PAGE 1 / 61

#### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	uthorized Con	nmittee		С	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	xample: If typing, ver the lines.	type	12FE4M5	
John Mills for Congre	ess 					
ADDRESS (	9065 Orlando A					
ADDRESS (number and street) ▼						
Check if different than previously	Navarre				. 51 31	2566
reported. (ACC)					FL 3	
2. FEC IDENTIFICATION	NUMBER <b>▼</b>	CITY ▲		S	STATE A	ZIP CODE ▲
					_	STATE ▼ DISTRICT
C C00565366		<ol><li>IS THIS REPORT</li></ol>	× NEW (N)	OR	AMENDEI (A)	D
						_
4. TYPE OF REPORT (C	Choose One)	(b) 10 D <b>DD</b>	- Florida Domani			
(a) Quarterly Reports:		(b) 12-Day <b>PRI</b>	E-Election Report	for the:		
And 45 Overheid	. Daniel (O1)		Primary (12P)	L	General (120	G) Runoff (12R)
April 15 Quarterly	y Report (Q1)		Convention (12	2C)	Special (128	6)
July 15 Quarterly	Report (Q2)		`			
October 15 Quar	terly Report (Q3)	Election or	M M /	D D /	YYYY	in the State of
X January 31 Year-	End Report (YE)	(c) 30-Day <b>PO</b>	ST-Election Repo	ort for the:		
		(i, ii 2ii, i c			D (( (00D)	
_		ш	General (30G)		Runoff (30R)	) Special (30S)
Termination Repo	ort (TER)	Election or	M M /	D D /	YYYY	in the State of
5. Covering Period	10 01 /	Y Y Y Y Y 2023	through	M M 12	/ D D /	Y Y Y Y Y 2023
I certify that I have examined	this Report and to	the best of my k	nowledge and be	elief it is tru	ue, correct and o	complete.
Type or Print Name of Treasu	rer Adams, Chris	topher, , ,				
$\stackrel{A}{\text{Signature of Treasurer}}$	dams, Christopher, , ,			D	ate 01	/ D D / Y Y Y Y Y Y 2024
NOTE: Submission of false, erro	oneous, or incomplet	te information may	subject the perso	on signing th	nis Report to the	penalties of 52 U.S.C. §30109
Office			<del></del>		<u> </u>	
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 <sup>M</sup>12 2023 10 2023 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 1558.00 8801.49 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1558.00 8801.49 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 497.91 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 74797.49 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

10 2023 12 31 01 2023 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) 0.00 805.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 1600.00 9234.94 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 1600.00 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) 1600.00 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	1558.00	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
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
1.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	1558.00	8801.49
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	455.91
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	1600.00
5.	SUBTOTAL (add Line 23 and Line 24)		2055.91
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	1558.00
	CASH ON HAND AT CLOSE OF REPORTING	C DEDIOD	

### S

SCHEDULE A (FEC Form 3)			FOR LINE NUMBER: PAGE 5 OF 61
·		Use separate schedule(s) for each category of the	(check only one)
TEMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 11d 11d 12 X 13a 13b 14 15
			person for the purpose of soliciting contributions see to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
John Mills for Congress			
Full Name (Last, First, Middle Initial)			
MILLS, Ralph, , , III			Date of Receipt
Mailing Address 9065 Orlando Avenue			M M / D D / Y Y Y Y
C'h.	04-4-	7:- Code	11 03 2023
City Navarre	State FL	Zip Code 32566	Transaction ID : SA13A.5097
	-	02000	_
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	10		1600.00
Name of Employer	Occupation	n	
Receipt For:	Flection C	ycle-to-Date _	Memo Item
Primary General	Eloction o	<del> </del>	Legal and Reporting fees
Other (specify) ▼		31659.12	
Full Name (Last First Middle Initial)			
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
	1.2	I =	
City	State	Zip Code	
FEC ID number of contributing			
federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation	•	
Name of Employer	Occupation	II	7
Receipt For:	Election C	ycle-to-Date _	Memo Item
Primary General		, , , , , , , , , , , , , , , , , , ,	1
Other (specify) ▼			
Full Name (Last, First, Middle Initial)			
			Date of Receipt
Mailing Address			M - M / D - D / Y - Y - Y
City	State	Zip Code	_
City	State	Zip Code	
FEC ID number of contributing			
federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation	2	
Name of Employer	Occupation	1	
Receipt For:	Election C	ycle-to-Date _	Memo Item
Primary General		· · · · · · · · · · · · · · · · · · ·	1
Other (specify)		7	1
SURTOTAL of Receipts This Page (anticas)			1600.00
<b>SUBTOTAL</b> of Receipts This Page (optional)			

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

1600.00

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

61 **PAGE** 6 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Mills for Congress Full Name (Last, First, Middle Initial) Date of Disbursement A. Law Office of James C. Thomas III 2023 Mailing Address 7509 NW Tiffany Springs Pkwy City Zip Code State **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting fees 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 494.00 Office Sought: House Disbursement For: Senate Primary General Transaction ID: SB17.5098 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) B. Law Office of James C. Thomas III Date of Disbursement Mailing Address 7509 NW Tiffany Springs Pkwy 2023 Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting fees 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 190.00 Disbursement For: Office Sought: House Senate Primary General Transaction ID: SB17.5099 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Law Office of James C. Thomas III Mailing Address 7509 NW Tiffany Springs Pkwy 11 2023 Suite 300 City Zip Code State FEC Identification Number Kansas City MO 64153 Purpose of Disbursement Legal and Reporting fees 001 Candidate Name Amount of Each Disbursement this Period Category/ Type 684.00 Office Sought: Disbursement For: House General Senate Primary Transaction ID: SB17.5100 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1368.00 TOTAL This Period (last page this line number only).....

#### SCHEDULE B (FEC Form 3)

61 **PAGE** 7 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19b 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 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 2023 12 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: SB17.5101 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)..... 1558.00

Use separate schedule(s) for each category of the

PAGE 8 FOR LINE NUMBER: X 13a (check only one)

				Detailed Summary Page 13b					
AME OF COMMITTEE (In F	(ااد		•		Transaction	on ID : SC/10.471	1		
ohn Mills for Congress									
LOAN SOURCE Full Nar	ne (Last, First, Mic	ddle Initial)			Memo Item	Election: 2018			
John Mills for Cong	ıress					Primary			
Mailing Address 9065 Orlando Avenue				General Other (specify	<b>√</b> ) <b>▼</b>				
City		State	ZIP Code						
Navarre		FL	32566			Personal Fu	nds of the C	andidate	
Original Amount of Loan Cumulative Payment T				ite	Baland	ce Outstanding at	Close of Th	nis Period	
, ,	126.34	,	7	0.00		,	126.	.34	
TERMS Date Incur	red		Date Due		Interest Rate (If none, enter 0	1	Secured:		
M M / D D /	Y Y Y Y Y 2017	M M / D	D / Y Y Y 11/08	3/2018 Y	0.00	0/ /	Yes	X No	
List All Endorsers or Gu	arantors (if any) t	o Loan Source	e						
1. Full Name (Last, First,	Middle Initial)		N	ame of Em	nployer				
Mailing Address			С	ccupation					
			A	mount					
City	State	ZIP Code	G	uaranteed utstanding:		, ,			
2. Full Name (Last, First,	Middle Initial)		N	ame of Em	nployer				
Mailing Address			C	Occupation					
				mount				7	
City	State	ZIP Code		iuaranteed outstanding:		, , , ,		_	
3. Full Name (Last, First,	Middle Initial)	'	N	Name of Employer					
Mailing Address			С	ccupation					
				mount				_	
City	State	ZIP Code		iuaranteed outstanding:	. ——			_	
4. Full Name (Last, First,	Middle Initial)	l l	N	ame of Em	nployer				
Mailing Address			C	ccupation					
				mount				_	
City	State	ZIP Code		iuaranteed outstanding:	:	, ,	1 / 2 1		
SUBTOTALS This Period Th	is Page (optional)				····•	, , , ,	126.	.34	
OTALS This Period (last pa	ge in this line only	y)			···· <b>&gt;</b>	7	,		
Carry outstanding balance o	only to LINE 3 Sci	nedule D. for th	nis line. If no	Schedule	D. carry forwa	rd to appropriate	e line of Sur	mmarv	

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

**PAGE** 9 OF FOR LINE NUMBER: **X** | 13a (check only one)

61

13b Transaction ID: SC/10.4742 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 303.01 0.00 303.01 **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)..... 303.01 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 10

13a

			Detailed Garrinal	y rage			13b	
NAME OF COMMITTEE (In Full)			Tra	ansaction I	D : SC/10.4743			
John Mills for Congress								
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		Memo	Item Elec	etion: 2018			
John Mills for Congress					Primary			
					General			
Mailing Address 9065 Orlando Avenue			Other (specify) ▼					
City.	State	ZIP Code						
City						Can	didate	
Navarre	FL	32566						
Original Amount of Loan	yment To D	ate	Balance C	Outstanding at Close of	This	Period		
4.24			0.00			4.24		
, , , , , ,	5	7	4		7 7	-		
TERMS Date Incurred	С	Date Due	Interes	t Rate , enter 0)	Secure	∍d:		
10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y	08/2018	0.00	1 _			
10 05 2017		11/0	08/2018	0.00	<b>%</b> (apr) Ye	es Z	<b>∠</b> No	
List All Endorsers or Guarantors (if any) t	o Loan Source							
1. Full Name (Last, First, Middle Initial)			Name of Employer					
			Occupation					
Mailing Address	'	Обобраноп						
	-   -   -   -   -   -   -   -   -   -	Amount						
City		Guaranteed Outstanding:			_			
				ŕ				
2. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
0::	710.0		Amount Guaranteed					
City	ZIP Code		Outstanding:	7	7	-		
3. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address		'	Occupation					
			Amount					
City State	ZIP Code		Guaranteed					
			Outstanding:	7	7			
4. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
3		•						
		Amount						
City	ZIP Code		Guaranteed Outstanding:	7	9			
						_	-	
SUBTOTALS This Period This Page (optional)			······		7	4.24		
TOTALS This Period (last page in this line only	v)					-	T	
	,,,				7	- 10		
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carr	y forward t	o appropriate line of §	Sumn	narv.	

Use separate schedule(s) for each category of the

PAGE 11 FOR LINE NUMBER: X 13a

DANG				Detailed Summary Page (Sheek Shily She)				
AME OF COMMITTEE (In Full)				Transaction ID : SC/10.4744				
ohn Mills for Congress								
LOAN SOURCE Full Name (	Last, First, Mi	ddle Initial)			MEILO REILI	Election: 2018		
John Mills for Congres	SS					Y Primary  General		
Mailing Address 9065 Orlando Avenue				Other (specify	<b>)</b>			
City		State	ZIP Code					
Navarre FL 32566						X Personal Fun	ds of the (	Candidate
Original Amount of Loan	ayment To Da	ate	Balanc	e Outstanding at	Close of T	his Period		
2	35.00	9	,	0.00		, ,	35	5.00
TERMS Date Incurred			Date Due		Interest Rate (If none, enter 0)		Secured	l:
M M / D D / Y 2	2017	M M / D	D / Y Y Y 11/0	8/2018 Y	0.00	-	Yes	X No
List All Endorsers or Guarar	ntors (if any)	to Loan Source	е					
1. Full Name (Last, First, Mic	ddle Initial)		١	lame of Emp	ployer			
Mailing Address			(	Occupation				
City	State	ZIP Code		amount Guaranteed Outstanding:	,	7		
2. Full Name (Last, First, Mide	dle Initial)		1	lame of Emp	ployer			
Mailing Address			(	Occupation				
				mount				7
City	State	ZIP Code		Guaranteed Outstanding:		7	1 4 1	
3. Full Name (Last, First, Mide	dle Initial)	'	1	Name of Employer				
Mailing Address			(	Occupation				
				mount				
City	State	ZIP Code		Guaranteed Outstanding:		7		_
4. Full Name (Last, First, Mide	dle Initial)	'	1	lame of Em	ployer			
Mailing Address			(	Occupation				
				Amount				_
City	State	ZIP Code		Guaranteed Outstanding:	L.,	7	1 4 1	
SUBTOTALS This Period This Page	age (optional)						35	5.00
OTALS This Period (last page i	n this line onl	у)				.,,		
Carry outstanding balance only	to LINE 3. Sc	hedule D. for th	nis line. If no	Schedule I	D, carry forwai	d to appropriate	line of Su	

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

**PAGE** 12 OF FOR LINE NUMBER: **X** | 13a (check only one)

61

13b Transaction ID: SC/10.4745 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 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 21.63 0.00 21.63 **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)..... 21.63 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 13
FOR LINE NUMBER: (check only one)

13a

			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	ddle Initial)		Memo							
John Mills for Congress				Y Prim						
Mailing Address 9065 Orlando Avenue				er (specify) $\blacktriangledown$						
City	ZIP Code	 <del>)</del>								
Navarre	FL	32566		X Pe	rsonal Funds of	the Car	ndidate			
Original Amount of Loan	yment To D	ate	Balance Outst	anding at Close	of This	Period				
7.95	7.95					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	/ 11/0	08/2018	0.00	<b>√o</b> (apr)	Yes 2	X No				
List All Endorsers or Guarantors (if any) t	List All Endorsers or Guarantors (if any) to Loan Source									
1. Full Name (Last, First, Middle Initial)			Name of Employer							
Mailing Address		Occupation								
		Amount Guaranteed			-					
City	City State ZIP Code				y					
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)									
Mailing Address		1	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:	,	<b>y</b>					
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 14

13a

			Detailed Summary	/ Page			13b	
NAME OF COMMITTEE (In Full)			Tra	nsaction I	D : SC/10.4747	•		
John Mills for Congress								
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		Memo	iteiii	ction: 2018			
John Mills for Congress					Primary General			
Mailing Address 9065 Orlando Avenue				Other (specify)				
City	ZIP Code	) )						
Navarre	Navarre FL 32566					f the Car	ndidate	
Original Amount of Loan	ment To D	ate	Balance (	Outstanding at Close	e of This	Period		
72.49	2		0.00		, , ,	72.49	9	
TERMS Date Incurred	D	ate Due	Interest (If none,		Se	ecured:		
10 / 30 / Y Y Y Y Y Y	M M / D D	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		Guaranteed Outstanding:	7	7				
2. Full Name (Last, First, Middle Initial)	·		Name of Employer					
Mailing Address			Occupation					
			Amount					
City	ZIP Code		Guaranteed Outstanding:	7	7	w 1		
3. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address		1	Occupation					
			Amount					
City	ZIP Code		Guaranteed Outstanding:	7	7			
4. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address		-	Occupation					
		Amount						
City	ZIP Code		Guaranteed Outstanding:	9	7			
SUBTOTALS This Period This Page (optional).						76		
CODIOTALO TIIIS FEROU TIIIS FAGE (OPTIONAI).				<u></u>	7	72.49	9	
TOTALS This Period (last page in this line only	/)		······		7			
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry	forward	to appropriate line	of Sum	mary.	

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

**PAGE** 15 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

PAGE 16 OF FOR LINE NUMBER: (check only one)

ER: X 13a

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NAME OF COMMITTEE (In Full)			Tra	ansaction	ID : SC/10.4749			
John Mills for Congress								
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo	Item Ele	ction: 2018			
John Mills for Congress					Primary General			
	Mailing Address							
9065 Orlando Avenue				Other (specify) ▼				
City	State	ZIP Code	<del></del>					
Navarre	FL	32566		×	Personal Funds of the	: Can	didate	
Original Amount of Loan	Original Amount of Loan Cumulative Payment To				Outstanding at Close of	This	Period	
41.21			0.00	Г.		41.21	П	
TERMS	7		4	. 5 .			_	
TERMS Date Incurred	L	Date Due		t Hate , enter 0)	Secur	эа:		
11 D 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	<b>%</b> (apr)	es >	< 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		Guaranteed Outstanding:			_			
2. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address		-	Occupation					
			Amount					
City State	ZIP Code		Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)			Name of Employer					
			* **					
Mailing Address		'	Occupation					
			Amount			$\overline{}$		
City	ZIP Code		Guaranteed Outstanding:	-		_		
4. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address		Occupation						
		Amount			$\overline{}$			
City	ZIP Code	<b>I</b>	Guaranteed Outstanding:	7	y	_		
SUBTOTALS This Period This Page (optional)		·					_	
CODIOTALO TIIS I GIOU TIIS Page (optional).					7	41.21	ᆗ	
TOTALS This Period (last page in this line only	y)		······		7	-		
Carry outstanding balance only to LINE 3, Sc	nedule D. for this	s line. If no	Schedule D. carr	y forward	to appropriate line of	 Sumn	narv.	

Use separate schedule(s) for each category of the

**PAGE** 17 OF FOR LINE NUMBER: **X** | 13a (check only one)

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Detailed Summary Page 13b Transaction ID: SC/10.4750 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 804.08 0.00 804.08 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 05 0.00 2017 11/08/2018 Yes X No 11 % (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)..... 804.08 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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FOR LINE NUMBER:
(check only one)

13a

					130				
	ME OF COMMITTEE (In Full)				Transaction ID : SC/10.4751				
Jo	ohn Mills for Congress								
	LOAN SOURCE Full Name (Last,	First, Mid	ldle Initial)		☐ Memo Item Election: 2018				
	John Mills for Congress				Primary General				
-	Mailing Address				Other (specify) ▼				
	9065 Orlando Avenue								
	City		State	ZIP Co	Parsonal Funds of the Candidat				
-	Navarre		FL	32566					
	Original Amount of Loan		Cumulative Pay	ment To	Date Balance Outstanding at Close of This Period				
	19	.08			0.00				
	TERMS Date Incurred		D	ate Due	Interest Rate Secured: (If none, enter 0)				
	11 08 7 Y Y 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 No				
	List All Endorsers or Guarantors	(if any) to	o Loan Source						
ľ	1. Full Name (Last, First, Middle I				Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City State ZIP Code				Guaranteed Outstanding:				
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
-	Mailing Address				Occupation				
	ŭ				Amount Guaranteed Outstanding:				
-	City	State	ZIP Code						
	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:				
		1			1				
รเ	JBTOTALS This Period This Page (	optional)			19.08				
TC	OTALS This Period (last page in this	line only	)						
					7 7				
C	arry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry forward to appropriate line of Summary.				

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

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			Detailed Garrina	y rage		13b		
NAME OF COMMITTEE (In Full)			Tra	ansaction ID :	SC/10.4752			
John Mills for Congress								
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo	iteiii	n: 2018			
John Mills for Congress					mary			
Mailing Address			neral ner (specify) ▼					
9065 Orlando Avenue								
City	State	ZIP Code	<del>)</del>					
Navarre	FL	32566		X Pe	ersonal Funds of the	Candidate		
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outs	standing at Close of T	his Period		
93.73			0.00		9:	3.73		
TERMS	7			D :				
TERMS Date Incurred	L	Date Due		enter 0)	Secureo	1:		
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	s 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		Guaranteed Outstanding:	7					
2. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address		-	Occupation					
			Amount					
City	ZIP Code		Guaranteed					
2. Full Name (Last First Middle Initial)			Outstanding:	,				
3. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
			Amount Guaranteed		<del></del>	7		
City	ZIP Code		Outstanding:	7		_		
4. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address	Mailing Address							
		Amount						
City	ZIP Code	<b>I</b>	Guaranteed Outstanding:	9	9			
SUBTOTALS This Period This Page (optional)		·				2.72		
COSTOTALO TINO TENOU TINO L'AGE (OPTIONAL).				,	93	3.73		
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Summary I	Page 13b				
NAME OF COMMITTEE (In Full)		,	Trans	saction ID : SC/10.4753				
John Mills for Congress								
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo Ite					
John Mills for Congress				Primary General				
Mailing Address 9065 Orlando Avenue		Other (specify)						
City	State	)						
Navarre	FL	32566		Personal Funds of the Candidate				
Original Amount of Loan 6.00	Cumulative Pay	yment To D	0.00	Balance Outstanding at Close of This Period				
TERMS Date Incurred		Date Due	Interest F	Rate Secured:				
12 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y 11/0	(If none, e	0.00 % (apr) Yes X No				
List All Endorsers or Guarantors (if any) t	o Loan Source			, o (apr)				
Full Name (Last, First, Middle Initial)	De Louis Gouloo	1	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					
	1		Amount Guaranteed					
City	ZIP Code		Outstanding:	9 9				
3. Full Name (Last, First, Middle Initial)	·	1	Name of Employer					
Mailing Address		(	Occupation					
	1		Amount Guaranteed					
City	ZIP Code		Outstanding:	9 9				
4. Full Name (Last, First, Middle Initial)		1	Name of Employer					
Mailing Address		(	Occupation					
			Amount					
City	ZIP Code		Guaranteed Outstanding:	7				
SUBTOTALS This Period This Page (optional).			. [					
COSTOTATE THIS I GIOU THIS I age (optional).				6.00				
TOTALS This Period (last page in this line only	y)		······	, , , , , , ,				
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry f	orward to appropriate line of Summary.				

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

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		13b

							130
AME OF COMMITTEE (In Full)  John Mills for Congress					Transac	etion ID : SC/10.4754	
LOAN SOURCE Full Name (Last, Fire	st, Midd	dle Initial)			Moma Hara	Election: 2018	
John Mills for Congress					Memo Item	Primary  General	
Mailing Address 9065 Orlando Avenue						Other (specify)	
City		State	ZIP Co	de		Personal Funds of the	Candidate
Navarre		FL	32566			To rooman rando on ano	Gariaidato
Original Amount of Loan	-	Cumulative Pay	ment To			ance Outstanding at Close of	
308.00	)	7		0.00		30	08.00
TERMS Date Incurred		Da	ate Due		Interest Rate (If none, enter		ed:
12 D Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	M	M / D D	/ Y	/08/2018 <sup>Y</sup>		00 % (apr) Ye	es X No
List All Endorsers or Guarantors (if	any) to	Loan Source					
1. Full Name (Last, First, Middle Initia	al)			Name of Em	ployer		
Mailing Address				Occupation			
				Amount			
City	tate	ZIP Code		Guaranteed Outstanding:		7	
2. Full Name (Last, First, Middle Initia	ıl)			Name of Employer			
Mailing Address				Occupation			
				Amount			_
City	tate	ZIP Code		Guaranteed Outstanding:		7 7	
3. Full Name (Last, First, Middle Initia	ıl)			Name of Em	ployer		
Mailing Address				Occupation			
				Amount			
City	tate	ZIP Code		Guaranteed Outstanding:		y y x	
4. Full Name (Last, First, Middle Initia	ıl)	•		Name of Em	ployer		
Mailing Address				Occupation			
				Amount			_
City	tate	ZIP Code		Guaranteed Outstanding:		7 7	
SUBTOTALS This Period This Page (opt	ional)				▶	30	08.00
TOTALS This Period (last page in this lin	ne only)				▶	, , , , , , , , , , , , , , , , , , , ,	
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Use separate schedule(s) for each category of the Detailed Summary Page

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						13b
	ME OF COMMITTEE (In Full)				Transac	etion ID : SC/10.4755
J	ohn Mills for Congress					
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		Memo Item	Election: 2018
	John Mills for Congress				_	Primary
						General
	Mailing Address 9065 Orlando Avenue					Other (specify)
	City		State	ZIP Cod	e	
	Navarre		FL	32566		Personal Funds of the Candidate
	Original Amount of Loan		Cumulative Pay	ment To [	Date Bala	ance Outstanding at Close of This Period
	56	5.34	,	,	0.00	56.34
	TERMS Date Incurred		D	ate Due	Interest Rate (If none, enter	
	12 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ	M M / D D	/ Y	08/2018 0.	00 % (apr) Yes No
	List All Endorsers or Guarantors	(if any) to	o Loan Source			70 (apr)
ľ	1. Full Name (Last, First, Middle I				Name of Employer	
	Mailing Address				Occupation	
					Amount	
•	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7 7
Ì	2. Full Name (Last, First, Middle In	itial)			Name of Employer	
-	Mailing Address				Occupation	
					Amount	
•	City	State	ZIP Code		Guaranteed Outstanding:	7 7
	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
			l			
SI	UBTOTALS This Period This Page (	optional)			······	56.34
т	OTALS This Period (last page in this	s line only	y)			
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ြင	carry outstanding balance only to LI	NE 3, Sch	edule D, for this	line. If n	o Schedule D, carry for	vard to appropriate line of Summary.

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

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		135
AME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4756
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Mome Itom Election: 2018
John Mills for Congress		☐ Memo Item ☐ Primary ☐ General
Mailing Address 9065 Orlando Avenue		Other (specify) ▼
City	State	ZIP Code    Section 2566   Personal Funds of the Candidate
Navarre	FL	32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	
208.00		0.00 208.00
TERMS Date Incurred	D	Date Due Interest Rate Secured: (If none, enter 0)
M 12 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y11/08/2018
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<b>'</b>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (options	al)	208.00
FOTALS This Period (last page in this line of	only)	
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Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
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		135
AME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4678
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  Personal Funds of the Candidate
Navarre	FL	32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	
400.00		0.00 400.00
TERMS Date Incurred	D	late Due Interest Rate Secured: (If none, enter 0)
M 01 / D / Y Y Y Y 1 17 2018	M M / D D	/ 11/08/2018
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	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	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (options	al)	400.00
TOTALS This Period (last page in this line of	only)	
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.
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Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
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		135
AME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4709
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Mome Itom 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 Computative De	52500
Original Amount of Loan 2231.10	Cumulative Pay	yment To Date  Balance Outstanding at Close of This Period  0.00  2231.10
TERMS Date learnered	7	9 9 9 9 9
TERMS Date Incurred		Oate Due Interest Rate Secured: (If none, enter 0)
03 / 31 / 2018	M M / D D	/ 11/08/2018 O.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional		2231.10
FOTALS This Period (last page in this line of	nly)	
Carry outstanding balance only to LINE 3.5	Schedule 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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			Detailed Surnmary	raye	13b
NAME OF COMMITTEE (In Full)			Tran	nsaction ID : SC/10.4829	•
John Mills for Congress					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo It	em Election: 2018	
John Mills for Congress				Primary General	
Mailing Address 9065 Orlando Avenue				Other (specify) ▼	
City	State	ZIP Code	<del></del>		<del>_</del>
Navarre	FL	32566		Personal Funds of the	Candidate
Original Amount of Loan	Cumulative Pay	ment To D	ate	Balance Outstanding at Close of	This Period
150.67	2		0.00		50.67
TERMS Date Incurred	D	ate Due	Interest I (If none, e		d:
M 04 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y 08/2	28/2018 Y	0.00 <b>%</b> (apr) Ye	s X No
List All Endorsers or Guarantors (if any) to	Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		1	Occupation		
			Amount Guaranteed		_
City	ZIP Code		Outstanding:	7 7 7	
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		
Oit.	710.01-		Amount Guaranteed		
City	ZIP Code		Outstanding:		
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		1	Occupation		
	T=.= 2 ·		Amount		
City	ZIP Code		Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)					0.67
Table Time I and Time I age (optional).				15	0.67
TOTALS This Period (last page in this line only	′) ······		······································		
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AME OF COMMITTEE (In Full)					Transactio	n ID : SC/10.4815	
ohn Mills for Congress							
LOAN SOURCE Full Name (L	ast, First, Mi	ddle Initial)			Memo Rem	Election: 2018	
John Mills for Congres	ss					Y Primary  General	
Mailing Address 9065 Orlando Avenue						Other (specify)	▼
City		State	ZIP Code				
Navarre		FL	32566			Personal Fund	ls of the Candidate
Original Amount of Loan		Cumulative F	Payment To D	ate	Balance	e Outstanding at C	Close of This Perio
, , , , ,	8500.00	· ,		700.00		7 7	7800.00
TERMS Date Incurred			Date Due		Interest Rate (If none, enter 0)		Secured:
M 04 / D / Y Y 2	018 Y	M M / D	D / Y Y Y 11/0	8/2018 Y	0.00	% (apr)	Yes X No
List All Endorsers or Guaran	tors (if any)	to Loan Sourc	e				
1. Full Name (Last, First, Mid	dle Initial)		1	lame of Emp	oloyer		
Mailing Address			(	Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
2. Full Name (Last, First, Midd	dle Initial)		1	lame of Emp	oloyer		
Mailing Address			(	Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	· ,	, ,	
3. Full Name (Last, First, Midd	lle Initial)		1	Name of Emp	oloyer		
Mailing Address			(	Occupation			
			<i>A</i>	Amount			
City	State	ZIP Code		Guaranteed Outstanding:	L.,		
4. Full Name (Last, First, Midd	dle Initial)	<u>'</u>	1	Name of Emp	oloyer		
Mailing Address			(	Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
SUBTOTALS This Period This Pa	age (optional)						7800.00
OTALS This Period (last page in	n this line onl	y)			<b>&gt;</b>	, ,	
Carry outstanding balance only	to LINE 3. Sc	hedule D. for t	his line. If no	Schedule [	D, carry forwar	d to appropriate I	ine of Summarv.

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/10.4830				
John Mills for Congress						
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo I			
John Mills for Congress		Primary General				
Mailing Address 9065 Orlando Avenue				Other (specify)		
City	State	ZIP Code	 <del>)</del>			
Navarre	FL	32566		Personal Funds	of the Can	ndidate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Clo	se of This	Period
1475.00	7		0.00		1475.00	)
TERMS Date Incurred	D	ate Due	Interest (If none,		Secured:	
M 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y08/2	28/2018	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	ZIP Code		Guaranteed Outstanding:	7 7		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	7 7		
3. Full Name (Last, First, Middle Initial)			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		
SUBTOTALS This Period This Page (optional).					1475.00	
<u> </u>				7 7	1473.00	#
TOTALS This Period (last page in this line only	/)		······			
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward to appropriate lin	e of Sumr	nary.

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

FOR LINE NUMBER: (check only one)

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13a

			Detailed Summary	Page		13b
NAME OF COMMITTEE (In Full)	Tran	nsaction ID : SC/10.4831				
John Mills for Congress						
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo I			
John Mills for Congress		Primary General				
Mailing Address 9065 Orlando Avenue				Other (specify) ▼		
City	State	ZIP Code	 <del>)</del>			
Navarre	FL	32566		Personal Funds of t	he Car	ndidate
Original Amount of Loan Cumulative Payment To			Pate	Balance Outstanding at Close	of This	Period
600.00			0.00	, , ,	600.00	0
TERMS Date Incurred	D	ate Due	Interest (If none,		ured:	
M 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	08/2	28/2018	0.00 % (apr)	Yes 2	X No
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount		-	
City	ZIP Code		Guaranteed Outstanding:	y y	-	
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		(	Occupation			
			Amount Guaranteed		-	
City	ZIP Code		Outstanding:	7 7 7		
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount Guaranteed		-	
City	ZIP Code		Outstanding:			
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	9 9		
SUBTOTALS This Period This Page (optional).					000.00	
COSTOTALE THIS I CHOU THIS I age (optional).				7	600.00	,
TOTALS This Period (last page in this line only	/) ······		······································			
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward to appropriate line o	f Sumi	mary.

Use separate schedule(s) for each category of the

**PAGE** 30 OF FOR LINE NUMBER: (check only one)

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**X** | 13a Detailed Summary Page 13b Transaction ID: SC/10.4832 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 35.10 0.00 35.10 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 06 2018 08/28/2018 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)..... 35.10 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

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PANO				Detailed S	Summary Page	(orlook orly orl	13b
AME OF COMMITTEE (In Full)					Transactio	n ID : SC/10.4841	
ohn Mills for Congress							
LOAN SOURCE Full Name (L	ast, First, Mi	ddle Initial)			MEINO REIN	Election: 2018	
John Mills for Congres	s					Y Primary  General	
Mailing Address 9065 Orlando Avenue						Other (specify)	•
City		State	ZIP Code				
Navarre		FL	32566			Personal Funds	s of the Candidate
Original Amount of Loan		Cumulative P	Payment To D	ate	Balanc	e Outstanding at Cl	ose of This Period
, , , , ,	2000.00	,		0.00		, ,	2000.00
TERMS Date Incurred			Date Due		Interest Rate (If none, enter 0)		Secured:
07 / 05 / Y Y 2	018 Y	M M / D	D / Y 9/2	8/2018 <sup>Y</sup>	0.00	% (apr)	Yes No
List All Endorsers or Guaran	tors (if any)	to Loan Source	е				
1. Full Name (Last, First, Mid	dle Initial)		1	Name of Emp	ployer		
Mailing Address			(	Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Midd	lle Initial)		1	Name of Emp	ployer		
Mailing Address			(	Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:		7	(B)
3. Full Name (Last, First, Midd	lle Initial)	-	1	Name of Emp	ployer		
Mailing Address			(	Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:		7	
4. Full Name (Last, First, Midd	lle Initial)		1	Name of Emp	ployer		
Mailing Address			(	Occupation			
	12			Amount			
City	State	ZIP Code		Guaranteed Outstanding:		7	/k 1
UBTOTALS This Period This Pa	age (optional)				•		2000.00
OTALS This Period (last page in	n this line onl	y)				7 7	
Carry outstanding balance only t	to LINE 2 C-	hodulo D. for 4	hio line 14	Cobodule	D. corne former	id to oppressint : !	no of Cummon
zarry outstanding palance only 1	U LINE J, SC	neaule D, Ior tr	ms me. n no	- Scriedule L	ט, carry forwar	u to appropriate ii	ne or suffiffiaty.

Use separate schedule(s) for each category of the

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X 13a 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

**PAGE** 33 OF FOR LINE NUMBER: (check only one)

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**X** | 13a 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 Detailed Summary Page

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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)  John Mills for Congress		Transaction ID : SC/10.4106
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Mome Item   Election: 2014
MILLS, Ralph, John, , III		☐ Memo Item ☐ Election: 2014 ☐ Primary ☐ General
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼
City	State	ZIP Code    32550   Personal Funds of the Candidate
Miramar Beach	FL	32550 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred	D	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 D	√ Y Y Y Y O.00 % (apr) Yes X No
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	e ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	!	Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	nal)	5000.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 2	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.
Jan , Judgianumy Dalamoe Ulliy io Line 3,	Concadie D, IOI IIIIS	s me. If no conclude b, carry forward to appropriate line of suffilliary.

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Transaction ID: SC/10.4116 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 4234.94 0.00 4234.94 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 18 2014 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)..... 4234.94 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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		138
AME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4197
LOAN SOURCE Full Name (Last, First	. Middle Initial)	Momo Itom Election:
MILLS, Ralph, John, , III	,	Memo Item Primary General
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼
City	State	ZIP Code    X   Personal Funds of the Candidate
Miramar Beach	FL	32550 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	
1000.00		0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M 09 / 08 / Y Y Y Y Y Y Y Y	M M / D D	√ Y Y Y Y Y Y W Y Y Y Y Y Y Y Y Y Y Y Y
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)		Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
FOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3	. Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.
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Use separate schedule(s) for each category of the Detailed Summary Page

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		130		
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.4299		
John Mills for Congress				
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)	☐ Memo Item		
MILLS, Ralph, John, , III		General		
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼		
City	State	ZIP Code		
Miramar Beach	FL	32550 Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
3850.64		0.00 3850.64		
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)		
M 01	M M / D D	/ Y Y Y Y Y W Y No		
List All Endorsers or Guarantors (if any) to	o Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	SUBTOTALS This Period This Page (optional) 3850.64			
TOTALS This Period (last page in this line only	·)	······································		
Carry outstanding balance only to LINE 3, Sch	edule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

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Transaction ID: SC/10.4337 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 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 345.33 0.00 345.33 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 2016 06 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)------345.33 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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**X** | 13a Detailed Summary Page 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.

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AME OF COMMITTEE (In Full)  John Mills for Congress		Transaction ID : SC/10.4343	
LOAN SOURCE Full Name (Last, First, Mi	iddle Initial)	Mama Itam Election: 2018	_
MILLS, Ralph, John, , III		Memo Item  Primary  General	
Mailing Address 1940 Boardwalk Drive		Other (specify)	_
City	State	ZIP Code	
Miramar Beach	FL	32550 Personal Funds of the Candida	ate
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Per	iod
300.00	,	0.00 300.00	
TERMS Date Incurred	D	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 D	Demand O.00 % (apr)	10
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		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)			
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Carry outstanding balance only to LINE 2 So	hedule D for this	s line. If no Schedule D, carry forward to appropriate line of Summary	
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13b Transaction ID: SC/10.4344 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 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 23 0.00 2016 09 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)..... 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.

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						130
	ME OF COMMITTEE (In Full)				Trans	saction ID : SC/10.4351
Jo	hn Mills for Congress					
	LOAN SOURCE Full Name (Last,	First, Mid	ldle Initial)		☐ Memo Ite	Election: 2018
	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	32550		1 ersonal runus of the Candidate
	Original Amount of Loan		Cumulative Pay	ment To	Date B	salance Outstanding at Close of This Period
	500	.00	2		0.00	500.00
	TERMS Date Incurred		D	ate Due	Interest F (If none, e	
	05 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ	M M / D D	/ Y	Y Y Y Demand	0.00 % (apr) Yes 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 In	itial)			Name of Employer	
_	Mailing Address			Occupation		
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	7
	3. Full Name (Last, First, Middle Initial)		Name of Employer			
	Mailing Address			Occupation		
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	9
	4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		Occupation				
		Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9
SU	SUBTOTALS This Period This Page (optional)					
то	TALS This Period (last page in this	line only	r)		······	, ,
Ca	arry outstanding balance only to LII	NE 3, Sch	edule D, for this	s line. If	no Schedule D. carrv f	orward 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)  John Mills for Congress		Transaction ID : SC/10.4357	
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	Mome Item Election: 2018	
MILLS, Ralph, John, , III		Memo Item Primary General	
Mailing Address 1940 Boardwalk Drive		Other (specify) ▼	
City	State	ZIP Code	
Miramar Beach	FL	32550 Personal Funds of the Candida	ate
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Per	iod
150.00		0.00 150.00	
TERMS Date Incurred	D	Date Due Interest Rate Secured: (If none, enter 0)	
M 07	M M / D D	/	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)	<u>'</u>	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		150.00	
OTALS This Period (last page in this line only)			
Corru outetanding balance artists LINE 2 Col	andula D. for #1-1-	s line. If no Schodule D. cover forward to appropriate line of Community	
Carry outstanding balance only to LINE 3, Sch	iedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summar	<b>y</b> -

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/10.4358
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Mama Itam Election: 2018
MILLS, Ralph, John, , III	madic iiiida)	☐ Memo Item ☐ 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 Pay	yment To Date Balance Outstanding at Close of This Period
750.00		0.00 750.00
TERMS Date Incurred	D	late Due Interest Rate Secured: (If none, enter 0)
M M / D D / Y Y Y Y Y Y 13	M M / D D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	zIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	zIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line	only)	
Carry outstanding halance only to LINE 2	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.
July Cultiving Dalance Ully IU LINE 3,	Concadie D, IOI tills	inc no concede b, carry forward to appropriate line of suffilliary.

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 I	D : SC/10.4811		
John Mills for Congress							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo	item	ction: 2018		
MILLS, Ralph, John, , III				X	Primary General		
Mailing Address 1940 Boardwalk Drive					Other (specify) ▼		
City	State	ZIP Code	9		1		
Miramar Beach	FL	32550			Personal Funds of	the Car	ndidate
Original Amount of Loan	Cumulative Pay	ment To D	0.00	Balance (	Outstanding at Close	of This	-
10.33			0.00		7	10.9	
TERMS Date Incurred	D	ate Due	Interest (If none,	Rate enter 0)	Sec	ured:	
M 04 / D 07 / Y 2018 Y	M M / D D	/ 11/0	08/2018 <sup>Y</sup>	0.00	% (apr)	Yes	X No
List All Endorsers or Guarantors (if any) t	o Loan Source						
Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
City State	ZIP Code		Amount Guaranteed			-	
City	ZIP Code		Outstanding:	7	7		
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
City State	ZIP Code		Amount Guaranteed				
·			Outstanding:	7	7		1
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
City	ZID Code		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:	9	9		
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TOTALS This Period (last page in this line only	/)		······································		7 7		ij
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	s line. If no	Schedule D. carry	forward	to appropriate line o	of Sum	marv.
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Garrinary	y rage	13b
NAME OF COMMITTEE (In Full)			Tra	nsaction ID : SC/10.4899	
John Mills for Congress					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo		
MILLS, Ralph, John, , III				Primary  General	
Mailing Address				Other (specify)	
1940 Boardwalk Drive					
City	State	ZIP Code	)		
Miramar Beach	FL	32550		Personal Funds	of the Candidate
Original Amount of Loan	Cumulative Pag	yment To D	ate	Balance Outstanding at Clo	se of This Perio
300.00			0.00		300.00
TERMS Date Incurred	,	Date Due	Interest	Poto	Secured:
			(If none,		securea:
07 <sup>M</sup> / 12 <sup>D</sup> / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y 1	YY	0.00 % (apr)	Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)		T	Name of Employer		
Mailing Address		(	Occupation		
		-,	Amount		
City State	ZIP Code		Guaranteed Outstanding:	7 7	
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
		,	Amount		
City	ZIP Code		Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle Initial)	I	1	Name of Employer		
Mailing Address		(	Occupation		
		ļ.,	Amount		
City	ZIP Code		Guaranteed Outstanding:	7 7	· ·
SUBTOTALS This Period This Page (optional).					
This renor this raye (optional).				7	300.00
TOTALS This Period (last page in this line only	/)		······•		
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward to appropriate lin	e of Summarv.

Use separate schedule(s) for each category of the

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Detailed Summary Page 13b Transaction ID: SC/10.4900 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 1200.00 0.00 1200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 18 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 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)..... 1200.00 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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OF

AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4901
John Mills for Congress		
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	☐ Memo Item
MILLS, Ralph, John, , III		General
Mailing Address 1940 Boardwalk Drive		Other (specify)   ———————————————————————————————————
City	State	ZIP Code
Miramar Beach	FL	32550 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
1500.00		0.00 1500.00
TERMS Date Incurred	D	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 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	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	<b>-</b>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	l)	1500.00
FOTALS This Period (last page in this line o	nly)	
Carry outstanding balance only to LINE 3. S	Schedule 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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13b Transaction ID: SC/10.4929 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary MILLS, Ralph, , , III General Mailing Address 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 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 2019 12 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.

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			Detailed Suffifflary F	rage	13b
NAME OF COMMITTEE (In Full)			Trans	saction ID : SC/10.4936	
John Mills for Congress					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo Ite	m Election: 2020	
MILLS, Ralph, , , III				Primary  General	
Mailing Address 9065 Orlando Avenue				Other (specify)	
City	State	ZIP Code	)		
Navarre	FL	32566		Personal Funds of the 0	Candidate
Original Amount of Loan	Cumulative Pay	yment To D	ate B	alance Outstanding at Close of T	his Period
12000.00	2	,	0.00	12000	0.00
TERMS Date Incurred	D	ate Due	Interest R (If none, er		
M 04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y	Y " Y	% (apr) Yes	X No
List All Endorsers or Guarantors (if any) to	o Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount Guaranteed		$\overline{}$
City	ZIP Code		Outstanding:	, , , , , , , , , , , , , , , , , , ,	_
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount Guaranteed		7
City	ZIP Code			7 7	_
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
011	710.0		Amount Guaranteed		7
City State	ZIP Code		Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		_
City State	ZIP Code		Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (optional)				12000	.00
2				12000	.00
TOTALS This Period (last page in this line only	/) ······		······		
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry fo	orward to appropriate line of Su	mmary.

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/10.4966
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2020
MILLS, Ralph, , , III	,	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	yment To Date Balance Outstanding at Close of This Period
5359.12		0.00 5359.12
TERMS Date Incurred	D	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 D	0.00 % (apr) Yes No
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	l .	Name of Employer
Mailing Address		Occupation
		Amount
City Stat	e ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	-	Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
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TOTALS This Period (last page in this line	only)	
Corry outstanding balance only to LINE 2	Sobodulo D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.
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Detailed Summary Page 13b Transaction ID: SC/10.4992 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary MILLS, Ralph, , , III General Mailing Address 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 1495.00 0.00 1495.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 08 2020 12/31/2020 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 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)..... 1495.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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13b Transaction ID: SC/10.4983 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary MILLS, Ralph, , , III General Mailing Address 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 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 05 0.00 08 2020 12/31/2020 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 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.

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

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13b Transaction ID: SC/10.5037 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary MILLS, Ralph, , , III General Mailing Address 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) 0.00 2021 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)..... 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.

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13b Transaction ID: SC/10.5050 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary MILLS, Ralph, , , III General Mailing Address 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) 28 0.00 ž021 12 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)..... 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.

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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 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)..... 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

FOR LINE NUMBER: (check only one)

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	13h

OF

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AME OF COMMITTEE (In Full) Iohn Mills for Congress					Trans	action	ID : SC/10.5	071		
	Eirot M:	Adla Initial\					ation:			
LOAN SOURCE Full Name (Last, MILLS, Ralph, , , III	rirst, Mic	acie initial)			Memo Iter	m   Ele	ction: Primary General			
Mailing Address 9065 Orlando Avenue							Other (spe	cify) 🔻		
City		State	ZIP Code				1			
Navarre		FL	32566				Personal	Funds o	the Ca	andidate
Original Amount of Loan		Cumulative Pay	ment To Da	ite	Ва	alance (	Outstanding	at Clos	e of Thi	s Period
2000	0.00		,	0.00				9	2000.	00
TERMS Date Incurred		D	ate Due		Interest Ra (If none, en			S	ecured:	
M 11 17 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ	M M / D D	/ Y Y	YY			% (apr)		Yes	X No
List All Endorsers or Guarantors	(if any) t	o Loan Source								
1. Full Name (Last, First, Middle I	nitial)		N	ame of Em	ployer					
Mailing Address			C	Occupation						
				Amount						
City	State	ZIP Code		iuaranteed outstanding:		-	7			
2. Full Name (Last, First, Middle In	itial)		N	Name of Employer						
Mailing Address			C	ccupation						
				mount						1
City	State	ZIP Code		uaranteed utstanding:		7	7		-	
3. Full Name (Last, First, Middle In	itial)		N	ame of Em	ployer					
Mailing Address			C	ccupation						
	_			mount						1
City	State	ZIP Code		uaranteed utstanding:		-,	7		-	1
4. Full Name (Last, First, Middle In	itial)	·	N	Name of Employer						
Mailing Address			С	ccupation						
			A	mount		-				1
City	State	ZIP Code		uaranteed utstanding:		7	7		-	
		·	•							
SUBTOTALS This Period This Page (	optional).				▶		,		2000.0	00
OTALS This Period (last page in this	s line only	/)			▶		7	,		
Carry outstanding balance only to LII	NE 2 Cal	andula D. for this	lino If ==	Sobodule !	D 00**** fo	שיייייי	to appropri	iata lina	of Su-	nmar.
Jany Outstanding Dalance Offly to Lif	ve o, oci	iedule D, for this	. IIIIE. II 110	ocnedule I	ט, carry וס,	ı wafu	to appropr	ate ime	or Sun	ппату.

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

FOR LINE NUMBER: (check only one)

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		Doce	anca Garrinary r ag	30	13b
NAME OF COMMITTEE (In Full)		•	Transac	ction ID : SC/10.5097	
John Mills for Congress					
LOAN SOURCE Full Name (Last, First, M	iddle Initial)		☐ Memo Item	Election:	
MILLS, Ralph, , , III				Primary	
• • • • • • • • • • • • • • • • • • • •				General	
Mailing Address 9065 Orlando Avenue				Other (specify)	
	Ta	I =			
City	State	ZIP Code		Personal Funds of the	Candidate
Navarre	FL	32566		1 ersonal i unus oi trie	Carididate
Original Amount of Loan	Cumulative Pa	yment To Date	Bala	ance Outstanding at Close of	This Period
1600.00			0.00	160	00.00
7	9	9	0.00	100	30.00
TERMS Date Incurred	Γ	Date Due	Interest Rate (If none, enter		ed:
M M / D D / Y Y Y	M M / D D	/ Y Y Y	_		
11 03 2023		J L	_	% (apr)	es X No
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name o	of Employer		
, , , , , , , , , , , , , , , , , , , ,					
Mailing Address		Occupa	ation		
		Amount			
City State	ZIP Code	Guaran			
S.i.y		Outstar	nding:	, , , , , , , , , , , , , , , , , , ,	
2. Full Name (Last, First, Middle Initial)	-	Name o	of Employer		
Mailing Adduses		Occupa	ation		
Mailing Address		Оссара	ation i		
		Amount			
City	ZIP Code	Guaran Outstar		9 1 9 1 9	
3. Full Name (Last, First, Middle Initial)		Name (	of Employer		
Mailing Address		Occupa	ation		
		Amount Guaran			
City	ZIP Code	Outstar		- y - y - y - x - y	
4. Full Name (Last, First, Middle Initial)		Name o	of Employer		
,					
Mailing Address		Occupa	ation		
		Amount			
City State	ZIP Code	Guaran			
J. J		Outstar	nding:	7	
	<u>'</u>	'			
SUBTOTALS This Period This Page (optional)				160	00.00
				100	70.00
TOTALS This Period (last page in this line or	ıly)		<b>&gt;</b>	7479	97.49
				7	
Carry outstanding balance only to LINE 3, So	chedule D, for thi	s line. If no Sche	dule D, carry for	ward to appropriate line of S	Summary.

# SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

**Excluding Loans** 

NAME OF COMMITTEE (In Full)

(Use separate		PAGE	61	OF	61
schedule(s)	FOR LIN	E NUME	BER:		
for each	(check o	nly one)			9
numbered line)				X	10

John Mills for Congress			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Law Office of James C. Thomas III			Legal and Reporting Fees
Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300			
City	State	Zip Code	
Kansas City	МО	64153	
Outstanding Balance Beginning This Period			Transaction ID : SD10.5093
494.00			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		494.00	0.00
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Law Office of James C. Thomas III			Legal and Reporting Fees
Mailing Address 7509 NW Tiffany Springs Pkv Suite 300			
City Kansas City	State MO	Zip Code 64153	
Outstanding Balance Beginning This Period			Transaction ID : SD10.5094
190.00			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		190.00	0.00
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 7 7	9 9
1) SUBTOTALS This Period This Page (optional)			
2) TOTALS This Period (last page this line number only)			0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			