)  $\blacktriangledown$ 8445 WOLF PINE LANE State ZIP Code City TN 38133 **BARTLETT** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 4234.94 0.00 4234.94 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 07<sup>M</sup> <sup>D</sup>18 ž014 % (apr) 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 State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 4234.94 TOTALS This Period (last page in this line only) ..... 9234.94 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.