PAGE 1 / 55

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

1 0111111 0	For An A	Authorized Con	nmittee	Offic	Office Use Only		
NAME OF COMMITTEE (in a	TYPE OR PRIN	•	xample: If typing, type ver the lines.	12FE4M5			
John Mills for C	Congress						
	<u> </u>						
ADDRESS (number and	g 9065 Orlando	Avenue					
▼							
Check if different than previou reported. (AC	ısly Navarre			FL 325	66		
		CITY ▲		STATE A	ZIP CODE ▲		
2. FEC IDENTIFIC	6	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT		
	PORT (Choose One)	(b) 12-Day PR	E -Election Report for th	e:			
(a) Quarterly Re			Primary (12P)	General (12G)	Runoff (12R)		
	Quarterly Report (Q1)		Convention (12C)	Special (12S)			
	Quarterly Report (Q2) 15 Quarterly Report (Q3)	Election or	M = M / D = D	/ Y " Y " Y	in the State of		
January	31 Year-End Report (YE)	(c) 30-Day PO	ST-Election Report for t	he:			
			General (30G)	Runoff (30R)	Special (30S)		
Terminat	tion Report (TER)	Election or	M M / D D	/	in the State of		
5. Covering Period	M M / D 01	7 Y Y Y Y Y 2022	through	06 30 / Y	y y y 2022		
I certify that I have ex	xamined this Report and to Adams, Chris of Treasurer		knowledge and belief it i	is true, correct and cor	mplete.		
Signature of Treasure	Adams, Christopher, , ,		[Electronically Filed]	Date 07	12 / Y Y Y Y Y Y 12 12 2022		
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

PAGE 2 / 55

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Mills for Congress

2022 2022 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 180.00 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 180.00 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 58.91 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 68825.49 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

PAGE 3 / 55

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

John Mills for Congress

04 06 01 2022 30 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 300.00 (i) Itemized (use Schedule A)...... 505.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 805.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 805.00 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 9234.94 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 9234.94 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 10039.94 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 55

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPERATING EXPENDITURES	180.00	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 (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)	180.00	8801.49	
	III. CASH SU	JMMARY		
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	238.91	
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00	
25.	SUBTOTAL (add Line 23 and Line 24)		238.91	
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	180.00	
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	58.91	

SCHEDULE B (FEC Form 3)

PAGE 5 55 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 21

ITEMIZED DISBURSEMENTS 19b 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 2022 04 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 C00565366 001 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: Disbursement For: 2022 180.00 House Senate Primary General Transaction ID: SB17.5056 Other (specify) President Memo Item FL 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 Senate Primary General President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 180.00 TOTAL This Period (last page this line number only)..... 180.00

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

PAGE 6
FOR LINE NUMBER: (check only one)

X 13a

OF

		100						
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4711						
9		1						
LOAN SOURCE Full Name (Last, First,	☐ Memo Item							
John Mills for Congress	X Primary General							
Mailing Address	Mailing Address							
Mailing Address 9065 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						
126.34		0.00 126.34						
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)						
^M 09 ^M / ^D 21 ^D / ^Y Ž017 ^Y	M M / D D	/ Y11/08/2018						
List All Endorsers or Guarantors (if any) to Loan Source							
1. Full Name (Last, First, Middle Initial)	,	Name of Employer						
Mailing Address		Occupation						
		Amount						
City State	ZIP Code	Guaranteed						
		Outstanding: Name of Employer						
2. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
3. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
4. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
	1							
SUBTOTALS This Period This Page (optional	al)	126.34						
TOTALS This Period (last page in this line of	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

PAGE 7
FOR LINE NUMBER: (check only one)

X 13a

OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4742
9		
LOAN SOURCE Full Name (Last, First, M	☐ Memo Item Election: 2018	
John Mills for Congress	x Primary	
Mailing Address	General	
Mailing Address 9065 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
303.01		0.00 303.01
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D04 ^D / Y Z017 Y	M M / D D	/ Y11/ŏ8/2ŏ18
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	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Moiling Address		Occupation
Mailing Address		Оссираноп
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
-	ı	<u> </u>
SUBTOTALS This Period This Page (optional)		303.01
TOTALS This Period (last page in this line on	ly)	······································
Carry outstanding balance only to LINE 3. So	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 8
FOR LINE NUMBER: (check only one)

13a

OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4743
9		
LOAN SOURCE Full Name (Last, First, I	☐ Memo Item	
John Mills for Congress	x Primary	
Mailing Address	General Other (specify) ▼	
Mailing Address 9065 Orlando Avenue	——————————————————————————————————————	
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
4.24		0.00 4.24
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D05 ^D / Y Ž017 Y	M M / D D	√ 11/ŏ8/2ŏ18
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City 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	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	!	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
	1	
SUBTOTALS This Period This Page (optional	ıl)	4.24
TOTALS This Period (last page in this line of	nly)	
Carry outstanding balance only to LINE 3, 5	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

PAGE 9
FOR LINE NUMBER: (check only one)

13a

OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID: SC/10.4744
,		
LOAN SOURCE Full Name (Last, First, Mic	☐ Memo Item ☐ Election: 2018	
John Mills for Congress	x Primary	
Mailing Address	General Other (specify) ▼	
Mailing Address 9065 Orlando Avenue	——————————————————————————————————————	
City	State	ZIP Code ** Personal Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	rment To Date Balance Outstanding at Close of This Period
35.00		0.00
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D10 ^D / Y Ž017 Y	M M / D D	/ ¹ 11/08/2018
List All Endorsers or Guarantors (if any) t	to Loan Source	(45)
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed
		Outstanding: Name of Employer
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 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)		35.00
TOTALS This Period (last page in this line only	y)	
Carry outstanding balance only to LINE 3. Sc	hedule 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)

PAGE

10 OF

13a 13b

55

Transaction ID: SC/10.4745 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9065 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 21.63 0.00 21.63 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D12^D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 21.63 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

11 OF

×	13a
	13b

55

Transaction ID: SC/10.4746 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 9065 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 7.95 0.00 7.95 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 D17D 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)..... 7.95 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

FOR LINE NUMBER: (check only one)

PAGE

12 OF

13a 13b

55

Transaction ID: SC/10.4747 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 9065 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 72.49 0.00 72.49 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 D30 D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 72.49 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 13
FOR LINE NUMBER: (check only one)

13a

OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4748
9	A . 1 II 1 IV	T =
LOAN SOURCE Full Name (Last, First, John Mills for Congress	☐ Memo Item	
Mailing Address 9065 Orlando Avenue	General Other (specify) ▼	
City	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
196.54	,	0.00 196.54
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D31 ^D / Y Ž017 Y	M M / D D	/ Y11/Ŏ8/2Ŏ18
List All Endorsers or Guarantors (if ar	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
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed 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:
CURTOTAL C This Desided Till D		
SUBTOTALS This Period This Page (option	າສາ)	196.54
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

PAGE 14
FOR LINE NUMBER: (check only one)

13a

			Detailed Out	illiary i age		13b
AME OF COMMITTEE (In Full) John Mills for Congress				Transaction	n ID : SC/10.4749	
John Mills for Congress Mailing Address 9065 Orlando Avenue	Idle Initial)		□ M		lection: 2018 ✓ Primary General Other (specify) ✓	
City Navarre	State FL	ZIP Code 32566			X Personal Funds of the	Candidate
Original Amount of Loan 41.21	yment To Da	0.00	Balance	Outstanding at Close of T	his Period	
TERMS Date Incurred M11M / P01P / Y Z017 Y					Secured % (apr) Yes	V
List All Endorsers or Guarantors (if any) to	o Loan Source					
Full Name (Last, First, Middle Initial)			ame of Emplo	yer		
Mailing Address		С	Occupation			
City	ZIP Code	G	mount luaranteed lutstanding:	7	7	
2. Full Name (Last, First, Middle Initial)	-	N	ame of Emplo	yer		
Mailing Address		C	ccupation			
City	ZIP Code	G	mount juaranteed jutstanding:	,		
3. Full Name (Last, First, Middle Initial)	'	٨	ame of Emplo	yer		
Mailing Address		C	ccupation			
City	ZIP Code	G	mount luaranteed lutstanding:	,	7	
4. Full Name (Last, First, Middle Initial)	'	N	ame of Emplo	yer		
Mailing Address		C	ccupation			
City	ZIP Code	G	mount luaranteed lutstanding:			
SUBTOTALS This Period This Page (optional) FOTALS This Period (last page in this line only				<u> </u>	, , , ,	1.21
Carry outstanding balance only to LINE 3, Sch	edule D, for this	s line. If no	Schedule D.	carry forward	d to appropriate line of Su	ummary.

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

PAGE 15
FOR LINE NUMBER: (check only one)

13a

OF

						130	
	COMMITTEE (In Full) Ils for Congress				Trans	action ID : SC/10.4750	
	SOURCE Full Name (Last,	m Election: 2018					
John I	Mills for Congress	Y Primary					
Mailing	Address		General Other (specify)				
9065 Or	Address lando Avenue	Other (specify) ———————————————————————————————————					
City						✗ Personal Funds of the Candidate	
Navarre			FL	32566			
Origina	al Amount of Loan		Cumulative Page	yment To	Date Ba	alance Outstanding at Close of This Period	
	80	4.08			0.00	804.08	
TERMS	Date Incurred			Date Due	Interest Ra		
M11M	v / □05□ / Y Ž01Ť	Y	M M / D D	/ Y ₄ ,	(If none, en	0.00	
	05 2017				1/00/2010	% (apr) Yes No	
List All	Endorsers or Guarantors	(if any) to	o Loan Source				
1. Full	Name (Last, First, Middle	Initial)			Name of Employer		
Mail	ling Address				Occupation		
					Amount		
City		State	ZIP Code		Guaranteed		
City		State	ZIF Code		Outstanding:	g g	
2. Full 1	Name (Last, First, Middle I	nitial)			Name of Employer		
Mailir	ng Address				Occupation		
					Amount		
City		State	ZIP Code		Guaranteed Outstanding:	9 9	
0. 5.41.1	Name	:±: - I\			Outotairairig.	,	
3. Full I	Name (Last, First, Middle I	niliai)			Name of Employer		
Mailir	ng Address				Occupation		
					Amount		
City		State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
4. Full 1	Name (Last, First, Middle I	nitial)			Name of Employer		
Mailir	ng Address				Occupation		
					A		
City		State	ZIP Code		Amount Guaranteed		
					Outstanding:	7	
					_		
SUBTOTAL	LS This Period This Page	(optional)			······	804.08	
TOTALS T	his Period (last page in thi	s line only	y)		······		
0.000	standing belows and the Co	INE O Oct	adula D. Conti	a line 10	no Cohodula D	musual to annual to the of O	
Carry outs	standing balance only to L	แง⊏ उ, ocn	ieuuie D, for this	s ime. if	no achedule D, carry to	rward to appropriate line of Summary.	

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

FOR LINE NUMBER: (check only one)

PAGE 16

13a 13b

OF

		130
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4751
	-1-II- I:±:-IV	
John Mills for Congress	adie initial)	Memo Item Election: 2018 Primary Occupyed
Mailing Address 9065 Orlando Avenue		General Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pay	
19.08		0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M11M / D08D / Y Ž017 Y	M M / D D	/ Y11/Ŏ8/2Ŏ18
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		19.08
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

17 OF

13a 13b

55

Transaction ID: SC/10.4752 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 9065 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 93.73 0.00 93.73 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 M 1 1 M 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)..... 93.73 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 18 OF
FOR LINE NUMBER:
(check only one)

13a

					130	
NAME OF COMMITTEE (In Full) John Mills for Congress				Transa	action ID : SC/10.4753	
9						
LOAN SOURCE Full Name (Last,	n Election: 2018					
John Mills for Congress	Primary General					
Mailing Address	Other (specify)					
Mailing Address 9065 Orlando Avenue	— Carici (openity) V					
City					▼ Personal Funds of the Candidate	
Navarre		FL	32566			
Original Amount of Loan		Cumulative Pay	ment To	Date Ba	lance Outstanding at Close of This Period	
	6.00	9		0.00	6.00	
TERMS Date Incurred		D	ate Due	Interest Ra (If none, ent		
M12M / D21D / Y Ž01Ť	Y	M / D D	/ Y11	700/2010	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		
				Amount		
City	State	ZIP Code		Guaranteed		
City	State	ZIP Code		Outstanding:	7 7	
2. Full Name (Last, First, Middle II	nitial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	, ,	
3. Full Name (Last, First, Middle I	 nitial)			Name of Employer		
Mailian Addus -				Occupation		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	, ,	
4. Full Name (Last, First, Middle II	nitial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7	
1	1	1				
SUBTOTALS This Period This Page	(optional)			······	6.00	
TOTALS This Period (last page in thi	s line only)					
					7	
Carry outstanding balance only to L	INE 3, Sche	edule D, for this	line. If	no Schedule D, carry for	rward to appropriate line of Summary.	

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

PAGE 19
FOR LINE NUMBER: (check only one)

13a

OF

			13
AME OF COMMITTEE (In Full) ohn Mills for Congress			Transaction ID: SC/10.4754
LOAN SOURCE Full Name (Last,	First Mi	ddle Initial)	Mome Item Election: 2018
John Mills for Congress	i ii ot, iviit	adie ililiaij	☐ Memo Item
Mailing Address 9065 Orlando Avenue			Other (specify) ▼
City		State	ZIP Code X Personal Funds of the Candid
Navarre		FL	32566
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Per
308	3.00		0.00 308.00
TERMS Date Incurred		D	Pate Due Interest Rate Secured: (If none, enter 0)
M12M / D22D / Y Z017	Υ	M M / D D	/ ^Y 11/08/2018
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
			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:
UDTOTALO TELE D. L. LTL. D			
SUBTOTALS This Period This Page (optional).		308.00
OTALS This Period (last page in this	line only	/)	
Come outstanding belows and to 10	NE 2 C	andula D. for Alice	line If no Cohodulo D. come forward to commend to commend to
arry outstanding balance only to Li	NE J, SCI	iedule 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

FOR LINE NUMBER: (check only one)

PAGE 20

13a 13b

			Detailed Out	illiary i age		13b				
AME OF COMMITTEE (In Full) John Mills for Congress				Transaction	n ID : SC/10.4755	·				
LOAN SOURCE Full Name (Last, First, Mic John Mills for Congress Mailing Address 9065 Orlando Avenue		□ м		lection: 2018 Primary General Other (specify) ▼						
City Navarre	State FL	ZIP Code 32566			✗ Personal Funds of the	Candidate				
Original Amount of Loan Cumulative Payment To			0.00	Balance	Outstanding at Close of T	his Period				
TERMS Date Incurred Date Due				erest Rate none, enter 0) 0.00	Secured % (apr) Yes	V				
List All Endorsers or Guarantors (if any) to	o Loan Source									
Full Name (Last, First, Middle Initial)			lame of Emplo	yer						
Mailing Address	Mailing Address				Occupation					
City	City State ZIP Code				7					
2. Full Name (Last, First, Middle Initial)	l	١	Name of Employer							
Mailing Address		C	Occupation							
City State	ZIP Code		mount Guaranteed Outstanding:	,	7					
3. Full Name (Last, First, Middle Initial)	1	١	Name of Employer							
Mailing Address		C	Occupation							
City State	ZIP Code		mount Guaranteed Outstanding:	,						
4. Full Name (Last, First, Middle Initial)	!	N	lame of Emplo	yer						
Mailing Address	C	Occupation								
City State	ZIP Code		mount Guaranteed Outstanding:	7						
SUBTOTALS This Period This Page (optional) FOTALS This Period (last page in this line only				<u> </u>	56	5.34				
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D.	carry forward	d to appropriate line of Su	ummary.				

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

FOR LINE NUMBER: (check only one)

PAGE

21

13a 13b

55

OF

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 9065 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 ^D29^D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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.

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

PAGE 22
FOR LINE NUMBER: (check only one)

13a

				Detailed C	Julilliary 1 6	igc			1	13b
AME OF COMMITTEE (In Full) John Mills for Congress					Transa	ction ID	: SC/10.467	8		
John Mills for Congress Mailing Address 9065 Orlando Avenue	, First, Mic	ddle Initial)			Memo Item	x F	on: 2018 Primary General Other (specif	у) 🔻		
City Navarre		State FL	ZIP Cod 32566	le			Personal Fu	ınds of the (Cand	idate
Original Amount of Loan Cumulative Payment To			Date 0.00		ance Ou	itstanding at	t Close of T	his P	eriod	
TERMS Date Incurred Date Due					Interest Rat (If none, enter		% (apr)	Secured Yes	~	No
List All Endorsers or Guarantors		o Loan Source								
1. Full Name (Last, First, Middle	Initial)			Name of Emp	ployer					
Mailing Address	Mailing Address				Occupation					
City	City State ZIP Code				Amount Guaranteed Outstanding:					
2. Full Name (Last, First, Middle	nitial)			Name of Employer						
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7				
3. Full Name (Last, First, Middle	nitial)			Name of Employer						
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7				
4. Full Name (Last, First, Middle	nitial)	<u>'</u>		Name of Emp	ployer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	7			
SUBTOTALS This Period This Page TOTALS This Period (last page in the					··· >		7	400	0.00	
Carry outstanding balance only to L	INE 3, Sch	nedule D, for this	s line. If n	o Schedule I	D, carry for	ward to	appropriat	e line of Su	ımma	arv.

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

FOR LINE NUMBER: (check only one)

PAGE

23 OF

X 13a 13b

55

Transaction ID: SC/10.4709 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 9065 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 2231.10 0.00 2231.10 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D31 D M 03M 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 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)..... 2231.10 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 24
FOR LINE NUMBER: (check only one)

13a

OF

						•			130
AME OF COMMITTEE (In Full) John Mills for Congress					Trans	action II	D : SC/10.482	29	
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address	First, Mid	ddle Initial)] Memo Iter	x	tion: 2018 Primary General Other (speci	fv) 🕶	
Mailing Address 9065 Orlando Avenue							Other (opeon	·9/ V	
City		State	ZIP Code				Personal Fu	unds of th	ne Candidate
Navarre	32566	-1-		-1			f This Davis		
Original Amount of Loan	yment To D	0.00		alance O	utstanding a		150.67		
TERMS Date Incurred		D	ate Due		Interest Ra			Secu	ired:
M04M / D20D / Y 2018 Y M M / D D / Y0				8/2Ŏ18 ^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)		1	Name of Em	ployer				
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					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:					
3. Full Name (Last, First, Middle In	itial)		1	Name of Employer					
Mailing Address			(Occupation					
			/	Amount					
City	State	ZIP Code		Guaranteed Outstanding:		,	7	1 (8)	
4. Full Name (Last, First, Middle In	itial)		1	Name of Em	ployer				
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:		- 9	7	1 4	
SUBTOTALS This Period This Page (optional).				▶		,	7	150.67
TOTALS This Period (last page in this	line only	/)			▶		,	7	
Carry outstanding balance only to LI	NE 3, Scl	nedule D, for this	s line. If no	Schedule I	D, carry fo	rward to	o appropriat	te line of	Summarv.
2	,	, -							

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

FOR LINE NUMBER: (check only one)

PAGE 25

13a 13b

		De	talled Summa	iry Page		13b	
AME OF COMMITTEE (In Full) John Mills for Congress		•	Tı	ransaction ID	SC/10.4815		
LOAN SOURCE Full Name (Last, First, M John Mills for Congress Mailing Address 9065 Orlando Avenue	iddle Initial)		☐ Memo	x Pi	on: 2018 rimary eneral ther (specify) ▼		
9065 Orlando Avenue					· 		
City Navarre	State FL	ZIP Code 32566		F	Personal Funds of the 0	Candidate	
Original Amount of Loan 8500.00	Cumulative Pay		700.00		tstanding at Close of T		
TERMS Date Incurred		ate Due	(If none	st Rate e, enter 0)	Secured	l:	
M 04 ^M / D 24 ^D / Y Z 2018 Y	M M / D D	[/] ¥11/ŏ8/2ŏ1	8 ^Y	0.00	% (apr) Yes	x No	
List All Endorsers or Guarantors (if any)	to Loan Source	Nome	of Employer				
Full Name (Last, First, Middle Initial)		Name	of Employer				
Mailing Address		Occup	ation				
City	ZIP Code	Amou Guara Outsta		7	.,		
2. Full Name (Last, First, Middle Initial)	'	Name	Name of Employer				
Mailing Address		Occup	pation				
		Amou				7	
City	ZIP Code	Guara Outsta	nteed anding:	7			
3. Full Name (Last, First, Middle Initial)		Name	of Employer				
Mailing Address		Occup	pation				
City State	ZIP Code	Amou Guara Outsta			.,		
4. Full Name (Last, First, Middle Initial)		Name	of Employer				
Mailing Address		Occup	pation				
		Amou	nt				
City State	ZIP Code	Guara Outsta	nteed anding:	7	y		
SUBTOTALS This Period This Page (optional)			······•		7800).00	
FOTALS This Period (last page in this line or	ly)		······································		, ,		
Carry outstanding balance only to LINE 3, Se	chedule D, for this	s line. If no Sch	edule D, carı	ry forward to	appropriate line of Su	ımmary.	

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

PAGE 26
FOR LINE NUMBER: (check only one)

13a

OF

										130
AME OF COMMITTEE (In Full) Iohn Mills for Congress					Trans	action	ID : SC/10.4	830		
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address	First, Mic	ddle Initial)			Memo Ite	m Elec	ction: 201 Primary General Other (spe			
Mailing Address 9065 Orlando Avenue							Other (spe	City) \blacktriangledown		
City		State	ZIP Code				Personal	Funds of	the Ca	ndidate
Navarre	32566			-1			CTU	- D		
Original Amount of Loan	ment To Date	0.00		alance	Outstanding	at Close	1475.0			
TERMS Date Incurred		D	ate Due		Interest R (If none, er			Se	ecured:	
M06M / D15D / Y 2018 Y M M / D D / Y0				2018 ^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)		Nai	me of Em	ployer					
Mailing Address			Oce	cupation						
			Am	ount	_	_		_		
City	State	ZIP Code	aranteed tstanding:	L	,	7				
2. Full Name (Last, First, Middle In	itial)		Nai	Name of Employer						
Mailing Address			Oce	Occupation						
	_			Amount						
City	State	ZIP Code		Guaranteed Outstanding:						
3. Full Name (Last, First, Middle In	itial)		Naı	Name of Employer						
Mailing Address			Oce	Occupation						
			Am	ount	_	-			_	
City	State	ZIP Code		aranteed standing:		7	7			
4. Full Name (Last, First, Middle In	itial)		Nai	me of Em	ployer					
Mailing Address				cupation						
				ount						1
City	State	ZIP Code		aranteed tstanding:		7	7		-	
NUDTOTALO TIL D. L. LTI. D		·	·		Г					$\overline{}$
SUBTOTALS This Period This Page (optional).				▶		,	7	1475.0	0
OTALS This Period (last page in this	line only	/)			▶		7	7		
Carry outstanding balance only to LI	NE 3. Scl	nedule D. for this	line. If no S	chedule I	D, carry fo	orward	to appropr	ate line	of Sum	marv.
, Januaniania Dalamoo omy to Eli					_ ,		~PP-OP		J. J uiii	 ,.

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

PAGE 27
FOR LINE NUMBER: (check only one)

13a

		Detailed Guil	13b					
AME OF COMMITTEE (In Full) John Mills for Congress			Transaction ID : SC/10.4831					
LOAN SOURCE Full Name (Last, First John Mills for Congress Mailing Address 9065 Orlando Avenue	et, Middle Initial)	□ M	emo Item Election: 2018 ✓ Primary General Other (specify) ▼					
City Navarre	State FL	ZIP Code 32566	Personal Funds of the Candidate					
Original Amount of Loan 600.00	Cumulative Pa	yment To Date	Balance Outstanding at Close of This Period					
TERMS Date Incurred M06 ^M / D15 ^D / Y Z018 Y	M " M / D " D	(If	erest Rate Secured: 0.00 % (apr) Yes No					
List All Endorsers or Guarantors (if a		N (5						
1. Full Name (Last, First, Middle Initia	ıl)	Name of Emplo	yer					
Mailing Address		Occupation	Occupation					
City	ate ZIP Code	Amount Guaranteed Outstanding:	, ,					
2. Full Name (Last, First, Middle Initial)	Name of Emplo	Name of Employer					
Mailing Address		Occupation						
City	ate ZIP Code	Amount Guaranteed Outstanding:						
3. Full Name (Last, First, Middle Initial)	Name of Emplo	Name of Employer					
Mailing Address		Occupation						
City	ate ZIP Code	Amount Guaranteed Outstanding:	, ,					
4. Full Name (Last, First, Middle Initial)	Name of Emplo	yer					
Mailing Address		Occupation						
City	ate ZIP Code	Amount Guaranteed Outstanding:	, ,					
SUBTOTALS This Period This Page (opti		<u> </u>	600.00					
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

PAGE 28
FOR LINE NUMBER: (check only one)

13a

OF

						130			
	OF COMMITTEE (In Full) Mills for Congress				Transa	action ID : SC/10.4832			
LOA	N SOURCE Full Name (Last,	First, Mid	ldle Initial)		☐ Memo Iter	m Election: 2018			
John Mills for Congress						Primary			
General									
9065	ng Address 5 Orlando Avenue					Other (specify) ▼			
City			State	ZIP Co		Personal Funds of the Candidate			
Nava	rre		FL	32566					
Or	iginal Amount of Loan		Cumulative Pag	yment To	Date Ba	alance Outstanding at Close of This Period			
	3	5.10	7		0.00	35.10			
TERI	MS Date Incurred		С	ate Due	Interest Ra (If none, ent				
M	06 ^M / ^D 27 ^D / ^Y Ž018	Y	M M / D D	/ 108	0/20/2010	0.00 % (apr) Yes X No			
List	All Endorsers or Guarantors	(if any) to	o Loan Source						
	Full Name (Last, First, Middle	` • •			Name of Employer				
N	Mailing Address				Occupation				
					Amount				
(City	State	ZIP Code		Guaranteed	9			
2. Ft	ull Name (Last, First, Middle I	 nitial)			Name of Employer				
					0 "				
M	lailing Address				Occupation				
					Amount Guaranteed				
С	ity	State	ZIP Code		Outstanding:				
3. Ft	ull Name (Last, First, Middle I	nitial)			Name of Employer				
М	lailing Address				Occupation				
					Amount				
С	ity	State	ZIP Code		Guaranteed Outstanding:	y y x			
4. Fı	ull Name (Last, First, Middle I	nitial)			Name of Employer				
М	lailing Address				Occupation				
					Amount				
С	ity	State	ZIP Code		Guaranteed Outstanding:	7			
		1	1		<u> </u>				
SUBTO	TALS This Period This Page	(optional)			······	35.10			
TOTAL	S This Period (last page in thi	s line only	·) ······		······				
0.5	antatandina halamaa anta ta 11	INE O Col	adula D. famili	a line 15	no Cohodule D. same C	musual to annuanciate line of Commen			
Carry 0	outstanding balance only to L	ııv⊑ J, SCN	ieuuie D, for this	s ime. if	no schedule D, carry to	rward to appropriate line of Summary.			

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

PAGE 29 OF FOR LINE NUMBER: (check only one)

13a

			13
AME OF COMMITTEE (In Full) ohn Mills for Congress			Transaction ID: SC/10.4841
LOAN SOURCE Full Name (Last,	First Mi	ddle Initial)	Memo Item Election: 2018
John Mills for Congress	i ii 3t, iviit	dale lilital)	☐ Memo Item
Mailing Address 9065 Orlando Avenue			Other (specify) ▼
City		State	ZIP Code Personal Funds of the Candid
Navarre		FL	32566
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Per
2000	0.00		0.00 2000.00
TERMS Date Incurred		D	Pate Due Interest Rate Secured: (If none, enter 0)
M07 ^M / D05 ^D / Y Ž018	Y	M M / D D	/ ^Y 08/Ž8/2Ŏ18 ^Y 0.00
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)	l	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
	T		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:
		·	
UBTOTALS This Period This Page (optional).		2000.00
OTALS This Period (last page in this	line only	y)	
Carry outstanding halance only to LII	NE 3 Sal	nedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summar
zarry outstanding Dalance Unity to Li	1 U, 30	icaule D, IOI tills	mile. It no ochedule b, carry forward to appropriate line of Sufficient

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

FOR LINE NUMBER: (check only one)

PAGE 30

13a 13b

OF

					130			
NAME OF COMMITTEE (In Full) John Mills for Congress				Transa	action ID : SC/10.4842			
<u> </u>								
LOAN SOURCE Full Name (La	ast, First, Mic	ldle Initial)		☐ Memo Iter				
John Mills for Congress	;			Primary				
General								
Mailing Address 9065 Orlando Avenue					Other (specify) ▼			
City		State	ZIP Cod	de	Personal Funds of the Candidate			
Navarre		FL	32566					
Original Amount of Loan		Cumulative Pag	yment To	Date Ba	alance Outstanding at Close of This Period			
2	2000.00	7		0.00	2000.00			
TERMS Date Incurred		С	Date Due	Interest Ra (If none, ent				
M07 ^M / D05 ^D / Y 20	18 ^Y	M M / D D) / You	72072010	0.00 % (apr) Yes No			
List All Endorsers or Guarante	ors (if anv) to	o Loan Source						
1. Full Name (Last, First, Midd	. ,			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed	9			
2. Full Name (Last, First, Middl	e Initial)			Name of Employer				
				Occupation				
Mailing Address				Occupation				
	1_	T		Amount Guaranteed				
City	State	ZIP Code		Outstanding:				
3. Full Name (Last, First, Middl	e Initial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:	9 9			
4. Full Name (Last, First, Middl	e Initial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:	9			
I .	1	1						
SUBTOTALS This Period This Pag	ge (optional)				2000.00			
TOTALS This Period (last page in	this line only	·) ······						
Carry outstanding balance only to	LINE 3. Sch	nedule D. for this	s line. If	no Schedule D. carry fo	rward to appropriate line of Summary.			
,	, -51	,						

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

FOR LINE NUMBER: (check only one)

PAGE

31

×	13a
	13b

55

OF

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 9065 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 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)..... 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

PAGE FOR LINE NUMBER: (check only one)

32 OF

> **X** 13a 13b

55

Transaction ID: SC/10.4106 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 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 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D24D M 06M ž014 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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)..... 5000.00 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)

PAGE 33

13a

OF

		100		
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4116		
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Aiddle Initial)	Memo Item Election: Primary General		
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		
4234.94	Odificiative 1 a	0.00 4234.94		
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)		
M07M / D18D / Y Z014 Y	M M / D D	% (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	te ZIP Code Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optiona])			
TOTALS This Period (last page in this line o		, , , , ,		
		7 7 7		
Uarry outstanding balance only to LINE 3, S	cneaule 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)

PAGE

34 OF

13a 13b

55

Transaction ID: SC/10.4197 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D08D M09M Ž015 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)..... 1000.00 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

PAGE 35
FOR LINE NUMBER: (check only one)

13a

OF

									130
AME OF COMMITTEE (In Full) Iohn Mills for Congress					Trans	saction	ID : SC/10.42	:99	
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive			Memo Ite	Ele	ction: 2016 Primary General Other (spec				
City		State	ZIP Code				7		
Miramar Beach		FL	32550			×	Personal F	unds of th	ne Candida
Original Amount of Loan	Cumulative Payment To Date			Balance Outstanding at Close of This Period					
3850	0.64	2	,	0.00			,	, 3	8850.64
TERMS Date Incurred		D	ate Due		Interest F (If none, e			Secu	ıred:
M01M / D02D / Y Ž016	Y	M M / D D	/ Y Y	YY			% (apr)		Yes x
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle Initial)				Name of Employer					
Mailing Address				cupation					
			Amount					_	
City	State	ZIP Code		ıaranteed ıtstanding:		7			
2. Full Name (Last, First, Middle Initial)				Name of Employer					
Mailing Address				Occupation					
	1			nount					
City	State	ZIP Code		iaranteed itstanding:		7	7		
3. Full Name (Last, First, Middle Initial)				Name of Employer					
Mailing Address				Occupation					
				nount		-			
City	State	ZIP Code		ıaranteed ıtstanding:		7			
4. Full Name (Last, First, Middle Initial)				Name of Employer					
Mailing Address				cupation					
				nount		-			
City	State	ZIP Code		ıaranteed ıtstanding:		7	7		
SUBTOTALS This Period This Page (···• [7 : :	, 3	850.64
OTALS This Period (last page in this	line only	/)			▶		7	7	
Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	line. If no	Schedule I	D, carry f	orward	to appropria	ite line of	Summar

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

FOR LINE NUMBER: (check only one)

PAGE

36 OF

X 13a 13b

55

Transaction ID: SC/10.4337 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 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 345.33 0.00 345.33 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D30 D M 06M 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)..... 345.33 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)

PAGE

37 OF

×	13a
	13b

55

Transaction ID: SC/10.4342 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 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 18D M 07M 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)..... 1500.00 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)

PAGE

38 OF

X 13a 13b

55

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

PAGE 39
FOR LINE NUMBER: (check only one)

13a

OF

			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

FOR LINE NUMBER: (check only one)

PAGE 40

13a

OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4351
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	ddle Initial)	☐ Memo Item
Mailing Address 1940 Boardwalk Drive		General Other (specify) ▼
City	State FL	ZIP Code Personal Funds of the Candidate
Miramar Beach		32550
Original Amount of Loan 500.00	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period 0.00 500.00
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)
M05M / D02D / Y Ž01Ť Y	M " M / D " D	/ Pěmaňd Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	L	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
·	Zii Oode	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional).		500.00
TOTALS This Period (last page in this line only	/)	7 7 7
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

FOR LINE NUMBER: (check only one)

PAGE

41

×	13a
	13b

55

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 ^D26^D 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

FOR LINE NUMBER: (check only one)

PAGE 42

13a

OF

						130			
	OF COMMITTEE (In Full) n Mills for Congress				Trans	saction ID : SC/10.4358			
	DAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Ite				
M	IILLS, Ralph, John, , III					Primary			
M	ailing Address					General Other (specify) ▼			
19	ailing Address 940 Boardwalk Drive					Other (specify)			
Cit			State	ZIP Cod	de	▼ Personal Funds of the Candidate			
Mii	ramar Beach		FL	32550					
	Original Amount of Loan		Cumulative Pay	yment To	Date B	alance Outstanding at Close of This Period			
	750	0.00			0.00	750.00			
TE	ERMS Date Incurred		D	Date Due	Interest R (If none, er				
	^M 09 ^M / ^D 13 ^D / ^Y Ž01Ť	Υ	M M / D D	/ Y	Y Y Y	0.00 % (apr) Yes X No			
Lie	st All Endorsers or Guarantors	(if any) to	n Loan Source						
	Full Name (Last, First, Middle I				Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
2.	Full Name (Last, First, Middle In	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
3.	Full Name (Last, First, Middle In	nitial)	•		Name of Employer				
	Mailing Address				Occupation				
		•			Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
4.	Full Name (Last, First, Middle In	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9			
,		<u>'</u>	•						
SUB	TOTALS This Period This Page (optional)			······	750.00			
тота	ALS This Period (last page in this	s line only	r)		·····				
Carr	y outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	prward to appropriate line of Summary.			
	, g, =	-, -	,						

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

FOR LINE NUMBER: (check only one)

PAGE 43

13a

			Detailed 3	Summary Pa	ige			13b
AME OF COMMITTEE (In Full) John Mills for Congress	, ,						ı	•
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	ddle Initial)			Memo Item	X	ion: 2018 Primary General Other (specify		
Mailing Address 1940 Boardwalk Drive						Other (specify	· · · · · · · · · · · · · · · · · · ·	
City Miramar Beach	State FL	ZIP Code 32550				Personal Fur	nds of the Ca	andidate
Original Amount of Loan	Cumulative Pay	yment To Da	0.00			utstanding at	16.9	
TERMS Date Incurred M04 ^M / D07 ^D / Y Ž018 Y	M M / D D	ate Due / \(\frac{1}{11} \)	3/2Ŏ18 ^Y	Interest Rai (If none, ente		% (apr)	Secured:	× No
List All Endorsers or Guarantors (if any) t	o Loan Source							
1. Full Name (Last, First, Middle Initial)		١	lame of Em	ployer				
Mailing Address		C	occupation					
City State ZIP Code			Amount Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)		٨	Name of Employer					
Mailing Address		C	Occupation					
City	ZIP Code		Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)	<u>'</u>	N	Name of Employer					
Mailing Address		C	Occupation					
City	ZIP Code		mount Guaranteed Outstanding:		9	7		
4. Full Name (Last, First, Middle Initial)		١	lame of Em	ployer				
Mailing Address	C	Occupation						
City	ZIP Code		mount Guaranteed Outstanding:		7	7]
UBTOTALS This Period This Page (optional)								
FOTALS This Period (last page in this line only Carry outstanding balance only to LINE 3, Sch					ward to	appropriate	line of Sun	nmary.

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

FOR LINE NUMBER: (check only one)

PAGE

44

X 13a 13b

55

OF

Transaction ID: SC/10.4899 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 300.00 0.00 300.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D12^D 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)..... 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

PAGE 45
FOR LINE NUMBER: (check only one)

13a

OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4900
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	ddle Initial)	☐ Memo Item
Mailing Address 1940 Boardwalk Drive		Other (specify) •
City	State	ZIP Code Personal Funds of the Candidate
Miramar Beach		32550 Polones Outstanding at Class of This Deviced
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period 0.00 1200.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M07 ^M / D18 ^D / Y Z019 Y	M M / D D	/
List All Endorsers or Guarantors (if any) to	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		1200.00
TOTALS This Period (last page in this line only	y)	
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 46

X	13a
	13b

					130			
NAME OF COMMITTEE (In Full) John Mills for Congress				Transa	ction ID : SC/10.4901			
LOAN SOURCE Full Name (Last, I	First. Midd	dle Initial)		□ Mama Itam	Election:			
, ,		,		☐ Memo Item	Primary			
MILLS, Ralph, John, , III				General				
Mailing Address 1940 Boardwalk Drive					Other (specify)			
1940 Boardwalk Drive								
City	;	State	ZIP Co	de				
Miramar Beach		FL	32550		Personal Funds of the Candidate			
Original Amount of Loan		Cumulative Pay	ment To	Date Bal	ance Outstanding at Close of This Period			
1500.	.00			0.00	1500.00			
TERMS Date Incurred		D	ate Due	Interest Rat (If none, ente				
M09M / D10D / Y Ž01Š	Y	M / D D	/ Y		0.00			
List All Endorsers or Guarantors ((if anv) to	Loan Source			, o (apr)			
1. Full Name (Last, First, Middle Ir	,			Name of Employer				
Mailing Address				Occupation				
				Assessment				
		T=15 0 .		Amount Guaranteed				
City	State	ZIP Code		Outstanding:				
2. Full Name (Last, First, Middle Ini	itial)			Name of Employer				
Mailing Address				Occupation				
				Amount Guaranteed Outstanding:				
City	State	ZIP Code						
3. Full Name (Last, First, Middle Ini	itial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Amount Guaranteed				
4. Full Name (Last, First, Middle Ini	itial)			Outstanding: Name of Employer				
Mailing Address				Occupation				
ivialing Address				·				
0.1	0	710.0		Amount Guaranteed				
City	State	ZIP Code		Outstanding:	9 9			
SUBTOTALS This Period This Page (o	ptional)			·······	1500.00			
					7 7 7			
TOTALS This Period (last page in this	line only)			······	, , , , , , , , , , , , , , , , , , ,			
Carry outstanding balance only to LIN	NE 3, Sche	edule D, for this	line. If	no Schedule D, carry for	ward to appropriate line of Summary.			

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

PAGE 47
FOR LINE NUMBER: (check only one)

13a

OF

		130
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4929
	J-II- 1141 N	Fr
MILLS, Ralph, , , III	adie Initial)	Memo Item Election: 2020 Primary General
Mailing Address 9065 Orlando Avenue		General Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pay	rment To Date Balance Outstanding at Close of This Period
1500.00	7	0.00 1500.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M12M / D30D / Y Ž019 Y	M M / D D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		1500.00
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 48

13a

OF

										130
AME OF COMMITTEE (In Full) Iohn Mills for Congress					Tran	saction	ID : SC/10	4936		
LOAN SOURCE Full Name (Last, MILLS, Ralph, , , III Mailing Address 9065 Orlando Avenue	Mailing Address					em Ele	ection: 20 Primary General Other (sp			
City		State	ZIP Cod	e			Damana	L Europia		
Navarre		FL	32566				Persona	Funas	or the C	andidate
Original Amount of Loan		Cumulative Pay	ment To [Date	E	Balance	Outstandin	g at Clo	se of Th	is Period
12000	0.00		7	0.00)		7		12000.	.00
TERMS Date Incurred		D	ate Due		Interest F			(Secured:	
^M 04 ^M / ^D 17 ^D / Y Ž02Ŏ	Y	M M / D D	/ Y	Y " Y " Y			% (ap	or)	Yes	x No
List All Endorsers or Guarantors	(if any) t	o Loan Source								
1. Full Name (Last, First, Middle I	nitial)			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					7	
City	State	ZIP Code		Guaranteed Outstanding:				W 1		
3. Full Name (Last, First, Middle In	itial)			Name of Em	ıployer					
Mailing Address				Occupation						
				Amount						ī
City	State	ZIP Code		Guaranteed Outstanding:		7	7		-	_
4. Full Name (Last, First, Middle In	itial)			Name of Employer						
Mailing Address				Occupation						
				Amount						
City	State	ZIP Code		Guaranteed Outstanding:		7	7			_
	UBTOTALS This Period This Page (optional)					00				
**OTALS This Period (last page in this					▶		7	7		
Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	line. If n	o Schedule	D, carry f	forward	to approp	riate lin	e of Sur	mmary.

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

FOR LINE NUMBER: (check only one)

PAGE 49

13a

OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4966
LOAN SOURCE Full Name (Last, First, I	Middle Initial)	— Flootion: 2000
MILLS, Ralph, , , III	viidale iriitial)	☐ Memo Item
Mailing Address 9065 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
5359.12	,	0.00 5359.12
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M07M / D10D / 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
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
Gity	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
0.1	710.0.1	Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	I	Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	al)	> 5359.12
	<u> </u>	, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line of	orny)	
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

FOR LINE NUMBER: (check only one)

PAGE

50 OF

X 13a 13b

55

Transaction ID: SC/10.4992 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 9065 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 1495.00 0.00 1495.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D04D ^M80^M **2020** Y12/31/2020 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 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)------1495.00 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

PAGE 51
FOR LINE NUMBER: (check only one)

13a

			talica outriinary i	age		13b
AME OF COMMITTEE (In Full) John Mills for Congress			Trans	saction ID:	SC/10.4983	
LOAN SOURCE Full Name (Last, First, Mic MILLS, Ralph, , , III Mailing Address 9065 Orlando Avenue	ddle Initial)		☐ Memo Ite	X Pri	n: 2020 imary eneral her (specify) ▼	
City Navarre	State FL	ZIP Code 32566		P	ersonal Funds of the	Candidate
Original Amount of Loan	Cumulative Pay	ment To Date	0.00	Balance Out	standing at Close of T	This Period
TERMS Date Incurred M08M / D05D / Y 2020 Y	M M / D D	ate Due	Interest F (If none, el	0.00	Secured % (apr) Yes	···
List All Endorsers or Guarantors (if any) to	o Loan Source					
Full Name (Last, First, Middle Initial)		Name	of Employer			
Mailing Address		Occu	oation			
City	ZIP Code		nt nteed anding:	. ,		
2. Full Name (Last, First, Middle Initial)	1	Name	of Employer			
Mailing Address		Occu	oation			
City State	ZIP Code		nt nteed anding:	,	9 1 9	
3. Full Name (Last, First, Middle Initial) Name of Employer						
Mailing Address		Occu	oation			
City	ZIP Code	Amou Guara Outst		. ,	7	
4. Full Name (Last, First, Middle Initial)		Name	of Employer			
Mailing Address		Occu	oation			
City	ZIP Code		nt nteed anding:	-	7	
SUBTOTALS This Period This Page (optional)				- 7	1500).00
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	line. If no Sch	edule D. carry f	orward to a	appropriate line of Si	ummarv.

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

FOR LINE NUMBER: (check only one)

PAGE 52

13a

OF

										130
AME OF COMMITTEE (In Full) Iohn Mills for Congress					Trans	saction	ID : SC/10.5	016		
LOAN SOURCE Full Name (Last, MILLS, Ralph, , , III Mailing Address 9065 Orlando Avenue	First, Mid	ddle Initial)] Memo Ite	m Ele	ction: 202 Primary General Other (spe			
City		State	ZIP Code				Personal	Funds of	f the Ca	ndidata
Navarre		FL	32566				Personal	runus oi	ine Ca	nuluale
Original Amount of Loan		Cumulative Pay	ment To Da	te	В	alance (Outstanding	at Close	of This	Period
1500	0.00	7	,	0.00)		2	7	1500.0	0
TERMS Date Incurred		D	ate Due		Interest R (If none, er			Se	ecured:	
M11M / D19D / Y Ž02Ŏ	Υ	M M / D D	/ Y Y	YY		0.00	% (apr)	Yes	x No
List All Endorsers or Guarantors	(if any) t	o Loan Source								
1. Full Name (Last, First, Middle I	nitial)		Na	ame of Em	ployer					
Mailing Address			00	ccupation						
				mount	_	-		-		
City	State	ZIP Code		uaranteed utstanding:		7	7			
2. Full Name (Last, First, Middle In	2. Full Name (Last, First, Middle Initial)			Name of Employer						
Mailing Address			00	ccupation						
	I	T=		Amount Guaranteed						
City	State	ZIP Code		utstanding:		7	7			
3. Full Name (Last, First, Middle In	itial)	·	Na	Name of Employer						
Mailing Address			O	ccupation						
	1	T		mount uaranteed						
City	State	ZIP Code		utstanding:	-	7	7		<u> </u>	
4. Full Name (Last, First, Middle In	itial)		Na	ame of Em	ployer					
Mailing Address			O	ccupation						
011	la			mount						
City	State	ZIP Code		uaranteed utstanding:		7	7			
SUBTOTALS This Period This Page (▶		7	7	1500.0	0
OTALS This Period (last page in this	line only	/)			▶		7	7		
Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	line. If no	Schedule I	D, carry fo	orward	to appropr	iate line	of Sum	mary.

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

FOR LINE NUMBER: (check only one)

PAGE

53 OF

×	13a
	13h

55

Transaction ID: SC/10.5037 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary MILLS, Ralph, , , III General Mailing Address 9065 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 D07D M 04M Ž021 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)..... 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

FOR LINE NUMBER: (check only one)

PAGE

54 OF

×	13a
	13h

55

Transaction ID: SC/10.5050 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary MILLS, Ralph, , , III General Mailing Address 9065 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 ^D28^D M 12M Ž021 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only)..... 67997.49 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 numbered line) PAGE 55 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

NAME OF COMMITTEE (In Full)
John Mills for Congress

John Willis for Congre	3 3				
A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):				
Law Office of James C. Thoma	Legal and Reporting Services				
Mailing Address 7509 NW Tiffany Springs Pk Suite 300					
City	State	Zip Code			
Kansas City	МО	64153			
Outstanding Balance Beginning This Period 0.00			Transaction ID : SD10.5057		
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
468.00		0.00	468.00		
Law Office of James C. Thoma	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Law Office of James C. Thomas III				
Mailing Address 7509 NW Tiffany Springs Pk Suite 300					
City	State	Zip Code			
Kansas City	MO	64153			
0.00 Amount Incurred This Period 180.00		Payment This Period 0.00	Outstanding Balance at Close of This Period		
C. Full Name (Last, First, Middle Initial) of De	ebtor or Cred	litor	, , ,		
Law Office of James C. Thoma	Nature of Debt (Purpose): Legal and Reporting Services				
Mailing Address 7509 NW Tiffany Springs Pk Suite 300	wy				
City	State	Zip Code			
Kansas City	MO	64153			
Outstanding Balance Beginning This Period 0.00		Downart This Davied	Transaction ID : SD10.5059		
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
180.00		0.00	180.00		
) SUBTOTALS This Period This Page (optiona	l)		828.00		
2) TOTALS This Period (last page this line num	828.00				
) TOTAL OUTSTANDING LOANS from Sched	67997.49				
) ADD 2) and 3) and carry forward to appropr	68825.49				