PAGE 1 / 59

REPORT OF RECEIPTS AND DISBURSEMENTS

| For An | Authorized Committee | Ot | ffice Use Only |
|---|--|----------------------------------|---------------------------------|
| NAME OF TYPE OR PRII COMMITTEE (in full) | NT ▼ Example: If typin over the lines. | g, type 12FE4M5 | |
| John Mills for Congress | | | |
| | | | |
| 9065 Orlando | | | |
| ADDRESS (number and street) | | | |
| Check if different | | | |
| than previously Navarre reported. (ACC) | | FL 32 | 2566 |
| 2. FEC IDENTIFICATION NUMBER ▼ | CITY A | STATE A | ZIP CODE ▲ |
| C C00565366 | 3. IS THIS X NEW (N) | OR AMENDED (A) | STATE ▼ DISTRICT |
| 4. TYPE OF REPORT (Choose One) | (b) 12-Day PRE -Election Repo | art for the | |
| (a) Quarterly Reports: | | | П |
| April 15 Quarterly Report (Q1) | Primary (12P | General (120 | Runoff (12R) |
| July 15 Quarterly Report (Q2) | Convention (| 12C) Special (12S |) |
| October 15 Quarterly Report (Q3) | Election on | D D / Y Y Y | in the State of |
| January 31 Year-End Report (YE) | (c) 30-Day POST -Election Rep | port for the: | |
| | General (30G |) Runoff (30R) | Special (30S) |
| Termination Report (TER) | Election on | D D / Y Y Y Y Y | in the State of |
| 5. Covering Period 01 / 01 O1 | / Y Y Y Y Y through | M M / D D / N | 7 Y Y Y 2024 |
| I certify that I have examined this Report and Adams, Ch | , | pelief it is true, correct and c | omplete. |
| Type or Print Name of Treasurer | | | |
| Signature of Treasurer Adams, Christopher, | , | Date Date | 10 / Y Y Y Y Y Y Y 2024 |
| NOTE: Submission of false, erroneous, or incomp | lete information may subject the per | son signing this Report to the | penalties of 52 U.S.C. §30109 |
| Office Use Only | | | FEC FORM 3 (Revised 05/2016) |

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name John Mills for Congress ^M03 2024 2024 31 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)) Net Operating Expenditures (a) Total Operating Expenditures 190.00 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 190.00 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 307.91 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 76047.17 Schedule C and/or Schedule D).....

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

John Mills for Congress

01 2024 03 31 2024 01 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)..... 0.00 505.00 (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

FEC Form 3 (Revised 05/2016)

of Disbursements

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|-----|--|-------------------------------|------------------------------------|
| 17. | OPERATING EXPENDITURES | 190.00 | 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 |
| .1. | OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. | TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) | 190.00 | 8801.49 |
| | III. CASH SU | JMMARY | |
| 23. | CASH ON HAND AT BEGINNING OF REPO | RTING PERIOD | 497.91 |
| 24 | TOTAL RECEIPTS THIS PERIOD (from Line | 16, page 3) | 0.00 |
| 25. | SUBTOTAL (add Line 23 and Line 24) | | 497.91 |
| 26. | TOTAL DISBURSEMENTS THIS PERIOD (fro | om Line 22) | 190.00 |
| | CASH ON HAND AT CLOSE OF REPORTIN | O DEDIOD | |

SCHEDULE B (FEC Form 3)

59 **PAGE** 5 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Mills for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Law Office of James C. Thomas III 2024 Mailing Address 7509 NW Tiffany Springs Pkwy 04 Suite 300 Zip Code City State **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement C Legal and Reporting Fees 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 190.00 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.5105 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 190.00 TOTAL This Period (last page this line number only)..... 190.00

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

PAGE 6
FOR LINE NUMBER: (check only one)

| × | 13a |
|---|-----|
| | 13b |

OF

| | | 135 |
|---|-----------------------|--|
| AME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4711 |
| LOAN SOURCE Full Name (Last, First | , Middle Initial) | Mome Item Election: 2018 |
| John Mills for Congress | | Memo Item Description: 2018 Primary General Primary Gen |
| Mailing Address 9065 Orlando Avenue | | Other (specify) ▼ |
| City | State | ZIP Code X Personal Funds of the Candidate |
| Navarre | FL | 32566 Personal Funds of the Candidate |
| Original Amount of Loan | Cumulative Pa | ayment To Date Balance Outstanding at Close of This Period |
| 126.34 | | 0.00 126.34 |
| TERMS Date Incurred | Ī | Date Due Interest Rate Secured: (If none, enter 0) |
| M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | M M / D I | 0.00 % (apr) Yes No |
| List All Endorsers or Guarantors (if a | ny) to Loan Source | |
| 1. Full Name (Last, First, Middle Initial |) | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | te ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | te ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | te ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | 1 | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | te ZIP Code | Guaranteed Outstanding: |
| | | |
| SUBTOTALS This Period This Page (option | nal) | 126.34 |
| FOTALS This Period (last page in this line | only) | |
| Carry outstanding halance only to LINE 2 | Schedule D. for thi | is line. If no Schedule D, carry forward to appropriate line of Summary. |
| carry outstanding balance only to LINE 3 | , conedule D, Ior III | in inc. in the sementic b, carry forward to appropriate line of summary. |

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

PAGE 7 OF FOR LINE NUMBER: (check only one)

13a

| | | | | | 130 | | | |
|----|---|---------------------|-------------------|-----------|--|----|--|--|
| | ME OF COMMITTEE (In Full) | | | | Transaction ID: SC/10.4742 | | | |
| J | ohn Mills for Congress | | | | | | | |
| | LOAN SOURCE Full Name (Last, | First, Mid | ldle Initial) | | ☐ Memo Item | | | |
| | John Mills for Congress | | | | Primary General | | | |
| | Mailing Address | | | | Other (specify) | | | |
| | 9065 Orlando Avenue | | | | | _ | | |
| | City | | State | ZIP Co | Porconal Funds of the Candida | te | | |
| | Navarre | | FL | 32566 | , | | | |
| | Original Amount of Loan | | Cumulative Pay | ment To | Date Balance Outstanding at Close of This Period | od | | |
| | 303 | 3.01 | | | 0.00 303.01 | J | | |
| | TERMS Date Incurred | | D | ate Due | Interest Rate Secured: (If none, enter 0) | _ | | |
| | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Y | M M / D D | / Y | 1/08/2018 0.00 % (apr) Yes X N | lo | | |
| | List All Endorsers or Guarantors | (if any) to | o Loan Source | | | | | |
| | 1. Full Name (Last, First, Middle I | | | | Name of Employer | | | |
| | Mailing Address | | | | Occupation | | | |
| | | | | | Amount | | | |
| | City | City State ZIP Code | | | Guaranteed Outstanding: | | | |
| | 2. Full Name (Last, First, Middle In | itial) | | | Name of Employer | | | |
| | Mailing Address | | | | Occupation | | | |
| | | | | | Amount | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | | |
| | 3. Full Name (Last, First, Middle In | itial) | ' | | Name of Employer | | | |
| | Mailing Address | | | | Occupation | | | |
| | | | | | Amount | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | | |
| | 4. Full Name (Last, First, Middle In | itial) | ' | | Name of Employer | | | |
| | Mailing Address | | | | Occupation | | | |
| | | | | | Amount | _ | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | | |
| | | | ' | | • | | | |
| SI | UBTOTALS This Period This Page (| optional) | | | 303.01 | | | |
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| | Carry outstanding halance only to LII | NF 3. Sch | edule D for this | s line If | no Schedule D, carry forward to appropriate line of Summary | | | |
| ı | and satisfaming salarioe only to Li | 0, 0011 | .c.a.c D, ioi and | 11 | no constant b, carry rotation 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)

X 13a

| | | | Detailed Summary | / Page | | | 13b |
|---|--|---------------|----------------------------|------------|-----------------------|--------|--------|
| NAME OF COMMITTEE (In Full) | IAME OF COMMITTEE (In Full) Transaction ID : SC/10.4743 | | | | | | |
| John Mills for Congress | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mic | Memo | item | ion: 2018 | | | | |
| John Mills for Congress | | | | 1 | Primary General | | |
| Mailing Address 9065 Orlando Avenue | | | | | Other (specify) ▼ | | |
| City | State | ZIP Code |) | | | | |
| Navarre | FL | 32566 | | X | Personal Funds of th | e Can | didate |
| Original Amount of Loan | Cumulative Pay | ment To D | ate | Balance O | utstanding at Close o | f This | Period |
| 4.24 | 7 | | 0.00 | | | 4.24 | ļ |
| TERMS Date Incurred | D | ate Due | Interest (If none, | | Secu | red: | |
| M 10 / 05 / Y Y Y Y Y Y | M M / D D | 11/0 | 08/2018 | 0.00 | % (apr) | es 2 | X No |
| List All Endorsers or Guarantors (if any) to | o Loan Source | | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | | | |
| Mailing Address | | (| Occupation | | | | |
| | | | Amount | | | | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | | - | |
| 2. Full Name (Last, First, Middle Initial) | | I | Name of Employer | | | | |
| Mailing Address | | (| Occupation | | | | |
| | | | Amount | | | | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | - | | |
| 3. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | | | |
| Mailing Address | | (| Occupation | | | | |
| | T= | | Amount Guaranteed | | | | |
| City | ZIP Code | | Outstanding: | 7 | 9 / | | |
| 4. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| Mailing Address | | (| Occupation | | | | |
| | | | Amount | | | | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | 7 | _ | |
| SUBTOTALS This Period This Page (optional) | | | | | | 4.24 | |
| <u> </u> | | | <u>^</u> | - | 7 | 7.24 | # |
| TOTALS This Period (last page in this line only | /) | | ······ | <u> </u> | , , | W. | |
| Carry outstanding balance only to LINE 3, Sch | nedule D, for this | s line. If no | Schedule D, carry | forward to | appropriate line of | Sumr | nary. |

Use separate schedule(s)

PAGE

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FOR LINE NUMBER: for each category of the **X** | 13a (check only one) Detailed Summary Page 13b Transaction ID: SC/10.4744 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address Other (specify) 9065 Orlando Avenue City State ZIP Code Personal Funds of the Candidate 32566 FL Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 35.00 0.00 35.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 10 0.00 2017 11/08/2018 10 Yes 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 ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 35.00

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

TOTALS This Period (last page in this line only).....

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

FOR LINE NUMBER: (check only one)

PAGE 10

13a

| | | | Detailed Summary | / Page | | | 13b |
|---|--------------------|---------------|--|--------------|---|---------|---------|
| NAME OF COMMITTEE (In Full) | | | Tra | nsaction I | D : SC/10.4745 | • | |
| John Mills for Congress | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mic | ☐ Memo | iteiii | tion: 2018 | | | | |
| John Mills for Congress | | | | | Primary General | | |
| Mailing Address 9065 Orlando Avenue | | | | | Other (specify) ▼ | | |
| City | State | ZIP Code | • | | | | |
| Navarre | FL | 32566 | | | Personal Funds of t | he Car | ndidate |
| Original Amount of Loan | Cumulative Pay | ment To D | ate | Balance C | Outstanding at Close | of This | Period |
| 21.63 | 7 | | 0.00 | | 7 | 21.63 | 3 |
| TERMS Date Incurred | D | ate Due | Interest (If none, | | Sec | ured: | |
| M 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | M M / D D | / 11/0 | 08/2018 | 0.00 | % (apr) | Yes 2 | X No |
| List All Endorsers or Guarantors (if any) t | o Loan Source | | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | | | |
| Mailing Address | | (| Occupation | | | | |
| | | | Amount | | | - | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | y | | |
| 2. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | | | |
| Mailing Address | | (| Occupation | | | | |
| | | | Amount Guaranteed | | | - | |
| City | ZIP Code | | Outstanding: | 7 | | | |
| 3. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | | | |
| Mailing Address | | (| Occupation | | | | |
| | | | Amount Guaranteed | | | - | |
| City | ZIP Code | | Outstanding: | 7 | 7 | | |
| 4. Full Name (Last, First, Middle Initial) | | - | Name of Employer | | | | |
| Mailing Address | | | Occupation | | | | |
| | | | Amount | | | - | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | 9 | | |
| SUBTOTALS This Period This Page (optional). | | | | | | 21.63 | 3 |
| <u> </u> | | | <u>_</u> | | 7 | 21.03 | 4 |
| TOTALS This Period (last page in this line only | /) | | ······································ | <u> </u> | , | | |
| Carry outstanding balance only to LINE 3, Sch | nedule D, for this | s line. If no | Schedule D, carry | forward t | o appropriate line o | f Sumi | mary. |

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

PAGE 11
FOR LINE NUMBER: (check only one)

13a 13b

| | | | Detailed Summary | y Page | | | 13b |
|--|---|---------------|--|-----------------|-----------------------------------|---------|---------|
| NAME OF COMMITTEE (In Full) | | | Tra | nsaction ID : S | 6C/10.4746 | • | |
| John Mills for Congress | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mic | LOAN SOURCE Full Name (Last, First, Middle Initial) | | | | | | |
| John Mills for Congress | | | | Y Prim | | | |
| Mailing Address 9065 Orlando Avenue | | | | | er (specify) \blacktriangledown | | |
| City | State | ZIP Code |) | | | | |
| Navarre | FL | 32566 | | X Pe | rsonal Funds of | the Car | ndidate |
| Original Amount of Loan | Cumulative Pay | yment To D | ate | Balance Outst | anding at Close | of This | Period |
| 7.95 | 9 | | 0.00 | | | 7.95 | 5 |
| TERMS Date Incurred | D | ate Due | Interest (If none, | | Sec | ured: | |
| M 10 / D 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | M M / D D | / 11/0 | 08/2018 | 0.00 | √o (apr) | Yes 2 | 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 | | | | |
| | | | Amount | | | - | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | y | | |
| 2. Full Name (Last, First, Middle Initial) | • | | Name of Employer | | | | |
| Mailing Address | | | Occupation | | | | |
| | | | Amount Guaranteed | | | - | |
| City | ZIP Code | | Outstanding: | 7 | 7 | - | |
| 3. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| Mailing Address | | | Occupation | | | | |
| | | | Amount Guaranteed | | | - | |
| City | ZIP Code | | Outstanding: | , | y | | |
| 4. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| Mailing Address | | | Occupation | | | | |
| | | | Amount | | | - | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | 7 | | |
| SUBTOTALS This Period This Page (optional). | | | | | | 7.95 | |
| (optional) | | | | | | 7.95 | _ |
| TOTALS This Period (last page in this line only | /) ······ | | ······································ | | 7 | | |
| Carry outstanding balance only to LINE 3, Sch | nedule D, for this | s line. If no | Schedule D, carry | forward to ap | propriate line o | of Sumi | mary. |

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

FOR LINE NUMBER: (check only one)

PAGE 12

13a

| | | | | | Detailed Garrina | ily i ago | ' | 13b | | |
|-----|--|------------|--------------------|------------|-------------------------|-----------------------|-------------------------------|---------------|--|--|
| NA | ME OF COMMITTEE (In Full) | | | | Tr | ransacti | on ID : SC/10.4747 | | | |
| Jo | ohn Mills for Congress | | | | | | | | | |
| | LOAN SOURCE Full Name (Last, | First, Mi | ddle Initial) | | Memo | Item | Election: 2018 | | | |
| | John Mills for Congress | | | | | | X Primary | | | |
| | | | | | | | General | | | |
| | Mailing Address 9065 Orlando Avenue | | | | | | Other (specify) | | | |
| | City | | State | ZIP Cod | е | | Personal Funds of the | Candidata | | |
| | Navarre | | FL | 32566 | | | T ersonal Tunus of the | Januluate | | |
| | Original Amount of Loan | | Cumulative Pa | yment To [| Date | Balan | ce Outstanding at Close of T | his Period | | |
| | 72 | 2.49 | | | 0.00 | | 7. | 2.49 | | |
| | 7 | 4 | 9 | 7 | - | | | | | |
| | TERMS Date Incurred | | | Date Due | | st Rate e, enter 0 | Secured | i: | | |
| | 10 30 / Y Y 2017 | Υ | M M / D D | / Y | 08/2018 Y | 0.00 | 0 % (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 | | | | | |
| ١ | 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 Ir | nitial) | | | Name of Employer | | | | | |
| | Mailing Address | | | | Occupation | | | | | |
| | | | | | Amount | | | $\overline{}$ | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | 7 7 7 | | | |
| | 4. Full Name (Last, First, Middle In | nitial) | | | Name of Employer | | | | | |
| | Mailing Address | | | | Occupation | | | | | |
| | | | | | Amount | | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | 7 7 7 | | | |
| | | • | | | | | | | | |
| SI | JBTOTALS This Period This Page (| optional). | | | ······ | | 72 | 2.49 | | |
| TO | OTALS This Period (last page in this | s line onl | y) | | ······ | | 7 7 | | | |
| _ | arry outstanding balance only to LI | NE 2 S- | hodulo D. for thi | c line If | o Sobodulo D. com | a, form | ard to appropriate line of St | Immes: | | |
| ı u | arry outstanding palance only to Li | INE J, JC | nedule D, lor this | อ แแษ. แ N | o acriedule D. Cari | y iorwa | aru to appropriate line of 5 | annindry. | | |

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

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

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13b Transaction ID: SC/10.4748 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 Other (specify) 9065 Orlando Avenue City State ZIP Code Personal Funds of the Candidate 32566 FL Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 196.54 0.00 196.54 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 2017 11/08/2018 10 Yes 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 ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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)..... 196.54 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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| | | | Detailed Summary | / Page | | | 13b |
|---|---|---------------|--|-------------|--------------------|--------------|----------|
| NAME OF COMMITTEE (In Full) | | | Tra | nsaction ID | : SC/10.4749 | • | • |
| John Mills for Congress | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mid | ddle Initial) | | Memo | iteiii | ion: 2018 | | |
| John Mills for Congress | | | | | Primary General | | |
| Mailing Address 9065 Orlando Avenue | | | | | Other (specify) | ▼ | |
| City | State | ZIP Code | 9 | | | | |
| Navarre | FL | 32566 | | | Personal Funds | s of the Ca | indidate |
| Original Amount of Loan | Original Amount of Loan Cumulative Payment To | | | Balance Ou | utstanding at C | lose of This | s Period |
| 41.21 | | | 0.00 | | , , | 41.2 | 21 |
| TERMS Date Incurred | | ate Due | Interest (If none, | | | Secured: | |
| 11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | M M / D D | 11/0 | 08/2018 Y | 0.00 | % (apr) | Yes | X No |
| List All Endorsers or Guarantors (if any) t | o Loan Source | | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| Mailing Address | | (| Occupation | | | | |
| | | | Amount | | | | 1 |
| City State | ZIP Code | | Guaranteed Outstanding: | 7 | | - | |
| 2. Full Name (Last, First, Middle Initial) | · | 1 | Name of Employer | | | | |
| Mailing Address | | (| Occupation | | | | |
| | | | Amount Guaranteed | | | | 1 |
| City | ZIP Code | | Outstanding: | 7 | 7 | - T | |
| 3. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | | | |
| Mailing Address | | (| Occupation | | | | |
| | | | Amount | | | | 1 |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | | | |
| 4. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | | | |
| Mailing Address | | (| Occupation | | | | |
| | | | Amount | | | | 1 |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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| | AME OF COMMITTEE (In Full) | | | | Transaction ID: SC/10.4750 | | | | |
| J | ohn Mills for Congress | | | | | | | | |
| | LOAN SOURCE Full Name (Last, | First, Mid | Idle Initial) | | ☐ Memo Item | | | | |
| | John Mills for Congress | | | | X Primary General | | | | |
| | Mailing Address | | | | Other (specify) \blacktriangledown | | | | |
| | 9065 Orlando Avenue | | | | | _ | | | |
| | City | | State | ZIP Co | Parsonal Funds of the Candid | ate | | | |
| | Navarre | | FL | 32566 | S 1 0.00. Tall 1 all all 5 1 the ballata | | | | |
| | Original Amount of Loan | | Cumulative Pay | ment To | Date Balance Outstanding at Close of This Per | ʻiod | | | |
| | 804 | .08 | | | 0.00 804.08 | | | | |
| | TERMS Date Incurred | | D | ate Due | Interest Rate Secured: (If none, enter 0) | | | | |
| | 11 / D D / Y Y Y 2017 | Y | M M / D D | / Y | 1/08/2018 0.00 % (apr) Yes X | Nο | | | |
| | List All Endorsers or Guarantors | (if any) to | o Loan Source | | 70 (apr) | | | | |
| | Full Name (Last, First, Middle I | | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | City State ZIP Code | | | Guaranteed Outstanding: | | | | |
| | 2. Full Name (Last, First, Middle In | itial) | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | | | |
| | 3. Full Name (Last, First, Middle In | itial) | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | | | |
| | 4. Full Name (Last, First, Middle In | itial) | - | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | | | |
| | | | | | | | | | |
| s | UBTOTALS This Period This Page (| optional) | | | 804.08 | | | | |
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| 7 | Carry outstanding balance only to LII | NE 3, Sch | edule D, for this | s line. If | no Schedule D, carry forward to appropriate line of Summar | у. | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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Transaction ID: SC/10.4751 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address Other (specify) 9065 Orlando Avenue City State ZIP Code Personal Funds of the Candidate 32566 FL Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 19.08 0.00 19.08 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 08 0.00 2017 11/08/2018 11 Yes 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 ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 19.08 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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|---|--|---------------|----------------------------|----------------------|-------------------|-----------|---------|
| NAME OF COMMITTEE (In Full) | | | Tra | nsaction ID : | SC/10.4752 | · | |
| John Mills for Congress | John Mills for Congress | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mic | ddle Initial) | | Memo | ileiii | n: 2018 | | |
| John Mills for Congress | John Mills for Congress | | | | | | |
| Mailing Address 9065 Orlando Avenue | | | | | her (specify) ▼ | | |
| City | State | ZIP Code |) | - | | | |
| Navarre | FL | 32566 | | X P | ersonal Funds o | f the Car | ndidate |
| Original Amount of Loan | Cumulative Pay | ment To D | ate | Balance Outs | standing at Close | e of This | Period |
| 93.73 | | , | 0.00 | | | 93.73 | 3 |
| TERMS Date Incurred | D | ate Due | Interest (If none, | | Se | ecured: | |
| M 11 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | M M / D D | / 11/0 | 08/2018 Y | 0.00 | % (apr) | Yes | X No |
| List All Endorsers or Guarantors (if any) t | o Loan Source | | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | | | |
| Mailing Address | Mailing Address | | | | | | |
| | | | | Amount Guaranteed | | | |
| City | City State ZIP Code | | | 7 | 7 | | |
| 2. Full Name (Last, First, Middle Initial) | 2. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | |
| Mailing Address | Mailing Address | | | Occupation | | | |
| | | | Amount Guaranteed | | | | |
| City | ZIP Code | | Outstanding: | 7 | 7 | | |
| 3. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | | | |
| Mailing Address | | (| Occupation | | | | |
| 011 | 710.0.1 | | Amount Guaranteed | | | | |
| City | ZIP Code | | Outstanding: | 9 | 7 | | |
| 4. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| Mailing Address | | | Occupation | | | | |
| | | | Amount | | | | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | 7 | w 1 | |
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| Carry outstanding balance only to LINE 3, Sch | nedule D, for this | s line. If no | Schedule D, carry | forward to a | appropriate line | of Sumi | mary. |

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

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|---|--|---------------|--|-------------|---------------------|---------|---------|
| NAME OF COMMITTEE (In Full) | | | Tra | nsaction II | D : SC/10.4753 | • | |
| John Mills for Congress | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mic | ddle Initial) | | Memo | ILEIII I | tion: 2018 | | |
| John Mills for Congress | John Mills for Congress | | | | | | |
| Mailing Address 9065 Orlando Avenue | | | | | Other (specify) ▼ | | |
| City | State | ZIP Code |) | _ | | | |
| Navarre | FL | 32566 | | X | Personal Funds of | the Car | ndidate |
| Original Amount of Loan | Cumulative Pay | ment To D | ate | Balance O | utstanding at Close | of This | Period |
| 6.00 | , | , | 0.00 | | | 6.00 |) |
| TERMS Date Incurred | D | ate Due | Interest (If none, | | Sec | cured: | |
| M 12 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | M M / D D | / 11/0 | 08/2018 Y | 0.00 | % (apr) | Yes 2 | 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 | Mailing Address | | | | | | |
| | | | Amount | | | | |
| City State | ZIP Code | | Guaranteed Outstanding: | 7 | | | |
| 2. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| Mailing Address | Mailing Address | | | Occupation | | | |
| | | | Amount | | | | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | | | |
| 3. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | | | |
| Mailing Address | | (| Occupation | | | | |
| | T= | | Amount Guaranteed | | | | |
| City | ZIP Code | | Outstanding: | 7 | | | |
| 4. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| Mailing Address | | | Occupation | | | | |
| | | | Amount | | | | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | 7 | | |
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| Carry outstanding balance only to LINE 3, Sch | nedule D, for this | s line. If no | Schedule D, carry | forward to | o appropriate line | of Sumi | mary. |

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

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| AME OF COMMITTEE (In Full) | | | | Transa | action ID | D : SC/10.4754 | | |
| John Mills for Congress | | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mic | ddle Initial) | | | Memo Iten | | tion: 2018 | | |
| John Mills for Congress | | | | | | Primary General | | |
| Mailing Address | | | | | | Other (specify) | | |
| 9065 Orlando Avenue | | | | | | | | |
| City | State | ZIP Code | | | | Personal Funds of th | o Con | didata |
| Navarre | FL | 32566 | | | | Personal Funds of th | e Can | Jidale |
| Original Amount of Loan | Cumulative Pay | yment To Da | ate | Ва | lance O | utstanding at Close o | f This | Period |
| 308.00 | | | 0.00 | ΠГ | | | 308.00 | П |
| TERMS Date Incurred | , | Date Due | | Interest Ra | | Secu | rod: | = |
| | | | | (If none, ent | | Secu | ieu. | |
| 12 / 22 / 2017 | M M / D D | 11/08 | 3/2018 ^Y | | 0.00 | % (apr) | es > | \leq No |
| List All Endorsers or Guarantors (if any) t | o Loan Source | | | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | N | lame of Emp | ployer | | | | |
| Mailing Address | | C | Occupation | | | | | |
| | | | Amount | | | | | |
| City State | ZIP Code | | luaranteed Outstanding: | | , | | | |
| 2. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | | |
| Mailing Address | | C | Occupation | | | | | |
| | | | Amount | | | | | |
| City | ZIP Code | | luaranteed Outstanding: | | , | y | | |
| 3. Full Name (Last, First, Middle Initial) | | N | Name of Employer | | | | | |
| Mailing Address | | С | Occupation | | | | | |
| | | | mount | | | | | |
| City | ZIP Code | | luaranteed Outstanding: | | 7 | | - | |
| 4. Full Name (Last, First, Middle Initial) | | N | Name of Employer | | | | | |
| Mailing Address | | | Occupation | | | | | |
| | | A | mount | _ | | | | |
| City State | ZIP Code | | Guaranteed Outstanding: | | 7 | 9 | | |
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| Carry outstanding balance only to LINE 3, Sch | nedule D, for this | s line. If no | Schedule I | D, carry fo | rward to | o appropriate line of | Summ | nary. |

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

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|---|--|---------------|----------------------------|----------------------|------------------------|---------|---------|
| NAME OF COMMITTEE (In Full) | | | Tra | ansaction I | D : SC/10.4755 | | |
| John Mills for Congress | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mic | ddle Initial) | | Memo | Item Elec | ction: 2018 | | |
| John Mills for Congress | | | | | Primary | | |
| | | | General | | | | |
| Mailing Address 9065 Orlando Avenue | | | | | Other (specify) ▼ | | |
| Cit. | Ctata | ZID Code | | _ | | | |
| City | State | ZIP Code |) | X | Personal Funds of th | ne Can | ndidate |
| Navarre | FL | 32566 | | | | | |
| Original Amount of Loan | Cumulative Pag | yment To D | ate | Balance C | Outstanding at Close o | of This | Period |
| 56.34 | | | 0.00 | | | 56.34 | |
| | 9 | 7 | | | | - | |
| TERMS Date Incurred | C | Date Due | Interes: | t Rate , enter 0) | Secu | red: | |
| 12 | M M / D D | / Y Y | 08/2018 | | 7 _ | _ | |
| 12 24 2017 | | 11/0 | 08/2018 | 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 | | | | |
| | | | Amount | | | | |
| City State | ZIP Code | | Guaranteed Outstanding: | | | | |
| | , and the second | | | , | , , , , , , | | |
| 2. Full Name (Last, First, Middle Initial) | 2. Full Name (Last, First, Middle Initial) | | | | | | |
| Mailing Address | | | Occupation | | | | |
| Walling / ladioss | | | | | | | |
| | | | Amount | | | 77 | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | | | |
| 3. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| or run runne (East, First, Middle Hillar) | | | | | | | |
| Mailing Address | | | Occupation | | | | |
| | | | Assessed | | | | |
| City State | ZIP Code | | Amount Guaranteed | | | П | |
| City | 211 0000 | (| Outstanding: | 7 | , , | | |
| 4. Full Name (Last, First, Middle Initial) | | - | Name of Employer | | | | |
| Mailing Address | | | Occupation | | | | |
| Mailing Address | | | Occupation | | | | |
| | | | Amount | | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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| AME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4756 | | | | | |
| LOAN SOURCE Full Name (Last, First, Mid | ddle Initial) | Memo Item Election: 2018 | _ | | | | |
| John Mills for Congress | , | Primary General | | | | | |
| Mailing Address 9065 Orlando Avenue | | Other (specify) ▼ | _ | | | | |
| City | State | ZIP Code X Personal Funds of the Candida | te. | | | | |
| Navarre | FL | 32566 Personal Funds of the Candida | _ | | | | |
| Original Amount of Loan | Cumulative Pay | yment To Date Balance Outstanding at Close of This Peri | od | | | | |
| 208.00 | 9 | 0.00 208.00 | J | | | | |
| TERMS Date Incurred | D | Date Due Interest Rate Secured: (If none, enter 0) | | | | | |
| M 12 | M M / D D | / 11/08/2018 0.00 % (apr) Yes X | lo | | | | |
| 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) | <u>'</u> | Name of Employer | 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: | | | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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|---|--|---------------|----------------------------|------------------|--------------------------|--------|--------------------|--|
| NAME OF COMMITTEE (In Full) | Tra | ansaction II | D : SC/10.4678 | | | | | |
| John Mills for Congress | | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mic | ddle Initial) | | Memo | Item Elec | tion: 2018 | | | |
| John Mills for Congress | John Mills for Congress | | | | | | | |
| Mailing Address | | | | | General | | | |
| 9065 Orlando Avenue | | | | | Other (specify) ▼ | | | |
| City | State | ZIP Code |) | | Damanal Funda of the | | الدامة ال | |
| Navarre | FL | 32566 | | | Personal Funds of the | Cano | ııdate | |
| Original Amount of Loan | Cumulative Page | yment To D | ate | Balance O | utstanding at Close of | This F | ² eriod | |
| 400.00 | | | 0.00 | | 40 | 00.00 | | |
| TERMS Date Incurred | | Date Due | Interes | t Rate | Secure | ed: | _ | |
| M M / D D / Y Y Y Y | M M / D D | / Y - Y | | , enter 0) | - | | | |
| 01 17 2018 | | 11/0 | 08/2018 Y | 0.00 | % (apr) | es 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 | Mailing Address | | | | | | | |
| | | | Amount | | | | | |
| City State | ZIP Code | | Guaranteed Outstanding: | | | _ | | |
| 2. Full Name (Last, First, Middle Initial) | 2. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| Mailing Address | | | Occupation | | | | | |
| | | | Amount | | | | | |
| City | ZIP Code | | Guaranteed Outstanding: | - 7 | - | _ | | |
| 3. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | | |
| Mailing Address | | | Occupation | | | | | |
| | | | Amount | | | - | | |
| City | ZIP Code | | Guaranteed Outstanding: | | 7 | _ | | |
| 4. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | | |
| Mailing Address | | | Occupation | | | | | |
| | | | Amount | | | _ | | |
| City State | ZIP Code | | Guaranteed Outstanding: | 7 | y | _ | | |
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| Carry outstanding balance only to LINE 3, Sch | nedule D, for this | s line. If no | Schedule D, carr | y forward to | o appropriate line of \$ | Summ | arv. | |

Use separate schedule(s) for each category of the

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X | 13a Detailed Summary Page 13b 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 Other (specify) 9065 Orlando Avenue City State ZIP Code Personal Funds of the Candidate 32566 FL Navarre Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2231.10 0.00 2231.10 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 03 2018 11/08/2018 Yes 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 ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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

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| AME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4829 | | |
| LOAN SOURCE Full Name (Last, First, | Middle Initial) | Mome Item Election: 2018 | | |
| John Mills for Congress | | ☐ Memo Item ☐ Primary ☐ General | | |
| Mailing Address 9065 Orlando Avenue | | Other (specify) ▼ | | |
| City | State | ZIP Code 32566 Personal Funds of the Candidate | | |
| Navarre | FL | 32300 | | |
| Original Amount of Loan | Cumulative Pay | | | |
| 150.67 | | 0.00 150.67 | | |
| TERMS Date Incurred | D | late Due Interest Rate Secured: (If none, enter 0) | | |
| 04 / 20 / Y Y Y Y Y | M M / D D | / 08/28/2018 | | |
| 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: | | |
| 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) | <u> </u> | 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: | | |
| <u>.</u> | | | | |
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| Carry outstanding balance only to LINE 2 | Schedule D. for this | s line. If no Schedule D, carry forward to appropriate line of Summary. | | |
| July outstanding Datance Unity to Link 3, i | Jonedale D, IOI IIIIS | into in no conseque b, carry forward to appropriate line of cultilliary. | | |

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X | 13a Detailed Summary Page 13b Transaction ID: SC/10.4815 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 Other (specify) 9065 Orlando Avenue City State ZIP Code Personal Funds of the Candidate 32566 FL Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 8500.00 700.00 7800.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 2018 11/08/2018 04 Yes 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 ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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)..... 7800.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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| NAME OF COMMITTEE (In Full) | | | | Transaction ID: SC/10.4830 | | | |
| John Mills for Congress | | | | | | | |
| LOAN SOURCE Full Name (L | ast, First, Mid | Idle Initial) | | ☐ Memo Item | | | |
| John Mills for Congres | S | | | Primary General | | | |
| Mailing Address | | | | Other (specify) ▼ | | | |
| 9065 Orlando Avenue | | | | | | | |
| City | | State | ZIP Cod | | | | |
| Navarre | | FL | 32566 | Personal Funds of the Candidat | | | |
| Original Amount of Loan | | Cumulative Pag | yment To I | Date Balance Outstanding at Close of This Period | | | |
| | 1475.00 | | | 0.00 1475.00 | | | |
| TERMS Date Incurred | | | Date Due | Interest Rate Secured: | | | |
| M M / D D / Y Y | YY | M M / D D | _ | (If none, enter 0) | | | |
| | 018 | | | 8/28/2018 0.00 % (apr) Yes X No | | | |
| List All Endorsers or Guarantors (if any) to Loan Source | | | | | | | |
| 1. Full Name (Last, First, Mide | dle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| | | | - | Amount | | | |
| City | State | ZIP Code | | Guaranteed Outstanding: | | | |
| 2. Full Name (Last, First, Midd | le Initial) | | | Name of Employer | | | |
| Mailing Addis | | | | Occupation | | | |
| Mailing Address | | | | Occupation | | | |
| | | T | | Amount Guaranteed | | | |
| City | State | ZIP Code | | Outstanding: | | | |
| 3. Full Name (Last, First, Midd | le Initial) | - | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| | | | - | Amount | | | |
| City | State | ZIP Code | | Guaranteed | | | |
| 4. Full Name (Last, First, Midd | le Initial) | | | Outstanding: Name of Employer | | | |
| • | | | | . , | | | |
| Mailing Address | | | | Occupation | | | |
| | | | | Amount | | | |
| City | State | ZIP Code | | Guaranteed Outstanding: | | | |
| | ı | 1 | | <u> </u> | | | |
| SUBTOTALS This Period This Pa | SUBTOTALS This Period This Page (optional)———————————————————————————————————— | | | | | | |
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| Carry outstanding balance only t | o LINE 3, Sch | nedule D, for this | s line. If n | no Schedule D, carry forward to appropriate line of Summary. | | | |

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

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| AME OF COMMITTEE (In Full) | | | Transaction ID : SC/10.4831 | | | | | |
| John Mills for Congress | | | | | | | | |
| John Mills for Congress Mailing Address | ddle Initial) | | Memo Item Election: 2018 ✓ Primary General Other (specify) ▼ | | | | | |
| 9065 Orlando Avenue | 9065 Orlando Avenue | | | | | | | |
| City | State | ZIP Code | Barranal Frede of the Condi | -1-1- | | | | |
| Navarre | FL | 32566 | Personal Funds of the Candid | jate | | | | |
| Original Amount of Loan 600.00 | Cumulative Pay | ment To Date | Balance Outstanding at Close of This Pe | eriod | | | | |
| TERMS Date Incurred | D | ate Due | Interest Rate Secured: | | | | | |
| M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | M M / D D | 08/28/2018 | (If none, enter 0) 0.00 % (apr) Yes | No | | | | |
| List All Endorsers or Guarantors (if any) to | to Loan Source | | | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of En | nployer | | | | | |
| Mailing Address | | Occupation | Occupation | | | | | |
| City | ZIP Code | Amount Guaranteed Outstanding | | | | | | |
| 2. Full Name (Last, First, Middle Initial) | ' | Name of En | nployer | | | | | |
| Mailing Address | | Occupation | Amount Guaranteed | | | | | |
| City State | ZIP Code | Guaranteed | | | | | | |
| 3. Full Name (Last, First, Middle Initial) | | Outstanding Name of En | • | | | | | |
| 3. Full Name (Last, First, Middle Illitial) | | Name of Life | прюуел | | | | | |
| Mailing Address | | Occupation | Occupation | | | | | |
| City State | ZIP Code | Amount Guaranteed Outstanding | | | | | | |
| 4. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | | |
| Mailing Address | | Occupation | | | | | | |
| 3 | | · . | | | | | | |
| City | ZIP Code | Amount Guaranteed Outstanding | | | | | | |
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| Carry outstanding balance only to LINE 3. Sc | hedule D. for this | line. If no Schedule | D, carry forward to appropriate line of Summa | irv. | | | | |

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| | E OF COMMITTEE (In Full) | | | | Transaction ID : SC/10.4832 | | | | |
| | n Mills for Congress | | | | | | | | |
| LO | OAN SOURCE Full Name (Last, | First, Mid | Idle Initial) | | ☐ Memo Item Election: 2018 | | | | |
| J | ohn Mills for Congress | | | | Primary General | | | | |
| М | lailing Address | | | | Other (specify) ▼ | | | | |
| | 0065 Orlando Avenue | | | | | | | | |
| | | | | ZIP Co | Porconal Funds of the Candidate | | | | |
| Na | avarre | | FL | - Toronal varies of the Garmana. | | | | | |
| | Original Amount of Loan | | Cumulative Pay | ment To | Date Balance Outstanding at Close of This Perio | | | | |
| | 35 | 5.10 | 7 | | 0.00 | | | | |
| TE | ERMS Date Incurred | | D | ate Due | Interest Rate Secured: (If none, enter 0) | | | | |
| | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Υ | M M / D D | / Y | 8/28/2018 0.00 % (apr) Yes X No | | | | |
| Li | ist All Endorsers or Guarantors | (if anv) to | o Loan Source | | | | | | |
| | . Full Name (Last, First, Middle I | | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | | | |
| 2. | 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 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: | | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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|---|--------------------|---------------|----------------------------|-----------------|--------------------------------|------------|--|
| AME OF COMMITTEE (In Full) | | | | Transact | tion ID : SC/10.4841 | | |
| John Mills for Congress | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mic | ddle Initial) | | Memo Item | Election: 2018 | | | |
| John Mills for Congress | | | | | Y Primary General | | |
| Mailing Address | | | | | Other (specify) | | |
| 9065 Orlando Avenue | | | | | | | |
| City | State | ZIP Code | | | Personal Funds of the C | `andidata | |
| Navarre | FL | 32566 | | | Personal Funds of the C | andidate | |
| Original Amount of Loan | Cumulative Pay | yment To Da | ate | Balar | nce Outstanding at Close of Th | nis Period | |
| 2000.00 | | | 0.00 | ПГ. | 2000 | .00 | |
| TERMS Date Incurred | , | Date Due | | Interest Rate | Secured | | |
| | | _ | (| (If none, enter | | | |
| 07 / 05 / Y Y Y Y Y | M M / D D | 08/2 | 8/2018 Y | 0.0 | % (apr) Yes | X No | |
| List All Endorsers or Guarantors (if any) t | o Loan Source | | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | ١ | lame of Emp | oloyer | | | |
| Mailing Address | | C | Occupation | | | | |
| | | | Amount | | | | |
| City | ZIP Code | | Guaranteed Outstanding: | | g | _ | |
| 2. Full Name (Last, First, Middle Initial) | • | N | Name of Employer | | | | |
| Mailing Address | | C | Occupation | | | | |
| | | | Amount | | | | |
| City | ZIP Code | | Guaranteed Outstanding: | | 7 7 | _ | |
| 3. Full Name (Last, First, Middle Initial) | | N | lame of Emp | loyer | | | |
| Mailing Address | | (| Occupation | | | | |
| | | | mount | | | 7 | |
| City | ZIP Code | | Guaranteed Outstanding: | | 7 | | |
| 4. Full Name (Last, First, Middle Initial) | | N | Name of Employer | | | | |
| Mailing Address | C | Occupation | | | | | |
| | | mount | | | | | |
| City State | ZIP Code | | Guaranteed Outstanding: | | 9 9 | | |
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| Carry outstanding balance only to LINE 3, Sch | nedule D, for this | s line. If no | Schedule D |), carry forw | | mmary. | |

Use separate schedule(s)

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FOR LINE NUMBER: for each category of the **X** | 13a (check only one) Detailed Summary Page 13b Transaction ID: SC/10.4842 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 Other (specify) 9065 Orlando Avenue City State ZIP Code Personal Funds of the Candidate 32566 FL 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) 05 0.00 2018 08/28/2018 07 Yes 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 ZIP Code City State 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

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Detailed Summary Page 13b 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 Other (specify) 9065 Orlando Avenue City State ZIP Code Personal Funds of the Candidate 32566 FL 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) 18 0.00 03 2019 03/17/2020 Yes 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 ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address 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

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Detailed Summary Page 13b Transaction ID: SC/10.5091 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2024 Memo Item Primary John Mills for Congress General Mailing Address Other (specify) 9065 Orlando Avenue City State ZIP Code Personal Funds of the Candidate 32566 FL Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 02 0.00 2023 N/A 05 Yes 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 ZIP Code City State 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)..... 2500.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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|-------------------------------------|------------|--------------------|---------------|----------------------------|-----------------|--------------------|----------------|---------------|
| AME OF COMMITTEE (In Full) | | | | | Transact | tion ID : SC/10.41 | 06 | |
| John Mills for Congress | | | | | | | | |
| LOAN SOURCE Full Name (Last | First, Mi | ddle Initial) | | | Memo Item | Election: 2014 | | |
| MILLS, Ralph, John, , III | | | | | | Primary | | |
| Mailing Address | | | | General Other (spec | ify) 🔻 | | | |
| 1940 Boardwalk Drive | | | | | | | | |
| City | | State | ZIP Code | | | X Personal F | funds of the | Candidata |
| Miramar Beach | | FL | 32550 | | | Fersonal F | unus or the | Carididate |
| Original Amount of Loan | | Cumulative Pa | yment To D | ate | Balar | nce Outstanding | at Close of T | This Period |
| 500 | 0.00 | | | 0.00 | 0 | | 500 | 0.00 |
| TERMS Date Incurred | | | Date Due | _ | Interest Rate | | Secured | <u></u> |
| M M / D D / Y Y Y | Y | M M / D D |) / Y Y | YY | (If none, enter | | | |
| 06 24 2014 | | | | | 0.0 | | Yes | s X No |
| List All Endorsers or Guarantors | (if any) | to Loan Source | | | | | | |
| 1. Full Name (Last, First, Middle | Initial) | | 1 | lame of Em | nployer | | | |
| Mailing Address | | | (| Occupation | | | | |
| | | | | Amount | | | | _ |
| City | State | ZIP Code | | Guaranteed Outstanding: | . L | , , , , | | |
| 2. Full Name (Last, First, Middle I | nitial) | | | Name of Em | | | | |
| · | | | | | | | | |
| Mailing Address | | | (| Occupation | | | | |
| | | | | Amount Guaranteed | | | | $\overline{}$ |
| City | State | ZIP Code | | Outstanding: | : | 7 7 | | |
| 3. Full Name (Last, First, Middle I | nitial) | • | 1 | lame of Em | nployer | | | |
| Mailing Address | | | (| Occupation | | | | |
| | | | | Amount | | | | |
| City | State | ZIP Code | (| Guaranteed | | | | |
| 4. Full Name (Last, First, Middle I | nitial) | | | Outstanding: Name of Em | | 7 | | |
| 4. Full Name (East, Flist, Middle F | intialj | | , | vario oi En | ipioyei | | | |
| Mailing Address | | | (| Occupation | | | | |
| | 1 | | | Amount | | | | $\overline{}$ |
| City | State | ZIP Code | | Guaranteed Outstanding: | | 7 | | |
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| Carry outstanding balance only to L | INF 3. Sc | hedule D. for this | s line. If no | Schedule | D. carry forwa | ard to appropria | ite line of Si | ummarv |

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| | ME OF COMMITTEE (In Full) | | | | Transa | action ID : SC/10.4116 | | | |
| J | ohn Mills for Congress | | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) | | | | | | | | | |
| | MILLS, Ralph, John, , III | | | | | Primary General | | | |
| | Mailing Address 1940 Boardwalk Drive | | | | | Other (specify) | | | |
| City State ZIP Co | | | | | de | Personal Funds of the Candidate | | | |
| | Miramar Beach | | FL | 0 Personal Funds of the Candida | | | | | |
| | Original Amount of Loan | | Cumulative Pay | ment To | Date Ba | lance Outstanding at Close of This Period | | | |
| | 4234 | 1.94 | 7 | | 0.00 | 4234.94 | | | |
| | TERMS Date Incurred | | D | ate Due | Interest Ra (If none, ent | | | | |
| | 07 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Υ | M M / D D | / Y | YYY | % (apr) Yes X No | | | |
| | List All Endorsers or Guarantors | (if any) to | o Loan Source | | | | | | |
| | 1. Full Name (Last, First, Middle I | nitial) | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 7 | | | |
| | 2. Full Name (Last, First, Middle Initial) | | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation Amount | | | | |
| | | | | | | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 7 7 | | | |
| | 3. Full Name (Last, First, Middle In | itial) | <u>'</u> | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | 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: | 9 9 | | | |
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| SI | UBTOTALS This Period This Page (| optional) | | | ······ | 4234.94 | | | |
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| C | Carry outstanding balance only to LII | NE 3, Sch | edule D, for this | line. If | no Schedule D, carry for | ward to appropriate line of Summary. | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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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 Other (specify) ▼ 1940 Boardwalk Drive City State ZIP Code Personal Funds of the Candidate 32550 FL 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) 08 2015 09 Yes 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 ZIP Code City State 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

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| | ME OF COMMITTEE (In Full) | | | | Transa | action ID : SC/10.4299 | | | |
| J | ohn Mills for Congress | | | | | | | | |
| | LOAN SOURCE Full Name (Last, | First, Mid | ldle Initial) | | ☐ Memo Iten | n Election: 2016 | | | |
| | MILLS, Ralph, John, , III | | | | | General | | | |
| | Mailing Address 1940 Boardwalk Drive | | | | | Other (specify) ▼ | | | |
| | City | | State | de | M Bernard Fredericks Condition | | | | |
| | Miramar Beach | | FL | Personal Funds of the Candida | | | | | |
| | Original Amount of Loan | | Cumulative Pay | ment To | Date Ba | lance Outstanding at Close of This Period | | | |
| | 3850 | 0.64 | | | 0.00 | 3850.64 | | | |
| | TERMS Date Incurred | | D | ate Due | Interest Ra (If none, ent | | | | |
| | 01 02 / Y Y 2016 | Y | M M / D D | / Y | Y | % (apr) Yes X No | | | |
| | List All Endorsers or Guarantors | (if any) to | o Loan Source | | | | | | |
| | 1. Full Name (Last, First, Middle I | nitial) | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 7 | | | |
| | 2. Full Name (Last, First, Middle Initial) | | | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 | | | |
| | 3. Full Name (Last, First, Middle In | itial) | ' | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 7 | | | |
| | 4. Full Name (Last, First, Middle In | itial) | ' | | Name of Employer | | | | |
| | Mailing Address | | | | Occupation | | | | |
| | | | | | Amount | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 7 7 | | | |
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| 6 | Carry outstanding balance only to LII | NE 3, Sch | nedule D, for this | line. If | no Schedule D, carry fo | rward to appropriate line of Summary. | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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| NAME OF COMMITTEE (In Full) | | | Transaction ID : SC/10.4337 | | | | |
| John Mills for Congress | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mid | ddle Initial) | | Memo | | | | |
| MILLS, Ralph, John, , III | | | | Primary General | | | |
| Mailing Address | | | | Other (specify) | | | |
| 1940 Boardwalk Drive | | | | | | | |
| City | State | ZIP Code | 9 | | | | |
| Miramar Beach | FL | 32550 | | Personal Funds of t | he Candidate | | |
| Original Amount of Loan | Cumulative Pag | yment To D | ate | Balance Outstanding at Close | of This Period | | |
| 345.33 | | | 0.00 | | 345.33 | | |
| TERMO Data la sur d | 7 |) | Litrorit | Dit | | | |
| TERMS Date Incurred | | ate Due | Interest (If none, | | ured: | | |
| 06 30 2016 | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | 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 | | | | |
| | | - | Amount | | | | |
| City State | ZIP Code | | Guaranteed Outstanding: | | | | |
| 2. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| Mailing Address | | 1 | Occupation | | | | |
| | | | Amount | | | | |
| City | ZIP Code | | Guaranteed Outstanding: | | | | |
| 3. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| Mailing Address | | 1 | 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: | 7 7 | | | |
| CULTOTAL C This Davied This Dass (anti-se-1) | | ' | | | | | |
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| Carry outstanding balance only to LINE 3, Sci | nedule D, for this | s line. If no | Schedule D, carry | forward to appropriate line o | f Summarv. | | |

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

PAGE 38 OF FOR LINE NUMBER: **X** | 13a (check only one)

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13b 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 Other (specify) 1940 Boardwalk Drive City State ZIP Code Personal Funds of the Candidate 32550 FL 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) 18 0.00 2016 07 Demand Yes 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)..... 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

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| AME OF COMMITTEE (In Full) | | | | Trans | action II | D : SC/10.4343 | | |
| John Mills for Congress | | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mic | ddle Initial) | | | Memo Ite | | tion: 2018 | | |
| MILLS, Ralph, John, , III | MILLS, Ralph, John, , III | | | | | Primary General | | |
| Mailing Address | = | | | | | Other (specify) ▼ | | |
| 1940 Boardwalk Drive | 1940 Boardwalk Drive | | | | | | | |
| City State ZIP Co | | | | | | Personal Funds of the | e Cano | didate |
| Miramar Beach | FL | 32550 | | | | | | |
| Original Amount of Loan | Cumulative Pay | yment To Da | te | В | | outstanding at Close of | This I | Period |
| 300.00 | | | 0.00 | | | | 300.00 | |
| TERMS Date Incurred | D | Date Due | | Interest Ra | | Secur | ed: | |
| M M M / D D / Y Y Y Y | M M / D D | / Y Y | YY | (If none, en | | - | | |
| 09 06 2016 | | Den | nand | | 0.00 | % (apr)Y | es 🔀 | S No |
| List All Endorsers or Guarantors (if any) to | o Loan Source | | | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | N | ame of Em | ployer | | | | |
| Mailing Address | | 0 | ccupation | | | | | |
| | | | mount | | | | $\overline{}$ | |
| City | ZIP Code | | uaranteed utstanding: | | - 7 | | ш | |
| 2. Full Name (Last, First, Middle Initial) | | N | Name of Employer | | | | | |
| Mailing Address | | 0 | Occupation | | | | | |
| | T | | mount uaranteed | | | | | |
| City | ZIP Code | | utstanding: | | - | 9 | _ | |
| 3. Full Name (Last, First, Middle Initial) | • | N | ame of Em | ployer | | | | |
| Mailing Address | | 0 | Occupation | | | | | |
| | | | mount uaranteed | | | | П | |
| City State | ZIP Code | | utstanding: | | 7 | 7 | | |
| 4. Full Name (Last, First, Middle Initial) | | N | ame of Em | ployer | | | | |
| Mailing Address | | | ccupation | | | | | |
| | | | mount | | | | _ | |
| City | ZIP Code | | uaranteed utstanding: | | 7 | 7 | ᆚ | |
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Use separate schedule(s) for each category of the

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| AME OF COMMITTEE (In Full) | | | | | Transact | tion ID : SC/1 | 0.4344 | | • |
| John Mills for Congress | | | | | | | | | |
| LOAN SOURCE Full Name (Last, | First, Mi | ddle Initial) | | | Memo Item | Election: | 2018 | | |
| MILLS, Ralph, John, , III | | | | _ | | Primary | | | |
| Mailing Address | Mailing Address | | | | | Genera Other (| specify) 🔻 | | |
| 1940 Boardwalk Drive | | | | | | | | | |
| City | | State | ZIP Code | | | Damas | ! [| 4h-a O-a | |
| Miramar Beach | | FL | 32550 | | | Person | nal Funds of | The Cal | ndidate |
| Original Amount of Loan | | Cumulative Pag | yment To Da | ate | Balar | nce Outstand | ding at Close | of This | Period |
| 500 | 0.00 | | | 0.00 | 0 | | | 500.0 | 0 |
| TERMS Date Incurred | | | Date Due | | Interest Rate | | Sec | cured: | |
| M M / D D / Y Y Y | Y | M M / D D |) / Y Y | YY | (If none, enter | - | | | |
| 09 23 2016 | | | | mand | 0.0 | | apr) | Yes | X No |
| List All Endorsers or Guarantors | (if any) | to Loan Source | | | | | | | |
| 1. Full Name (Last, First, Middle | Initial) | | | lame of Em | nployer | | | | |
| Mailing Address | | | C | occupation | | | | | |
| | | | Α | mount | | | | | |
| City | State | ZIP Code | | auaranteed Outstanding: | . L. | , | , | | |
| 2. Full Name (Last, First, Middle Ir | nitial) | | | lame of Em | | | | | |
| · | | | | | 17 - | | | | |
| Mailing Address | | | | occupation | | | | | |
| | | | | mount | | | | - | |
| City | State | ZIP Code | | Guaranteed Outstanding: | : | 7 | y | | |
| 3. Full Name (Last, First, Middle Ir | nitial) | | N | lame of Em | nployer | | | | |
| Mailing Address | | | C | Occupation | | | | | |
| | | | | | | | | | |
| City | State | ZIP Code | (| mount Guaranteed | | | | | |
| 4 Full Name (Last First Middle II | :+:-!\ | | | outstanding: | | , , , , , , , , | , | | |
| 4. Full Name (Last, First, Middle Ir | iiliai) | | I N | lame of Em | ripioyer | | | | |
| Mailing Address | | | C | occupation | | | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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| NAME OF COMMITTEE (In Full) | | Transaction ID : SC/10.4351 | | | | |
| John Mills for Congress | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mid | ddle Initial) | Memo Item Election: 2018 | | | | |
| MILLS, Ralph, John, , III | | Primary General | | | | |
| Mailing Address 1940 Boardwalk Drive | | Other (specify) ▼ | | | | |
| City | State | ZIP Code Personal Funds of the Candidate | | | | |
| Miramar Beach | FL | 32550 Personal Funds of the Candidate | | | | |
| Original Amount of Loan | Cumulative Pay | rment To Date Balance Outstanding at Close of This Period | | | | |
| 500.00 | 9 | 0.00 500.00 | | | | |
| TERMS Date Incurred | С | ate Due Interest Rate Secured: (If none, enter 0) | | | | |
| 05 / 02 / Y Y Y Y Y Y | M M / D D | Demand 0.00 % (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 | | | | |
| | | Amount | | | | |
| City | ZIP Code | Guaranteed Outstanding: | | | | |
| 2. Full Name (Last, First, Middle Initial) | l | Name of Employer | | | | |
| Mailing Address | | Occupation | | | | |
| | | Amount | | | | |
| City | ZIP Code | Guaranteed Outstanding: | | | | |
| 3. Full Name (Last, First, Middle Initial) | l | 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: | | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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| NAME OF COMMITTEE (In Full) | | | Tra | nsaction ID : SC/10.4357 | | | |
| John Mills for Congress | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mid | ddle Initial) | | ☐ Memo I | Item Election: 2018 | | | |
| MILLS, Ralph, John, , III | | | | Primary | | | |
| Mailing Address | | | | General Other (specify) | | | |
| 1940 Boardwalk Drive | | | | Carlor (openity) | | | |
| City | State | ZIP Code | e | | | | |
| Miramar Beach | FL | 32550 | | Personal Funds of | of the Candidate | | |
| Original Amount of Loan | Cumulative Pay | yment To D | ate | Balance Outstanding at Clos | se of This Period | | |
| 150.00 | | | 0.00 | | | | |
| 130.00 | 9 | 7 | 0.00 | | 150.00 | | |
| TERMS Date Incurred | С | ate Due | Interest (If none, | | ecured: | | |
| 07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | M M / D D / Y Y Y Y M M / D D / Y | | | 0.00 % (apr) | Yes X No | | |
| List All Fraderson or Committee (if and t | a Lasa Causas | | | 7 0 (apr) | | | |
| List All Endorsers or Guarantors (if any) t 1. Full Name (Last, First, Middle Initial) | o Loan Source | | Name of Employer | | | | |
| 1. I uli Name (Last, First, Middle mittal) | | | rtamo or Employer | | | | |
| Mailing Address | | | Occupation | | | | |
| | | - | Amount | | | | |
| City | ZIP Code | | Guaranteed Outstanding: | 7 | | | |
| 2. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| Mailing Address | | | Occupation | | | | |
| | Amount | | | | | | |
| City State | ZIP Code | | Guaranteed | | | | |
| 5.19 | | ' | Outstanding: | 7 | | | |
| 3. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| Mailing Address | | | Occupation | | | | |
| | | | Amount | | | | |
| City State | ZIP Code | | Guaranteed | | (A) | | |
| 4. Full Name (Last, First, Middle Initial) | | | Outstanding: Name of Employer | , | | | |
| 4. Full Name (Last, First, Middle Illitial) | | | Name of Employer | | | | |
| Mailing Address | | | Occupation | | | | |
| | | | Amount | | | | |
| City State | ZIP Code | | Guaranteed Outstanding: | 7 | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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| NAME OF COMMITTEE (In Full) | | Transaction ID: SC/10.4358 | | | | | | |
| John Mills for Congress | | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mi | ddle Initial) | ☐ Memo Item Election: 2018 | | | | | | |
| MILLS, Ralph, John, , III | Y Primary General | | | | | | | |
| Mailing Address 1940 Boardwalk Drive | | Other (specify) ▼ | | | | | | |
| City | State | ZIP Code Section 2550 Personal Funds of the Candidate | | | | | | |
| Miramar Beach | FL | 32550 Personal Funds of the Candidate | | | | | | |
| Original Amount of Loan | Cumulative Pa | yment To Date Balance Outstanding at Close of This Period | | | | | | |
| 750.00 | 2 | 0.00 750.00 | | | | | | |
| TERMS Date Incurred | С | Date Due Interest Rate Secured: (If none, enter 0) | | | | | | |
| M M / D D / Y Y Y Y Y 13 2017 | M M / D D | 0.00 % (apr) Yes No | | | | | | |
| List All Endorsers or Guarantors (if any) | 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) | 1 | 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 | | | | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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| dle Initial) | | ☐ Memo | Item Ele | ection: 2018 | | | |
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| | | | | , , , , , , , , , , , , , , , , , , , | | | |
| State | ZIP Code | | | | | | |
| Miramar Beach FL 32550 | | | | Personal Funds of the | Candidate | | |
| Cumulative Pay | ment To D | ate | Balance | Outstanding at Close of | This Period | | |
| | | 0.00 | | 1 | 16.95 | | |
| , | ul. D. | l. I | ı D.L. | 2 | | | |
| | | (If none | | Secure | ed: | | |
| M M / D D | 11/0 | 08/2018 ° | 0.00 | % (apr) | s X No | | |
| Loan Source | | | | | | | |
| | 1 | Name of Employer | | | | | |
| Mailing Address | | | Occupation | | | | |
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| | | name of Employer | | | | | |
| Mailing Address | | | | | | | |
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| ZIP Code | | | 7 | 7 | | | |
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| edule D. for this | s line. If no | Schedule D. carr | v forward | to appropriate line of S | Summarv | | |
| | Cumulative Pay Cumulative Pay | State FL 32550 Cumulative Payment To D Date Due Loan Source ZIP Code ZIP Code | State ZIP Code FL 32550 Cumulative Payment To Date Date Due Interest (If none (If | State ZIP Code FL 32550 Cumulative Payment To Date Balance Date Due Interest Rate (If none, enter 0) Date Due Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: | Transaction ID : SC/10.4811 dle Initial) | | |

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

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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 Other (specify) 1940 Boardwalk Drive City State ZIP Code Personal Funds of the Candidate 32550 FL 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 2019 07 Yes 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)..... 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

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| | ME OF COMMITTEE (In Full) | | | | Transaction ID : SC/10.4900 | | | |
| Jo | ohn Mills for Congress | | | | | | | |
| | LOAN SOURCE Full Name (Last, | First, Mid | ldle Initial) | | ☐ Memo Item | | | |
| | MILLS, Ralph, John, , III | | | | Primary General | | | |
| | Mailing Address 1940 Boardwalk Drive | | | | Other (specify) ▼ | | | |
| | City State ZIP C | | | ZIP Co | Porconal Funds of the Candidate | | | |
| - | Miramar Beach | | FL | 32550 |) Totalia i and of the danddate | | | |
| | Original Amount of Loan | | Cumulative Pay | ment To | Date Balance Outstanding at Close of This Perio | | | |
| | 1200 | 0.00 | | | 0.00 1200.00 | | | |
| | TERMS Date Incurred | | D | ate Due | Interest Rate Secured: (If none, enter 0) | | | |
| | 07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Υ | M M / D D | / Y | 0.00 % (apr) Yes X No | | | |
| List All Endorsers or Guarantors (if any) to 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) | | | 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: | | | |
| | | | • | | | | | |
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| тс | DTALS This Period (last page in this | line only |) | | ······································ | | | |
| С | arry outstanding balance only to LII | NE 3, Sch | edule D, for this | s line. If | no Schedule D, carry forward to appropriate line of Summary. | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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|---|------------|--------------------|--------------|----------------------------|------------------|--------------------------------|---------------|--|
| AME OF COMMITTEE (In Full) | | | | | Transac | ction ID : SC/10.4901 | | |
| John Mills for Congress | | | | | | | | |
| LOAN SOURCE Full Name (Last, | First, Mic | ddle Initial) | | | Memo Item | Election: Primary | | |
| MILLS, Ralph, John, , III | | | | | | General | | |
| Mailing Address 1940 Boardwalk Drive | | | | | | Other (specify) | | |
| City | | State | ZIP Cod | de | | Personal Funds of the | Candidata | |
| Miramar Beach | | FL | 32550 | | | 1 ersonal i unus of the | Jandidate | |
| Original Amount of Loan | | Cumulative Pay | ment To | Date | Bala | ance Outstanding at Close of T | his Period | |
| 1500 | .00 | | , | 0.00 | | 150 | 0.00 | |
| TERMS Date Incurred | | D | ate Due | | Interest Rate | | d: | |
| M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Y | M M / D D | / Y | Y Y Y | | 00 % (apr) Yes | No No | |
| List All Endorsers or Guarantors | (if any) t | o Loan Source | | | | | | |
| 1. Full Name (Last, First, Middle In | nitial) | | | Name of Em | ployer | | | |
| Mailing Address | | | | Occupation | | | | |
| | | | | Amount | | | | |
| City | State | ZIP Code | | Guaranteed Outstanding: | | | | |
| 2. Full Name (Last, First, Middle Ini | itial) | | | Name of Employer | | | | |
| Mailing Address | | | | Occupation | | | | |
| | Γ | | | Amount | | | | |
| City | State | ZIP Code | | Guaranteed Outstanding: | | | | |
| 3. Full Name (Last, First, Middle Ini | tial) | | | Name of Employer | | | | |
| Mailing Address | | | | Occupation | | | | |
| | Γ | | | Amount | - | | $\overline{}$ | |
| City | State | ZIP Code | | Guaranteed Outstanding: | | 7 7 | | |
| 4. Full Name (Last, First, Middle Ini | tial) | • | | Name of Employer | | | | |
| Mailing Address | | | | Occupation | | | | |
| | | | | Amount | | | \neg | |
| City | State | ZIP Code | | Guaranteed Outstanding: | | 7 7 | | |
| | | | | | | | | |
| SUBTOTALS This Period This Page (c | ptional). | | | | ···· > | 1500 |).00 | |
| TOTALS This Period (last page in this | line only | /) | | | ▶ | | | |
| Carry outstanding balance only to LIN | NE 3, Sch | nedule D, for this | s line. If r | no Schedule | D, carry forv | ward to appropriate line of So | ımmary. | |

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

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|---|-------------------|---------------------------------------|-------------------------|--|----------------|--|--|--|
| NAME OF COMMITTEE (In Full) | | | Tra | nsaction ID : SC/10.4929 | | | | |
| John Mills for Congress | | | | | | | | |
| LOAN SOURCE Full Name (Last, First, M | iddle Initial) | | ☐ Memo | Item Election: 2020 | | | | |
| MILLS, Ralph, , , III | | | | Primary | | | | |
| Mailing Address | | | | General Other (specify) ▼ | | | | |
| 9065 Orlando Avenue | | | | | | | | |
| City | State | ZIP Code | • | | | | | |
| Navarre | FL | 32566 | | Personal Funds of t | he Candidate | | | |
| Original Amount of Loan | Cumulative Pa | yment To D | ate | Balance Outstanding at Close | of This Period | | | |
| 1500.00 | | | 0.00 | | 1500.00 | | | |
| 7 7 | 7 | 7 | | , , | | | | |
| TERMS Date Incurred | | Date Due | Interest (If none, | Rate Section Section (Control of the Control of the | ured: | | | |
| M 12 | M M / D D | / Y Y | YY | 0.00 % (apr) | Yes X No | | | |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | | | | |
| Mailing Address | | (| Occupation | | | | | |
| | | | Amount | | | | | |
| City State | ZIP Code | | Guaranteed | | | | | |
| | | | Outstanding: | 7 | | | | |
| 2. Full Name (Last, First, Middle Initial) | | 1 | Name of Employer | | | | | |
| Mailing Address | | (| Occupation | | | | | |
| | | | N | | | | | |
| City State | ZIP Code | | Amount Guaranteed | | | | | |
| City | Zii Gode | | Outstanding: | 7 7 | | | | |
| 3. Full Name (Last, First, Middle Initial) | | 1 | 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 State | ZIP Code | | Guaranteed Outstanding: | y y | | | | |
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| SUBTOTALS This Period This Page (optional) | | | ·····• | , , , , | 1500.00 | | | |
| TOTALS This Period (last page in this line on | ly) | | | | | | | |
| Carry outstanding balance only to LINE 3, So | hedule D for this | s line If no | Schedule D. carry | forward to appropriate line of | f Summary | | | |
| July outstanding balance only to Line 3, 30 | module D, IOI UII | 5 mis. ii 110 | , John Gudie D, Cally | ioi maia to appiopilate illie u | . Juiiiilai y. | | | |

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

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|---|-----------|------------------|------------|----------------------------|---------------------------|---------------------|-------------|-----------|-----------|----------|----|
| AME OF COMMITTEE (In Full) John Mills for Congress | | | | | Trans | saction | ID : SC/10 | 0.4936 | _ | | |
| LOAN SOURCE Full Name (Last, Firs | st. Middl | le Initial) | | |] Max:- " | Fle | ction: 2 | 020 | | | _ |
| MILLS, Ralph, , , III | | L | Memo Ite | m X | Primary General | 0 <u>2</u> 0 | | | | | |
| Mailing Address 9065 Orlando Avenue | | | | | | | Other (s | pecify) • | ▼ | | _ |
| City | S | State | ZIP Cod | de | | | Person | al Fund | s of the | Candida | te |
| Navarre | | FL | 32566 | | | | 1 013011 | | 9 01 1110 | Caridide | _ |
| Original Amount of Loan | - | Cumulative Pay | ment To | Date | E | Balance | Outstandi | ng at C | lose of T | his Per | bo |
| 12000.00 | | 7 | | 0.00 |) | | 7 | | 1200 | 0.00 | |
| TERMS Date Incurred | | Da | ate Due | | Interest F (If none, e | | | | Secure | d: | |
| M 04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | М | M / D D | / Y | Y Y Y | | | % (a | pr) | Yes | <u> </u> | lo |
| List All Endorsers or Guarantors (if a | any) to | Loan Source | | | | | | | | | |
| 1. Full Name (Last, First, Middle Initia | al) | | | Name of Em | ployer | | | | | | |
| Mailing Address | | | | Occupation | | | | | | | |
| | | | | Amount | | | | | | _ | |
| City | ate | ZIP Code | | Guaranteed Outstanding: | | | | | | | |
| 2. Full Name (Last, First, Middle Initial | l) | 1 | | Name of Employer | | | | | | | |
| Mailing Address | | | | Occupation | | | | | | | |
| | | | | Amount | | | | | | | |
| City | ate | ZIP Code | | Guaranteed Outstanding: | | | | - | | | |
| 3. Full Name (Last, First, Middle Initial | l) | | | Name of Employer | | | | | | | |
| Mailing Address | | | | Occupation | | | | | | | |
| | | | | Amount | - | | | | | \neg | _ |
| City | ate | ZIP Code | | Guaranteed Outstanding: | | 7 | , | | - | | |
| 4. Full Name (Last, First, Middle Initial | l) | • | | Name of Employer | | | | | | | |
| Mailing Address | | Occupation | | | | | | | | | |
| | | | | Amount | | | | _ | - | _ | |
| City | ate | ZIP Code | | Guaranteed Outstanding: | | 7 | 7 | | - | | |
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| SUBTOTALS This Period This Page (opti | ional) | | | | ▶ | | 7 | 7 | 1200 | 0.00 | |
| FOTALS This Period (last page in this lin | ne only). | | | | ▶ | | , | - 7 | | | |
| Carry outstanding balance only to LINE | 3. Scher | dule D. for this | line. If i | no Schedule | D. carrv f | orward | to appro | priate li | ne of S | ummar | _ |
| , satesanianing salarioo only to bitte | -, | , .o. uno | | | _, | - · · · · · · · · · | -2 ~PP.0 | , II | J. J. | | |

Use separate schedule(s) for each category of the

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| AME OF COMMITTEE (In Full) | | | | | Transact | tion ID : So | C/10.4966 | | | | |
| John Mills for Congress | | | | | | | | | | | |
| LOAN SOURCE Full Name (Last | t, First, Mi | iddle Initial) | | | Memo Item | Election: | 2020 | | | | |
| MILLS, Ralph, , , III | | | | | | X Prima | | | | | |
| Mailing Address 9065 Orlando Avenue | | | | | | Gene Othe | r (specify) · | ▼ | | | |
| | | State | ZIP Code | | | | | | | | |
| City Navarre | | FL | 32566 | | | Pers | sonal Fund | s of the (| Candi | date | |
| Original Amount of Loan | | Cumulative Pa | | ato | Rala | nce Outeta | nding at C | lose of T | hie D | eriod | |
| · · · · · · · · · · · · · · · · · · · | E0 42 | Cultiviative Fa | yment to D | | | ice Outsta | inding at C | - | - | enou | |
| 333 | 59.12 | 9 | 7 | 0.00 | | | | 5359 | J. 1Z | _ | |
| TERMS Date Incurred | | | Date Due | | Interest Rate (If none, enter | | | Secured | 1: | | |
| 07 / D / Y Y 2020 | | M M / D D | / Y Y | YY | 0.0 | 00 % | apr) | Yes | X | No | |
| List All Endorsers or Guarantors | s (if any) | to Loan Source | | | | | | | | | |
| 1. Full Name (Last, First, Middle | Initial) | | 1 | lame of Em | nployer | | | | | | |
| Mailing Address | | | (| Occupation | | | | | | | |
| | | | | Amount | | | | | | | |
| City | State | ZIP Code | | Guaranteed | | | | | 7 | | |
| | 1 | | | Outstanding: | | , | , | | _ | | |
| 2. Full Name (Last, First, Middle | 2. Full Name (Last, First, Middle Initial) | | | | | Name of Employer | | | | | |
| Mailing Address | | | (| Occupation | | | | | | | |
| | | | A | Amount | | | | | _ | | |
| City | State | ZIP Code | | Buaranteed Outstanding: | | 7 | 7 | - | | | |
| 3. Full Name (Last, First, Middle | Initial) | | 1 | Name of Employer | | | | | | | |
| Mailing Address | | | (| Occupation | | | | | | | |
| | | | | | | | | | | | |
| City | State | ZIP Code | | Amount Buaranteed | | | | | ٦ | | |
| | | | | Outstanding: | | , | 7 | | _ | | |
| 4. Full Name (Last, First, Middle | initiai) | | ' | lame of Em | ipioyer | | | | | | |
| Mailing Address | | | | Occupation | | | | | | | |
| | | | | Amount | | | | | $\overline{}$ | | |
| City | State | ZIP Code | | Guaranteed Outstanding: | | 7 | 7 | W 1 | _ | | |
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| | | | | | | - 7 | | | | _ | |
| Carry outstanding balance only to I | INF 3. Sc | nedule I), for this | s line. It no | Schedule | D. Carry forw | ard to an | propriate li | ine of Su | ımmə | arv | |

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

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| | ME OF COMMITTEE (In Full) | | | | Trans | action ID : SC/10.4992 | | | |
| J | ohn Mills for Congress | | | | | | | | |
| | LOAN SOURCE Full Name (Last, | First, Mid | ddle Initial) | | ☐ Memo Iter | m Election: 2020 | | | |
| | MILLS, Ralph, , , III | | | | | Primary General | | | |
| | Mailing Address 9065 Orlando Avenue | | | | | Other (specify) | | | |
| | City | | State | ZIP Co | | Personal Funds of the Candidate | | | |
| | Navarre | | FL | 32566 | | 1 craonar i dida or the Candidate | | | |
| | Original Amount of Loan | | Cumulative Pay | ment To | Date Ba | alance Outstanding at Close of This Period | | | |
| | 1495 | 5.00 | , | | 0.00 | 1495.00 | | | |
| | TERMS Date Incurred | | D | ate Due | Interest Ra (If none, en | | | | |
| | 08 / 04 / Y Y 2020 | Y | M M / D D | / Y | 12/31/2020 O.00 % (apr) Yes X No | | | | |
| | List All Endorsers or Guarantors | (if any) to | 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) | | | 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: | 9 | | | |
| | 4. Full Name (Last, First, Middle In | itial) | ' | | Name of Employer | | | | |
| Mailing Address | | | | Occupation | | | | | |
| | | | | Amount | | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 9 | | | |
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| т | OTALS This Period (last page in this | line only | /) | | ······ | , , | | | |
| C | arry outstanding balance only to LII | NE 3, Sch | nedule D, for this | s line. If | no Schedule D, carry fo | rward to appropriate line of Summary. | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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|-----------------|--|-------------|-------------------|------------|--|--------------------|--|--|--|
| | ME OF COMMITTEE (In Full) | | | | Transaction ID : SC/10.4983 | | | | |
| Jo | ohn Mills for Congress | | | | | | | | |
| | LOAN SOURCE Full Name (Last, | First, Mid | ldle Initial) | | ☐ Memo Item | | | | |
| | MILLS, Ralph, , , III | | | | Primary General | | | | |
| | Mailing Address 9065 Orlando Avenue | | | | Other (specify) | r | | | |
| | City | | State | ZIP Co | | s of the Candidate | | | |
| | Navarre | | FL | 32566 | T Groonal T unde | , or the canadate | | | |
| | Original Amount of Loan | | Cumulative Pay | ment To | Date Balance Outstanding at Cl | ose of This Period | | | |
| | 1500 | .00 | 7 | | 0.00 | 1500.00 | | | |
| | TERMS Date Incurred | | D | ate Due | Interest Rate (If none, enter 0) | Secured: | | | |
| | M 08 / D D / Y Y 2020 | Y | M M / D D | / Y | 2/31/2020 0.00 % (apr) | Yes X No | | | |
| | List All Endorsers or Guarantors | (if any) to | 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) | | | 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: | | | | |
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| то | PTALS This Period (last page in this | line only | ') | | ······································ | | | | |
| Ca | arry outstanding balance only to LII | NE 3, Sch | edule D, for this | line. If | no Schedule D, carry forward to appropriate li | ne of Summary. | | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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|---|---------------------|---|
| AME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.5016 |
| LOAN SOURCE Full Name (Last, First, M | iddle Initial) | Mome Item Election: 2022 |
| MILLS, Ralph, , , III | idaio ililiaij | ☐ Memo Item ☐ Election: 2022 ☐ Primary ☐ General |
| Mailing Address 9065 Orlando Avenue | | Other (specify) ▼ |
| City | State | ZIP Code Personal Funds of the Candidate |
| Navarre | FL | 32566 Personal Funds of the Candidate |
| Original Amount of Loan | Cumulative Pay | ment To Date Balance Outstanding at Close of This Period |
| 1500.00 | | 0.00 1500.00 |
| TERMS Date Incurred | D | ate Due Interest Rate Secured: (If none, enter 0) |
| M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | M M / D D | 0.00 % (apr) Yes No |
| List All Endorsers or Guarantors (if any) | to Loan Source | |
| Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City State | ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | I | 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 or | ly) | |
| Carry outstanding balance only to LINE 2 Sc | hadula D. for this | line. If no Schedule D, carry forward to appropriate line of Summary. |
| carry outstanding balance only to LINE 3, 50 | nieuule D, IOF INIS | inie. Il no ochedule b, carry forward to appropriate line of oummary. |

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

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|--|-----------------|---------------------|-------------|----------------------------|----------------------------------|---------------------------------|-------------|--|
| AME OF COMMITTEE (In Full) Iohn Mills for Congress | | | | | Transac | ction ID : SC/10.5037 | | |
| | Firet M: | ddo Initial) | | | _ | Floation | | |
| LOAN SOURCE Full Name (Last, MILLS, Ralph, , , III | rirst, Mil | aule initial) | | | Memo Item | Election: Primary General | | |
| Mailing Address 9065 Orlando Avenue | | | | | | Other (specify) | | |
| City | | State | ZIP Cod | le | | Dereand Funds of the C | Condidata | |
| Navarre | | FL | 32566 | | | Personal Funds of the C | Jandidate | |
| Original Amount of Loan | | Cumulative Pay | yment To | Date | Bala | ance Outstanding at Close of Ti | his Period | |
| 2000 | 0.00 | | , | 0.00 |) | 2000 | 0.00 | |
| TERMS Date Incurred | | D | ate Due | | Interest Rate (If none, enter | | : | |
| M 04 / D 7 / Y Y 2021 | Υ | M M / D D | / Y | YYY | | .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 Em | nployer | | | |
| Mailing Address | | | | Occupation | | | | |
| | | | | Amount | | | _ | |
| City | State | ZIP Code | | Guaranteed Outstanding: | | | | |
| 2. Full Name (Last, First, Middle In | itial) | | | Name of Employer | | | | |
| Mailing Address | | | | Occupation | | | | |
| | | | İ | 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: | | y y | | |
| 4. Full Name (Last, First, Middle In | itial) | · | | Name of Employer | | | | |
| Mailing Address | Mailing Address | | | | | | | |
| | | | | Amount | | | _ | |
| City | State | ZIP Code | | Guaranteed Outstanding: | | 7 7 | | |
| | | | | | | | | |
| SUBTOTALS This Period This Page (| optional) | | | | ····· • | 2000 | .00 | |
| TOTALS This Period (last page in this | line only | /) | | | | | | |
| Carry outstanding balance only to LII | NE 3 Sal | adula D. for this | line If n | o Schedula | D carry for | ward to appropriate line of Su | ımmanı | |
| July Julistaniumy Dalance Umy to Lil | 1L 0, 301 | icadie D, ioi tilis | , mic. II I | o ochedule | رط, carry rorv | wara to appropriate line of Su | iiiiiiai y. | |

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

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| AME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID: SC/10.5050 | | |
| LOAN SOURCE Full Name (Last, First, M | Middle Initial) | Momo Itom Election: | | |
| MILLS, Ralph, , , III | | ☐ Memo Item ☐ Primary ☐ General | | |
| Mailing Address 9065 Orlando Avenue | | Other (specify) ▼ | | |
| City | State | ZIP Code Personal Funds of the Candidate | | |
| Navarre | FL | 32566 Personal Funds of the Candidate | | |
| Original Amount of Loan | Cumulative Pay | ment To Date Balance Outstanding at Close of This Period | | |
| 2000.00 | | 0.00 2000.00 | | |
| TERMS Date Incurred | D | rate Due Interest Rate Secured: (If none, enter 0) | | |
| M 12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | M M / D D | 0.00 % (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 | | |
| | | 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 State | ZIP Code | Guaranteed Outstanding: | | |
| | | | | |
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| TOTALS This Period (last page in this line o | nly) | ······································ | | |
| Carry outstanding balance only to LIME 2.5 | schedule D. for this | s line. If no Schedule D, carry forward to appropriate line of Summary. | | |
| July to Line 3, 3 | onedule D, IUI UIIS | , inic. ii no concume b, carry forward to appropriate line of cullillary. | | |

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Detailed Summary Page 13b Transaction ID: SC/10.5064 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary MILLS, Ralph, , , III General Mailing Address Other (specify) 9065 Orlando Avenue City State ZIP Code Personal Funds of the Candidate 32566 FL Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 700.00 0.00 700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 2022 08 Yes 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 ZIP Code City State 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)..... 700.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Transaction ID: SC/10.5071 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 Other (specify) 9065 Orlando Avenue City State ZIP Code Personal Funds of the Candidate 32566 FL Navarre Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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|--|---------|-------------------|------------------|-------------------------|------------------|-------------------------------|-------------|
| AME OF COMMITTEE (In Full) | | | | | Transa | ction ID : SC/10.5097 | |
| John Mills for Congress | | | | | | | |
| LOAN SOURCE Full Name (Last, Fir | st, Mid | dle Initial) | | | Memo Item | | |
| MILLS, Ralph, , , III | | | | | Primary General | | |
| Mailing Address 9065 Orlando Avenue | | | | | | Other (specify) | |
| City | | State ZIP Code | | | | | |
| Navarre | | FL | 32566 | | | Personal Funds of the | e Candidate |
| Original Amount of Loan | | Cumulative Pay | ment To | Date | Bal | lance Outstanding at Close of | This Period |
| 1600.00 | 0 | | | 0.00 | | | 00.00 |
| TERMS Date Incurred | | D | ate Due | | Interest Rat | | ed: |
| 11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | ′ | M M / D D | / Y | Y Y Y | | | es X No |
| List All Endorsers or Guarantors (if | any) to | o Loan Source | | | | (1) | |
| Full Name (Last, First, Middle Initial) | • • • | 2 20411 204100 | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| | | | | Amount | | | |
| City | tate | ZIP Code | | Guaranteed Outstanding: | | , , , , , , , | |
| 2. Full Name (Last, First, Middle Initial) | | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| | | | | Amount | | | |
| City | tate | ZIP Code | | Guaranteed Outstanding: | | 7 | |
| 3. Full Name (Last, First, Middle Initial) | | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| | | | | Amount | | | |
| City | tate | ZIP Code | | Guaranteed Outstanding: | | | |
| 4. Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| Mailing Address | | | | Occupation | | | |
| | | | | Amount | | | |
| City | tate | ZIP Code | | Guaranteed Outstanding: | | 9 9 9 | |
| | | | | | | | |
| SUBTOTALS This Period This Page (opt | tional) | | | | <u></u> | , 16 | 00.00 |
| FOTALS This Period (last page in this li | ne only |) | | | ▶ | , 747 | 97.49 |
| Carry outstanding balance only to LINE | 3, Sch | edule D, for this | line. If | no Schedule I | D, carry for | ward to appropriate line of | Summary. |

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

Excluding Loans

NAME OF COMMITTEE (In Full)

J

| (Use separate | P/ | AGE | 59 | OF | 59 |
|----------------|-------------|------|----|----|----|
| schedule(s) | FOR LINE I | | | | |
| for each | (check only | one) | | | 9 |
| numbered line) | | | | × | 10 |

| John Mills for Congress | | | |
|--|---------------------------|--------------------------|--|
| A. Full Name (Last, First, Middle Initial) of De | Nature of Debt (Purpose): | | |
| Law Office of James C. Thoma | Legal and Reporting Fees | | |
| Mailing Address 7509 NW Tiffany Springs Pkv Suite 300 | wy | | |
| City Kansas City | State MO | Zip Code 64153 | |
| Outstanding Balance Beginning This Period | | | Transaction ID : SD10.5103 |
| 0.00 | | | |
| Amount Incurred This Period | | Payment This Period | Outstanding Balance at Close of This Period |
| 969.68 | | 0.00 | 969.68 |
| B. Full Name (Last, First, Middle Initial) of Deb | otor or Credito | or | Nature of Debt (Purpose): |
| Law Office of James C. Thoma | as III | | Legal and Reporting Fees |
| Mailing Address 7509 NW Tiffany Springs Pkv Suite 300 | vy | | |
| City Kansas City | State | Zip Code 64153 | |
| Kansas City | МО | 04103 | |
| Amount Incurred This Period 280.00 | | Payment This Period 0.00 | Outstanding Balance at Close of This Period 280.00 |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |
| Outstanding Balance Beginning This Period Amount Incurred This Period | | Payment This Period | Outstanding Balance at Close of This Period |
| 7 | | 9 | , , |
| SUBTOTALS This Period This Page (optional) | | | 1249.68 |
| 2) TOTALS This Period (last page this line number | 1249.68 | | |
| 3) TOTAL OUTSTANDING LOANS from Schedu | 74797.49 | | |
| 4) ADD 2) and 3) and carry forward to appropri | 76047.17 | | |