Image# 202010149285836786	Image#	2020101	4928583	6786
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10/14/2020 14 : 35

PAGE 1 / 54

FEC FORM 3			RECEIPTS SEMENTS Committee	Off	iice Use Only
1. NAME OF COMMITTEE (in		RINT V	Example: If typing, type over the lines.	12FE4M5	
John Mills for (<u></u>
ADDRESS (number ar		ndo Avenue			
Check if dif than previou reported. (A	usly Navarre				566
2. FEC IDENTIFIC		CITY		STATE 🔺	ZIP CODE ▲
C C0056536	56	3. IS THI REPO	~	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF RE	PORT (Choose One) eports:	(b) 12-Day	PRE-Election Report for the Primary (12P)	e: General (12G) Runoff (12R)
	5 Quarterly Report (Q1) Quarterly Report (Q2)		Convention (12C)	Special (12S)	
× Octobe	r 15 Quarterly Report (Q	3) Electio	on on	/ Y Y Y Y	in the State of
January	/ 31 Year-End Report (YE	^{E)} (c) 30-Day	POST-Election Report for t General (30G)	he: Runoff (30R)	Special (30S)
Termina	ation Report (TER)	Electio	on on	/ Y Y Y Y	in the State of
5. Covering Period	07 / D 30	0 / Y Y Y Y 2020		M / D D / Y 9 30	Y Y Y 2020
I certify that I have e Type or Print Name	Adams, 0	nd to the best of i Christopher, , ,	my knowledge and belief it i	s true, correct and co	omplete.
Signature of Treasure	Adams, Christophe	r, , ,	[Electronically Filed]	Date	D D / Y Y Y Y 14 2020
NOTE: Submission of	false, erroneous, or inco	mplete information	may subject the person signi	ng this Report to the p	penalties of 52 U.S.C. §30109
Office Use Only					FEC FORM 3 (Revised 05/2016)

		FEC Form 3 (Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2/5
		or Type Committee Name n Mills for Congress		
R	epor	t Covering the Period: From:	07 / D D / Y Y Y Y 30 / 2020 To	. M M / D D / Y Y Y 30 / 2020
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	0.00	805.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	805.00
	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	3308.68	8801.49
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3308.68	8801.49
		sh on Hand at Close of porting Period (from Line 27)	388.67	
	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00	

For further information contact:

62497.49

the Committee (Itemize all on

Schedule C and/or Schedule D).....

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

Imane#	2020101	4928283	6788
illiaue#	2020101	4920000	0100

	E FEC Form 3 (Revised 05/2016)	DETAILED SUMMARY PAGE of Receipts	PAGE 3 / 54
	te or Type Committee Name		
Jc	ohn Mills for Congress		
Rep	port Covering the Period: From:	M / D D / Y Y Y Y 7 30 2020 To:	M M / D D / Y Y Y Y Y 09 30 2020
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. (CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	0.00	300.00
	(i) Itemized (use Schedule A)(ii) Unitemized	0.00	505.00
	(iii) TOTAL of contributions from individuals	0.00	805.00
	b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
	d) The Candidate e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	805.00
	TRANSFERS FROM OTHER	0.00	0.00
	OANS: a) Made or Guaranteed by the		
(Candidate	2995.00	9234.94
```	b) All Other Loans c) TOTAL LOANS	0.00	0.00
	(add Lines 13(a) and (b))	2995.00	9234.94
E	DFFSETS TO OPERATING EXPENDITURES Refunds, Rebates, etc.)	0.00	0.00
(	DTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
1	FOTAL RECEIPTS (add Lines11(e), 12, 13(c), 14, and 15)Carry Total to Line 24, page 4)	2995.00	10039.94

of Disbursements PAGE 4 / 54 FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 3308.68 8801.49 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans ..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) ..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS ..... 22. TOTAL DISBURSEMENTS 3308.68 8801.49 (add Lines 17, 18, 19(c), 20(d), and 21)

**DETAILED SUMMARY PAGE** 

## **III. CASH SUMMARY**

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		9	_	702.35
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		9		7	_	2995.00
25.	SUBTOTAL (add Line 23 and Line 24)		7		7	_	3697.35
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	Γ.	,		7	_	3308.68
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	[.	7		7	-	388.67

I								
SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 5 OF 54 (check only one)					
ITEMIZED RECEIPTS			for each category of the					
			Detailed Summary Page	$ \begin{array}{ c c c c c c c c } & 11a & 11b & 11c & 11d \\ \hline & 12 & \checkmark & 13a & 13b & 14 & 15 \\ \hline \end{array} $				
۸.	w information copied from such Deports and S	tatomonto m	av not be sold or used by any					
or	for commercial purposes, other than using the	name and a	address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
$\left  \right $	NAME OF COMMITTEE (In Full)							
	John Mills for Congress							
_	Full Name (Last, First, Middle Initial) MILLS, Ralph, , , III							
Α.	Mailing Address 9059 Orlando Avenue	Date of Receipt						
				08 04 2020				
	City	State	Zip Code	Transaction ID : SA13A.4992				
	Navarre	FL	32566					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer	Occupation	1					
	Receipt For: 2020	Election C	vcle-to-Date 🚽	Memo Item				
	X Primary General	Election O		On demand loan				
	Other (specify) V	L	20359.12					
	Full Name (Last, First, Middle Initial) MILLS, Ralph, , , III	Date of Receipt						
В.	Mailing Address 9059 Orlando Avenue							
	Walling Address 9059 Orlando Avenue	08 05 2020						
	City	State	Zip Code	Transaction ID : SA13A.4983				
	Navarre	FL	32566					
	FEC ID number of contributing	С		Amount of Each Receipt this Period				
	federal political committee.	U						
	Name of Employer	Occupation	1	1500.00				
				Memo Item				
	Receipt For: 2020	Election Cy	vcle-to-Date ▼	On Demand				
	Primary     General		21859.12					
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,	1				
	Full Name (Last, First, Middle Initial)							
C.	Mailing Adduced			Date of Receipt				
	Mailing Address			M M / D D / Y Y Y Y				
	City	State	Zip Code					
	-							
	FEC ID number of contributing	C		Amount of Each Descipt this Desired				
	federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer	Occupation	1					
	Receipt For:	Election Cy	/cle-to-Date	Memo Item				
	Primary General		•	1				
	Other (specify) 🔻	<u> </u>	7 7 7	1				
Г								
5	UBTOTAL of Receipts This Page (optional)			▶ 2995.00				
1	OTAL This Period (last page this line number of	only)		2333.00				

<b>IT</b> Ar	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS y information copied from such Reports and State for commercial purposes, other than using the na			y of the y Page used by any	
	NAME OF COMMITTEE (In Full) John Mills for Congress				
Α.	Full Name (Last, First, Middle Initial) Law Office of James C. Thomas II Mailing Address 7509 NW Tiffany Springs Pkwy			Date of Disbursement	
	Suite 300	State	Zip Code		FEC Identification Number
	Kansas City Purpose of Disbursement Payment of incurred expense	MO	64153	001	C
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (s	: General pecify) ▼		473.68 Transaction ID : SB17.4998 Memo Item
в.	Full Name (Last, First, Middle Initial) Law Office of James C. Thomas II Mailing Address 7509 NW Tiffany Springs Pkwy	I			Date of Disbursement
	Suite 300 City Kansas City Purpose of Disbursement Payment of incurred expense	State MO	Zip Code 64153	001	FEC Identification Number
	Candidate Name		Category/ Type		Amount of Each Disbursement this Period
	Office Sought: House Disbursement For: Senate President Other (specify) ▼				167.50 Transaction ID : SB17.5000 Memo Item
c.	Full Name (Last, First, Middle Initial)	I			
	Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300	•			
CityStateKansas CityMOPurpose of Disbursement Payment of incurred expense		Zip Code 64153 001		FEC Identification Number	
Candidate Name				Category/ Type	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (s	General		134.00         Transaction ID : SB17.5002         Memo Item
	SUBTOTAL of Disbursements This Page (optional)				775.18
•	TOTAL This Period (last page this line number onl	y)			

SCHEDULE B (FEC Form 3)					FOR LINE NUMBER: PAGE 7 OF 54			
ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the		(check only one)			
TEMIZED DISBORSEMENTS			Detailed Summar		★         17         18         19a         19b           20a         20b         20c         21			
	y information copied from such Reports and State				person for the purpose of soliciting contributions			
or	for commercial purposes, other than using the na	me and a	ddress of any polit	tical committ	ee to solicit contributions from such committee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) John Mills for Congress							
$\mathbb{Z}$	5							
	Full Name (Last, First, Middle Initial)				Date of Disburgement			
Α.	Law Office of James C. Thomas II	I			Date of Disbursement			
	Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300				08 05 2020			
	City	State	Zip Code					
	Kansas City	MO	64153		FEC Identification Number			
	Purpose of Disbursement Legal and Reporting Services			001	С			
	Candidate Name			Category/	Amount of Each Disbursement this Period			
	<u></u>			Туре				
	Office Sought: House Disburse Senate	ment For: Primary	General		636.50			
	President		oecify) ▼		Transaction ID : SB17.5004			
	State: District:				Memo Item			
	Full Name (Last, First, Middle Initial)	1						
В.	Law Office of James C. Thomas II	I			Date of Disbursement			
	Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300				09 / D1 / Y Y Y Y 2020			
	City	State	Zip Code		FEC Identification Number			
	Kansas City Purpose of Disbursement	MO	64153		C			
	Legal and Reporting Services			001				
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disburse	ment For:			402.00			
	Senate	Primary Other (sr	General pecify) ▼		Transaction ID : SB17.5006			
	State: District:		Volume (		Memo Item			
	Full Name (Last, First, Middle Initial)							
C.	PostcardMania				Date of Disbursement			
	Mailing Address 2145 Sunnydale Blvd				M M / D D / Y Y Y Y 08 04 2020			
	Bldg 102	State	Zip Code					
	Clearwater	FL	33765		FEC Identification Number			
	Purpose of Disbursement postage		001					
Candidate Name			Category/	Amount of Each Disbursement this Period				
			Туре					
		ment For:	General		1495.00			
	Senate President	Primary Other (sp			Transaction ID : SB17.5011			
_	State: District:		₩ ▼		Memo Item			
	SUBTOTAL of Disbursements This Page (optional)				> 2533.50			
_					<u> </u>			
	TOTAL This Period (last page this line number onl	y)			3308.68			

•				PAGE 8 OF 54	
CHEDULE C (FEC Form 3) .OANS			Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4711	
LOAN SOURCE Full Name (Last, First, Min	ddle Initial)		Memo Item	Election: 2018	
John Mills for Congress				X Primary General	
Mailing Address 9059 Orlando Avenue				Other (specify) <b>v</b>	
City	State	ZIP Code	)		
Navarre	FL	32566		Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	ayment To D	ate Bala	nce Outstanding at Close of This Peric	
126.34			0.00	126.34	
TERMS Date Incurred	[	Date Due	Interest Rate (If none, enter		
M09M / D21D / Y Ž017 Y	M M / D C	° 11/0	0.0 V8/2018		
List All Endorsers or Guarantors (if any) t	o Loan Source	1			
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Dutstanding:	y	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City State	ZIP Code		Guaranteed	y	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount Guaranteed		
City State	ZIP Code		Outstanding:	9	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Dutstanding:	y	
UBTOTALS This Period This Page (optional).			H	126.34	

CHEDULE C (FEC Form 3) DANS			Use separate schedule for each category of th	
			Detailed Summary Pag	13b
AME OF COMMITTEE (In Full) Iohn Mills for Congress			Transac	tion ID : SC/10.4742
LOAN SOURCE Full Name (Last, First, John Mills for Congress	, Middle Initial)		Memo Item	Election: 2018
Mailing Address 9059 Orlando Avenue				General Other (specify) ▼
City	State	ZIP Code	9	X Personal Funds of the Candidate
Navarre	FL	32566		
Original Amount of Loan	Cumulative Pa	ayment To D	Date Bala	nce Outstanding at Close of This Perio
TERMS Date Incurred	[	Date Due	Interest Rate	
M10 ^M / D04 ^D / Y Ž017 Y	M M / D D	2 ′ ^v 11/č	(If none, enter Ď8/2Ď18 [×] 0.0	
List All Endorsers or Guarantors (if an				
1. Full Name (Last, First, Middle Initial)	1		Name of Employer	
Mailing Address			Occupation	
City Stat	e ZIP Code		Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City Stat	e ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City Stat	e ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City Stat	e ZIP Code		Amount Guaranteed Outstanding:	y
UBTOTALS This Period This Page (option	' nal)			303.01
OTALS This Period (last page in this line Carry outstanding balance only to LINE 3,				vard to appropriate line of Summary

CHEDULE C (F DANS	EC Form 3)			Use separate schedule for each category of th	1e (check only one) X 13a
				Detailed Summary Pag	je 13b
ame of committee ( Iohn Mills for Con	, ,			Transac	tion ID : SC/10.4743
LOAN SOURCE Full John Mills for C	l Name (Last, First, Mic ONGIESS	ddle Initial)		Memo Item	Election: 2018 X Primary General
Mailing Address 9059 Orlando Avenue					Other (specify) ▼
City		State FL	ZIP Code	9	✗ Personal Funds of the Candidate
Navarre		FL	32566		
Original Amount of L	_oan 4.24	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perio
TERMS Date I	Incurred	C	Date Due	Interest Rate	
M10 ^M / D05 ^D	′ Ý Ž017 Ý	M M / D D	′ ^v 11/0	(If none, enter Ď8/2Ď18 ^Y 0.0	
List All Endorsers of	r Guarantors (if any) t	o Loan Source	T		
1. Full Name (Last,	First, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
2. Full Name (Last, F	irst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, F	irst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
4. Full Name (Last, F	irst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
UBTOTALS This Perior					4.24 7 7 7 7
Carry outstanding balar	nce only to LINE 3, Sch	nedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.

CHEDULE C (F	EC Form 3)			Use separate schedule for each category of th		
DANS				Detailed Summary Pag		
ame of committee Iohn Mills for Cor	. ,			Transac	ction ID : SC/10.4744	
LOAN SOURCE Fu John Mills for C	ll Name (Last, First, Mic Congress	ddle Initial)		Memo Item	Election: 2018 Primary General	
Mailing Address 9059 Orlando Avenue					Other (specify)	
City Navarre		State FL	ZIP Code 32566	e	Personal Funds of the Candidate	
Original Amount of	Loan 35.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio	
TERMS   Date     M 10 ^M /	Incurred	M M / D D	Date Due	00/2010		
	or Guarantors (if any) t First, Middle Initial)	o Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State	State ZIP Code			Amount Guaranteed Outstanding:	
2. Full Name (Last, I	First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·	
3. Full Name (Last, I	First, Middle Initial)	·		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
4. Full Name (Last, I	First, Middle Initial)	ļ		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
	nd This Page (optional). Ast page in this line only				35.00	
Carry outstanding bala	nce only to LINE 3, Sch	nedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.	

age# 202010145205050151				
CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page	
ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID : SC/10.4745
LOAN SOURCE Full Name (I John Mills for Congres		ddle Initial)		Memo Item Election: 2018
Mailing Address 9059 Orlando Avenue				Other (specify) ▼
City Navarre		State FL	ZIP Code 32566	e Personal Funds of the Candida
Original Amount of Loan	21.63	Cumulative Pa	ayment To E	Date Balance Outstanding at Close of This Per 0.00 21.63
TERMS Date Incurred			Date Due	Interest Rate Secured: (If none, enter 0)
M10M / D12D / Y 2	2017 ^Y	M M / D D	° 11/0	Ŏ8/2Ŏ18 ^Υ 0.00 % (apr) Yes ✗ Ν
List All Endorsers or Guaran	ntors (if any) t	o Loan Source		
1. Full Name (Last, First, Mic	dle Initial)			Name of Employer
Mailing Address				Occupation
City	State ZIP Code			Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mide	dle Initial)	·		Name of Employer
Mailing Address				Occupation
City	State	ZIP Code		Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mide	dle Initial)	ŀ		Name of Employer
Mailing Address				Occupation
City	State	ZIP Code		Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mide	dle Initial)			Name of Employer
Mailing Address				Occupation
City	State	ZIP Code		Amount Guaranteed Outstanding:
UBTOTALS This Period This Pa				7 7 7 7

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

CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th	$10$ (check only one) $\times$ 13a		
AME OF COMMITTEE (In Full)				Detailed Summary Pag	tition ID : SC/10.4746	
ohn Mills for Congress						
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mic	ddle Initial)		Memo Item	Election: 2018 X Primary General	
Mailing Address 9059 Orlando Avenue					Other (specify)	
City		State FL	ZIP Code 32566	9	Personal Funds of the Candidate	
Navarre						
Original Amount of Loan	7.95	Cumulative Pay	yment To E	0.00	nce Outstanding at Close of This Perio	
TERMS Date Incurred		D	Date Due	Interest Rate (If none, enter		
M 10 ^M / D 17 ^D / Y Ž017	Y	M M / D D	/ ¥11/0	Ŏ8/2Ŏ18 [×] 0.(		
List All Endorsers or Guarantors	,	o Loan Source				
1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
Mailing Address				Occupation Amount		
City	State ZIP Code			Guaranteed Outstanding:		
2. Full Name (Last, First, Middle In	itial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, First, Middle In	iitial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 7 1	
UBTOTALS This Period This Page (	. ,				7.95	
	-				vard to appropriate line of Summary.	

age# 202010143203030133					
CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	ne (check only one) X 13a	
ME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4747	
LOAN SOURCE Full Name (Last, First, N	Middle Initial)		Memo Item	Election: 2018	
John Mills for Congress				X     Primary       General	
Mailing Address 9059 Orlando Avenue				Other (specify) <b>v</b>	
City	State	ZIP Code	e	Personal Funds of the Candidate	
Navarre	FL	32566		Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	ayment To D	Date Bala	nce Outstanding at Close of This Perio	
72.49			0.00	72.49	
TERMS Date Incurred		Date Due	Interest Rate (If none, enter		
M10 ^M / D30 ^D / Y Ž017 Y	M M / D	⁷ 11/0	Ŭ8/2Ŭ18 [¥] 0.0		
List All Endorsers or Guarantors (if any	) to Loan Source	•			
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount Guaranteed		
City State	ZIP Code		Outstanding:		
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:	9 9 9 9	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 9 1	
UBTOTALS This Period This Page (optiona	-		H	72.49	

CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Full) Iohn Mills for Congress			Transact	tion ID : SC/10.4748	
LOAN SOURCE Full Name (Last, First, John Mills for Congress	Middle Initial)		Memo Item	Election: 2018 <b>x</b> Primary General	
Mailing Address 9059 Orlando Avenue				Other (specify) v	
City Navarre	State FL	ZIP Code 32566		× Personal Funds of the Candidat	
Original Amount of Loan 196.54	Cumulative Pa	ayment To Dat	te Balar 0.00	nce Outstanding at Close of This Perio 196.54	
TERMS     Date Incurred       M10 ^M /       D31 ^D /       Y     Ž017	M M / D D		Interest Rate (If none, enter /2Ŏ18 [×] 0.0		
List All Endorsers or Guarantors (if an 1. Full Name (Last, First, Middle Initial)	y) to Loan Source		ame of Employer		
Mailing Address		00	ccupation		
City State	e ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Na	ame of Employer		
Mailing Address			ccupation		
City State	e ZIP Code	Gi	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	·	Na	Name of Employer		
Mailing Address			ccupation		
City State	e ZIP Code	Gi	mount uaranteed utstanding:	ag 1 1 ag 1 1 a a 1	
4. Full Name (Last, First, Middle Initial)		Na	ame of Employer		
Mailing Address		00	ccupation		
City State	e ZIP Code	Gi	mount uaranteed utstanding:	9 1 9 1 7 1	
SUBTOTALS This Period This Page (option				196.54	

CHEDULE C (FEC Form 3) .OANS			Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Full) Iohn Mills for Congress			Transac	tion ID : SC/10.4749	
LOAN SOURCE Full Name (Last, First, Mic John Mills for Congress	Idle Initial)		🗌 Memo Item	Election: 2018 X Primary General	
Mailing Address 9059 Orlando Avenue				Other (specify) <b>v</b>	
City Navarre	State FL	ZIP Code 32566	)	X Personal Funds of the Candidate	
Original Amount of Loan 41.21	Cumulative Pa	yment To D	oate Bala	nce Outstanding at Close of This Period 41.21	
TERMS     Date Incurred       M11M     /     D01D     /     Y     Ž017     Y	M M / D D	Date Due	Interest Rate (If none, enter )8/2018 ^Y 0.0	0)	
List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial)	o Loan Source		Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y y	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	- I		Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1	
SUBTOTALS This Period This Page (optional)			H	41.21 7 7	

luge# 202010140200					PAGE 17 OF 54
CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	e(s) FOR LINE NUMBER:	
ame of committ Iohn Mills for C	( )			Transac	tion ID : SC/10.4750
	Full Name (Last, First, Mic	ddle Initial)		Memo Item	Election: 2018
John Mills for	r Congress				Ceneral
Mailing Address 9059 Orlando Aver	nue				Other (specify) <b>v</b>
City		State	ZIP Code	e	
Navarre		FL	32566		Personal Funds of the Candidate
Original Amount	of Loan	Cumulative Pag	yment To D	Date Bala	nce Outstanding at Close of This Perio
	804.08			0.00	804.08
TERMS D	ate Incurred	C	Date Due	Interest Rate (If none, enter	
^M 11 ^M / ^D 0	5 ^D [/] ^Y Ž017 ^Y	M M / D D	′ ¥11/Č		
List All Endorser	rs or Guarantors (if any) t	o Loan Source			
1. Full Name (La	ast, First, Middle Initial)			Name of Employer	
Mailing Addre	PSS			Occupation	
City	State	State ZIP Code		Amount Guaranteed Outstanding:	
2. Full Name (Las	st, First, Middle Initial)			Name of Employer	
Mailing Addres				Occupation	
			_	Amount	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Las	st, First, Middle Initial)	·		Name of Employer	
Mailing Addres	3S			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · · ·
4. Full Name (Las	st, First, Middle Initial)			Name of Employer	
Mailing Addres	ŝŝ			Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
SUBTOTALS This P	eriod This Page (optional)		·····	······ •	804.08
OTALS This Period	l (last page in this line only	/)		······	· · · · · · · · · · · · · · · · · · ·
Carry outstanding b	palance only to LINE 3, Sch	nedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.

CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page	
AME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4751
LOAN SOURCE Full Name (Last, First, Mi John Mills for Congress	iddle Initial)		Memo Item	Election: 2018 Primary General
Mailing Address 9059 Orlando Avenue				Other (specify) ▼
City Navarre	State FL	ZIP Code 32566	e	X Personal Funds of the Candidate
Original Amount of Loan 19.08	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Period 19.08
TERMS     Date Incurred       M11M     /     D08 D     /     Y     Ž017     Y	M M / D D	Date Due	Interest Rate (If none, enter 08/2018 ^Y 0.	00 0/ ( ) ) / ( ) / ( )
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source		Name of Employer	
Mailing Address			Occupation	
City State	State ZIP Code		Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation Amount	
City State	ZIP Code		Guaranteed	-y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	g
4. Full Name (Last, First, Middle Initial)	ł		Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line on Carry outstanding balance only to LINE 3, Sc	ly)			19.08

ME OF COMMITTEE (In Full) ohn Mills for Congress LOAN SOURCE Full Name John Mills for Congres	(Last, First, Mic			for each category of the Detailed Summary Page	
Chn Mills for Congress	(Last, First, Mic				
	•			Transac	tion ID : SC/10.4752
	SS	Idle Initial)		Memo Item	Election: 2018 X Primary General
Mailing Address 9059 Orlando Avenue					Other (specify)
City Navarre		State FL	ZIP Code 32566	9	X Personal Funds of the Candidate
Original Amount of Loan	93.73	Cumulative Pay	yment To D	Date Bala	nce Outstanding at Close of This Perior 93.73
TERMS         Date Incurred           M11 ^M /         D08 ^D /         Y	Ž017 ^Y	D	Date Due	00/2010	
List All Endorsers or Guara 1. Full Name (Last, First, Mi		b Loan Source		Name of Employer	
Mailing Address				Occupation	
City	State ZIP Code			Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Mid	Idle Initial)			Name of Employer	
Mailing Address			_		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First, Mid	Idle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Mid	Idle Initial)	ł		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
<b>JBTOTALS</b> This Period This P <b>DTALS</b> This Period (last page					93.73

CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Full) ohn Mills for Congress			Transact	tion ID : SC/10.4753	
LOAN SOURCE Full Name (Last, First, N John Mills for Congress	Aiddle Initial)		Memo Item	Election: 2018 <b>x</b> Primary General	
Mailing Address 9059 Orlando Avenue				Other (specify)	
City Navarre	State FL	ZIP Code 32566		× Personal Funds of the Candidat	
Original Amount of Loan 6.00	Cumulative Pa	ayment To Da	te Balar 0.00	nce Outstanding at Close of This Perio	
TERMS         Date Incurred           M12M         /         D21D         /         Y         Ž017         Y		Date Due	Interest Rate (If none, enter 0/2Ŏ18 [×] 0.0	0)	
List All Endorsers or Guarantors (if any 1. Full Name (Last, First, Middle Initial)	to Loan Source		ame of Employer		
Mailing Address		0	ccupation		
City State	ZIP Code	G	mount uaranteed utstanding:	y y	
2. Full Name (Last, First, Middle Initial)		N	ame of Employer		
Mailing Address			ccupation		
City State	ZIP Code	G	mount uaranteed utstanding:	g 1 1 g 1 1 x 1	
3. Full Name (Last, First, Middle Initial)		N	ame of Employer		
Mailing Address			ccupation		
City State	ZIP Code	G	mount uaranteed utstanding:	y	
4. Full Name (Last, First, Middle Initial)	•	N	ame of Employer		
Mailing Address		0	ccupation		
City State	ZIP Code	G	mount uaranteed utstanding:	9 1 9 1 7 1	
UBTOTALS This Period This Page (optiona OTALS This Period (last page in this line o				6.00	

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

CHEDULE C (FEC Form 3) OANS				Use separate schedule for each category of th	ie (check only one) × 13a	
				Detailed Summary Pag	13b	
AME OF COMMITTEE (In Full) ohn Mills for Congres				Transac	tion ID : SC/10.4754	
LOAN SOURCE Full Name	•	dle Initial)		🗌 Memo Item	Election: 2018 X Primary General	
Mailing Address 9059 Orlando Avenue					Other (specify)	
City Navarre		State FL	ZIP Code 32566	9	X Personal Funds of the Candidate	
Original Amount of Loan	308.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Peric 308.00	
TERMS Date Incurred	d	L C	ate Due	Interest Rate		
M12M / D22D / Y	Ž017 ^Y	M M / D D	′ [×] 11/č	(If none, enter Ď8/2Ď18 ^Y 0.0		
List All Endorsers or Guar	· • • •	b Loan Source	I .			
1. Full Name (Last, First, N	Aiddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	Ay 1 1 Ay 1 1 A A	
2. Full Name (Last, First, M	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, First, M	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 7 1	
UBTOTALS This Period This				H	308.00	
					vard to appropriate line of Summary.	

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CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	e(s) FOR LINE NUMBER:	
AME OF COMMITTEE (In ohn Mills for Congr	,			Transac	tion ID : SC/10.4755
LOAN SOURCE Full N	•	Idle Initial)		Memo Item	Election: 2018
John Mills for Con	igress				General
Mailing Address 9059 Orlando Avenue					Other (specify)
City		State	ZIP Code	e	Personal Funds of the Candidate
Navarre		FL	32566		Personal Funds of the Candidate
Original Amount of Loa	n	Cumulative Pay	yment To D	Date Bala	nce Outstanding at Close of This Perio
	56.34			0.00	56.34
TERMS Date Incu	urred	C	Date Due	Interest Rate (If none, enter	
^M 12 ^M / ^D 24 ^D /	^ү Ž017 ^ү	M M / D D	′ [×] 11/č	Ŏ8/2Ŏ18 ^Ÿ 0.0	
List All Endorsers or G	Guarantors (if any) to	o Loan Source			
1. Full Name (Last, Firs	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	State ZIP Code		Amount Guaranteed Outstanding:	
2. Full Name (Last, First	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
				Amount	
City	State	ZIP Code		Guaranteed	9
3. Full Name (Last, First	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed	
		2		Outstanding:	y y y y
4. Full Name (Last, First	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
UBTOTALS This Period T	his Page (optional).		· · · · · · · · · · · · · · · · · · ·	······	56.34
<b>OTALS</b> This Period (last p	bage in this line only	)		······ [	y y
	only to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.

CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Full)				Transact	tion ID : SC/10.4756	
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mid	ddle Initial)		🗌 Memo Item	Election: 2018 <b>x</b> Primary General	
Mailing Address 9059 Orlando Avenue					Other (specify)	
City Navarre		State FL	ZIP Code 32566	e	× Personal Funds of the Candidat	
Original Amount of Loan	8.00	Cumulative Pa	yment To D	Date Balar 0.00	nce Outstanding at Close of This Perio	
TERMS         Date Incurred           M12M         /         D29D         /         Y         Ž017		M M / D D	Date Due	Interest Rate (If none, enter 0.00000000000000000000000000000000000		
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle	,	o Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle II	nitial)			Name of Employer		
Mailing Address						
City	State	ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle I	nitial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · ·	
SUBTOTALS This Period This Page					208.00	

CHEDULE C (FEC Form 3) DANS		Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Full) Iohn Mills for Congress		Transaction ID : SC/10.4678		
LOAN SOURCE Full Name (Last, First John Mills for Congress	t, Middle Initial)	Memo Item Election: 2018  Primary General		
Mailing Address 9059 Orlando Avenue		Other (specify) v		
City Navarre	State FL	ZIP Code 32566 Personal Funds of the Candidat		
Original Amount of Loan 400.00	Cumulative Pa	ment To Date Balance Outstanding at Close of This Perio		
TERMS         Date Incurred           M01 ^M /         D17 ^D /         Y         Ž018 ^Y	M M / D D	te Due Interest Rate Secured: (If none, enter 0) / ¥11/Ŏ8/2Ŏ18 ¥ 0.00 % (apr) Yes X N		
List All Endorsers or Guarantors (if a 1. Full Name (Last, First, Middle Initial		Name of Employer		
Mailing Address		Occupation		
City Sta	te ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Sta	te ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	·	Name of Employer		
Mailing Address		Occupation		
City Sta	te ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Sta	te ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optic		y y y		

					PAGE 25 OF 54	
SCHEDULE C (FEC Form 3) .OANS				Use separate schedule for each category of th Detailed Summary Pag	(s) FOR LINE NUMBER:	
NAME OF COMM John Mills fo	· · · · ·			Transac	tion ID : SC/10.4709	
LOAN SOUR	CE Full Name (Last, First, Mid	ddle Initial)		Memo Item	Election: 2018	
John Mills	for Congress				X Primary General	
Mailing Addre 9059 Orlando	ss Avenue				Other (specify) V	
City		State	ZIP Code	e		
Navarre		FL	32566		Personal Funds of the Candidate	
Original Amo	ount of Loan	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Period	
,	2231.10			0.00	2231.10	
TERMS	Date Incurred	C	Date Due	Interest Rate (If none, enter		
^M 03 ^M /	^D 31 ^D / ^Y Ž018 ^Y	M M / D D	′ ^Y 11/Č	Ŏ8/2Ŏ18 ^Ÿ 0.0		
List All Endo	rsers or Guarantors (if any) t	o Loan Source				
1. Full Name	(Last, First, Middle Initial)			Name of Employer		
Mailing Ac	ddress			Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:		
2. Full Name	Last, First, Middle Initial)			Name of Employer		
Mailing Ad	dress			Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:		
3. Full Name	(Last, First, Middle Initial)			Name of Employer		
Mailing Ad	dress			Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	9	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Ade	dress			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
	is Period This Page (optional). riod (last page in this line only			H	2231.10	
Carry outstandir	ng balance only to LINE 3, Scl	hedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.	

<b>3</b>							- 00	
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page		MBER:	OF 54	
ME OF COMMITTEE (In or Cong	,			Trans	action ID	: SC/10.4829		
LOAN SOURCE Full John Mills for Co	•	ddle Initial)		Memo Ite	<b>x</b> F	ion: 2018 Primary General		
Mailing Address 9059 Orlando Avenue						Other (specify)	▼	
City Navarre		State FL	ZIP Code 32566	9		Personal Fund	ls of the (	Candidate
Original Amount of Lo	an	Cumulative F	Payment To D	Date B	alance Ou	utstanding at 0	Close of T	his Perio
<u>y</u>	150.67	,		0.00		, , ,		0.67
TERMS Date In	curred		Date Due	Interest R (If none, er			Secureo	l:
^M 04 ^M / ^D 20 ^D	^ү Ž018́ ^ү	M M / D		ž8/2Ŏ18 [×]	0.00	<b>%</b> (apr)	Yes	× No
List All Endorsers or		o Loan Sourc		Name of Employer				
1. Full Name (Last, F	rst, Middle Initial)							
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
2. Full Name (Last, Fir	st, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	- 7			
3. Full Name (Last, Fir	st, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	,			
4. Full Name (Last, Fir	st, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
UBTOTALS This Period						7 · · · 7	150	0.67

) rst, Midd	dle Initial)		Use separate schedul for each category of t Detailed Summary Pa Transa	the (check only one) × 13a	
rst, Mido	dle Initial)		Transa	ction ID : SC/10.4815	
rst, Mido	dle Initial)				
			Memo Item	Election: 2018 X Primary General	
				Other (specify)	
	State FL	ZIP Code 32566	e	Personal Funds of the Candidate	
	Cumulative Pay	yment To D	Date Bal	ance Outstanding at Close of This Peric	
D			700.00	7800.00	
	C	ate Due			
M	M / D D	′ ^v 11/ù		.00 % (apr) Yes X No	
any) to	Loan Source				
ial)			Name of Employer		
			Occupation		
tate	ZIP Code		Amount Guaranteed Outstanding:		
al)			Name of Employer		
			Occupation		
tate	ZIP Code		Amount Guaranteed Outstanding:		
al)			Name of Employer		
			Occupation		
tate	ZIP Code		Guaranteed		
4. Full Name (Last, First, Middle Initial)			Name of Employer		
			Occupation		
tate	ZIP Code		Guaranteed	9 1 1 9 1 1 x 1	
				7 7 7	
	0 I I I I I I I I I I I I I I I I I I I	FL   Cumulative Pare   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1   1	FL       32566         Cumulative Payment To D         Date Due         Image:	FL 32566     Cumulative Payment To Date Bala   0 700.00   700.00 700.00   Date Due Interest Rate (If none, enter   1 M   1 0   1 1   0 1   1 1   1 0   1 1   1 0   1 1   1 0   1 1   1 0   1 1   1 0   1 1   1 0   1 1   1 0   1 1   1 0   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1   1 1 <tr< td=""></tr<>	

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CHEDULE C (FEC Form 3) OANS				Use separate schedul for each category of t Detailed Summary Pa	the (check only one) × 13a	
ame of committee (in Iohn Mills for Cong	,			Transad	ction ID : SC/10.4830	
LOAN SOURCE Full John Mills for Co	•	ddle Initial)		Memo Item	Election: 2018 X Primary General	
Mailing Address 9059 Orlando Avenue					Other (specify)	
City Navarre		State FL	ZIP Code 32566	e	Personal Funds of the Candidate	
Original Amount of Lo	can	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio	
	1475.00	<u>9</u>		0.00	1475.00	
TERMS Date In	ncurred	Γ	Date Due	Interest Rat (If none, ente		
^M 06 ^M / ^D 15 ^D	Υ Ž018΄ Υ	M M / D D	[/] ^Y 08/2	Ž8/2Ŏ18 [×] 0	.00 (apr) Yes X No	
List All Endorsers or	Guarantors (if any) t	o Loan Source				
1. Full Name (Last, F	irst, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, Fir	rst, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, Fir	rst, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
SUBTOTALS This Period					1475.00	
Carry outstanding baland	ce only to LINE 3, Scł	nedule D, for thi	s line. If no	o Schedule D, carry for	ward to appropriate line of Summary	

CHEDULE C (FEC Form 3)			Use separate schedule for each category of th		
DANS			Detailed Summary Pag		
AME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4831	
LOAN SOURCE Full Name (Last, First, M John Mills for Congress	Middle Initial)		Memo Item	Election: 2018 X Primary General	
Mailing Address 9059 Orlando Avenue				Other (specify)	
City Navarre	State FL	ZIP Code 32566	9	Personal Funds of the Candidate	
Original Amount of Loan 600.00	Cumulative Pa	l lyment To D	Date Bala	nce Outstanding at Close of This Perio 600.00	
TERMS Date Incurred		Date Due	Interest Rate		
M06 ^M / D15 ^D / Y Ž018 Y	M M / D D	/ ^Y 08/2	(If none, enter 28/2018 ^Y 0.0		
List All Endorsers or Guarantors (if any	) to Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1	
UBTOTALS This Period This Page (optiona	۱)			600.00	
OTALS This Period (last page in this line o					

CHEDULE C (FEC Form 3)				PAGE 30 OF 54	
OANS			Use separate schedule for each category of th Detailed Summary Pag	^{1e} (check only one) × 13a	
AME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4832	
LOAN SOURCE Full Name (Last, First, Mic John Mills for Congress	ddle Initial)		🗌 Memo Item	Election: 2018 X Primary General	
Mailing Address 9059 Orlando Avenue				Other (specify)	
City Navarre	State FL	ZIP Code 32566	9	Personal Funds of the Candidate	
Original Amount of Loan 35.10	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Period 35.10	
TERMS     Date Incurred       M06 ^M /     D27 ^D /     Y     Ž018     Y	M M / D D	Date Due	Interest Rate (If none, enter 28/2018 ^Y 0.		
List All Endorsers or Guarantors (if any) t 1. Full Name (Last, First, Middle Initial)	o Loan Source		Name of Employer		
Mailing Address			Occupation		
City	State ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		_	Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	g	
UBTOTALS This Period This Page (optional). OTALS This Period (last page in this line only	/)		······	35.10 7 7 7 20 20 20 20 20 20 20 20 20 20 20 20 20	

•					
CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	he (check only one) X 13a	
ME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4841	
LOAN SOURCE Full Name (Last, First, Mid John Mills for Congress	ddle Initial)		Memo Item	Election: 2018 Primary General	
Mailing Address 9059 Orlando Avenue				Other (specify) ▼	
City Navarre	State FL	ZIP Code 32566	9	Personal Funds of the Candidat	
Original Amount of Loan	Cumulative Pa	lyment To D	Pate Bala	I Ince Outstanding at Close of This Peric	
2000.00		3	0.00	2000.00	
TERMS Date Incurred	[	Date Due	Interest Rate (If none, enter		
M07M / D05D / Y Ž018 Y	M M / D D	⁷ 08/2	-0/2010	00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	g	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y y	
UBTOTALS This Period This Page (optional). OTALS This Period (last page in this line only				2000.00	

ANS	Form 3)			Use separate schedule	PAGE 32 OF 54	
	CHEDULE C (FEC Form 3) OANS				P(S) he (check only one) (check only one) (check only one) (check only one) (check only one) (check only one) (check only one)	
ME OF COMMITTEE (In Full) ohn Mills for Congres:				Transad	ction ID : SC/10.4842	
LOAN SOURCE Full Name	•	dle Initial)		Memo Item	Election: 2018	
John Mills for Congre	ess				X     Primary       General	
Mailing Address 9059 Orlando Avenue					Other (specify) ▼	
City		State	ZIP Code	e		
Navarre		FL	32566		Personal Funds of the Candidate	
Original Amount of Loan		Cumulative Pag	yment To D	Date Bala	ance Outstanding at Close of This Perio	
<u> </u>	2000.00		7	0.00	2000.00	
TERMS Date Incurred	ł	C	Date Due	Interest Rate (If none, enter		
M07 ^M / D05 ^D / Y	Ž018 ^Y	M M / D D	[/] ^v 08/2			
List All Endorsers or Guar	antors (if any) to	b Loan Source				
1. Full Name (Last, First, N	Iiddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, M	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	g	
3. Full Name (Last, First, M	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed		
4. Full Name (Last, First, Middle Initial)				Outstanding: Name of Employer	7	
Mailing Address				Occupation		
			_			
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
JBTOTALS This Period This					2000.00	

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

ME OF COMMITTEE (In Full) Ohn Mills for Congress LOAN SOURCE Full Name John Mills for Congre	5			Use separate schedule for each category of the Detailed Summary Page	^{ne} (check only one) × 13a	
CONTRACT CONTRACTOR CONTRACT	6		OANS			
				Transac	tion ID : SC/10.4874	
Contraction Congre	•	dle Initial)		🗌 Memo Item	Election: 2020 X Primary General	
Mailing Address 9059 Orlando Avenue					Other (specify)	
City Navarre		State FL	ZIP Code 32566	9	Personal Funds of the Candidate	
Original Amount of Loan	500.00	Cumulative Pay	yment To D	0.00 Bala	nce Outstanding at Close of This Perio	
TERMS   Date Incurred     M03 ^M /   P18 ^D /   Y	Ž019 ^Y		Date Due	17/2020		
List All Endorsers or Guara 1. Full Name (Last, First, M		Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Mi	ddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Mi	ddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
<b>JBTOTALS</b> This Period This <b>DTALS</b> This Period (last page					500.00	

CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) × 13a		
AME OF COMMITTEE (In John Mills for Congr	,				tion ID : SC/10.4106	
LOAN SOURCE Full Na MILLS, Ralph, Joh	ame (Last, First, Mic	Idle Initial)		☐ Memo Item	Election: 2014 Primary General	
Mailing Address 1940 Boardwalk Drive					Other (specify)	
City Miramar Beach		State FL	ZIP Code 32550	9	Personal Funds of the Candidat	
Original Amount of Loa	n 5000.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Peric	
TERMS         Date Inc.           M06 ^M /         D24 ^D /	Y Ž014 Y		Date Due	Interest Rate (If none, enter Y Y Y O.0		
List All Endorsers or G 1. Full Name (Last, First		o Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State	State ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First	t, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First	, Middle Initial)	ŀ		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	ay 1 1 ay 1 1 ay 1	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 7 1	
SUBTOTALS This Period T				H	5000.00	
	-				vard to appropriate line of Summary.	

CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detriled Currence Detriled Strength PAGE 35 OF		
AME OF COMMITTEE (In F	•			Detailed Summary Pag Transac	tion ID : SC/10.4116	
lohn Mills for Congre LOAN SOURCE Full Na MILLS, Ralph, Joh	ame (Last, First, Mic	Idle Initial)		Memo Item Election:		
Mailing Address 1940 Boardwalk Drive					General Other (specify) ▼	
City Miramar Beach		State ZIP Code FL 32550		9	Personal Funds of the Candidat	
Original Amount of Loar	Cumulative Payment To Date Ba			nce Outstanding at Close of This Perio 4234.94		
TERMS         Date Incu           M07 ^M /	rred ^Y Ž014 ^Y	C M M / D D	Date Due	Interest Rate (If none, enter		
List All Endorsers or Gi 1. Full Name (Last, First		o Loan Source		Name of Employer		
Mailing Address			Occupation			
City	State	State ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First,	, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·	
SUBTOTALS This Period TI					4234.94	
Carry outstanding balance	only to LINE 3, Sch	edule D, for this	s line. If no	Schedule D, carry forw	vard to appropriate line of Summary	

CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) ¥ 13a	
NAME OF COMMITTEE (In Full) John Mills for Congress			Transac	tion ID : SC/10.4197	
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	Idle Initial)		Memo Item Election: Primary General		
Mailing Address 1940 Boardwalk Drive				Other (specify)	
City Miramar Beach	State FL	e ZIP Code 32550		X Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Payment To Date Bala			nce Outstanding at Close of This Perioc 1000.00	
TERMS     Date Incurred       M09 ^M /     P08 ^D /     Y     Ž015     Y	D	Date Due	Interest Rate (If none, enter		
List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial)	b Loan Source		Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	Ag. 1 1 Ag. 1 1 A. 1	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation Amount		
City State	ZIP Code		Guaranteed	y	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1	
SUBTOTALS This Period This Page (optional)	)			1000.00 7 7 7 1000.00 7 7 7 1000.00	

CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page	PAGE       37       OF       54         FOR LINE NUMBER:       (check only one)       13a         13b	
ME OF COMMITTEE (In Full) ohn Mills for Congress				Transactio	n ID : SC/10.4299
LOAN SOURCE Full Name (Last, Fi MILLS, Ralph, John, , III	rst, Mid	dle Initial)			ilection: 2016 X Primary General
Mailing Address 1940 Boardwalk Drive					Other (specify) V
City Miramar Beach		State FL	ZIP Cod 32550		✗ Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pa	yment To [	Date Balance	e Outstanding at Close of This Peric
3850.6	64			0.00	3850.64
TERMS Date Incurred		D	Date Due	Interest Rate (If none, enter 0)	Secured:
M01 ^M / D02 ^D / Y Ž016	Y	1 M / D D	/ Y	Y Y Y	% (apr) Yes X No
List All Endorsers or Guarantors (if		Loan Source			
1. Full Name (Last, First, Middle Init	tial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · ·
2. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · ·
3. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
City S	State	ZIP Code		Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·
UBTOTALS This Period This Page (op OTALS This Period (last page in this li					3850.64

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

Memo Item	ION LINE NOMBER. (check only one)       III         III       IIII         IIII       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Memo Item	Election: 2016
te Balance 0.00 Interest Rate (If none, enter 0) 0.00 ame of Employer	<ul> <li>✔ Primary General Other (specify) ▼</li> <li>Personal Funds of the Candidate ce Outstanding at Close of This Perior 345.33</li> <li>Secured:</li> </ul>
0.00 Interest Rate (If none, enter 0) 0.00 ame of Employer	Other (specify) ▼ Personal Funds of the Candidate Ce Outstanding at Close of This Perior 345.33 Secured:
0.00 Interest Rate (If none, enter 0) 0.00 ame of Employer	Secured:
0.00 Interest Rate (If none, enter 0) 0.00 ame of Employer	345.33 Secured:
Interest Rate (If none, enter 0) 0.00 ame of Employer	Secured:
(If none, enter 0)	
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	345.33
	Guaranteed Dutstanding:

CHEDULE C (FE	C Form 3)			Use separate schedule	
DANS				for each category of the Detailed Summary Page	
AME OF COMMITTEE (In ohn Mills for Cong	,			Transac	ction ID : SC/10.4342
LOAN SOURCE Full N MILLS, Ralph, Jo	•	ddle Initial)		🗌 Memo Item	Election: 2018 X Primary General
Mailing Address 1940 Boardwalk Drive					Other (specify) ▼
City Miramar Beach		State FL	ZIP Code 32550	e	Personal Funds of the Candidate
Original Amount of Loa	an 1500.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio
TERMS Date Inc	curred	C	Date Due	Interest Rate (If none, enter	
M07M / D18D /	YŽ016 Y	M M / D D	/ Y De	ěmaňd ^v 0.	00 % (apr) Yes 🗴 No
List All Endorsers or (		o Loan Source			
1. Full Name (Last, Fir	rst, Middle Initial)			Name of Employer	
Mailing Address				Occupation Amount	
City	State	ZIP Code		Guaranteed	y y
2. Full Name (Last, Firs	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	g
3. Full Name (Last, Firs	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7
4. Full Name (Last, Firs	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
UBTOTALS This Period	This Page (optional).			······	1500.00
<b>OTALS</b> This Period (last	page in this line only	/)		······	
Carry outstanding balance	e only to LINE 3, Sci	nedule D, for this	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summa

CHEDULE C (FEC Form 3) DANS			Use separate schedule for each category of th Detailed Summary Pag	he (check only one) × 13a
AME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4343
LOAN SOURCE Full Name (Last, First, Mic MILLS, Ralph, John, , III	Idle Initial)		🗌 Memo Item	Election: 2018 Primary General
Mailing Address 1940 Boardwalk Drive				Other (specify) <b>v</b>
City Miramar Beach	State FL	ZIP Code 32550	e	Personal Funds of the Candidate
Original Amount of Loan 300.00	Cumulative Pa	yment To D	Date Bala	unce Outstanding at Close of This Perior 300.00
TERMS     Date Incurred       M09M     /     P06P     /     Y     Ž016     Y	M M / D D	Date Due	Interest Rate (If none, enter ěmaňd ^v 0.	00 <b>0 0</b>
List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial)	o Loan Source		Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y, 1 1 y, 1 1 x x 1
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation Amount	
City State	ZIP Code		Guaranteed	y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Initial)	·		Name of Employer	
Mailing Address			Occupation	
City	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1
<b>CUBTOTALS</b> This Period This Page (optional)	ı)			300.00

CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Full) John Mills for Congress				Transac	tion ID : SC/10.4344
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mi	ddle Initial)		🗌 Memo Item	Election: 2018 X Primary General
Mailing Address 1940 Boardwalk Drive					Other (specify)
City Miramar Beach		State FL	ZIP Code 32550	9	Personal Funds of the Candidat
Original Amount of Loan	0.00	Cumulative Pa	yment To D	0.00 Bala	nce Outstanding at Close of This Peri 500.00
TERMS     Date Incurred       M09 ^M /     D23 ^D /     Y     Ž016	Y	M M / D D	Date Due	Interest Rate (If none, enter Émaňd [×] 0.0	0) 00 0/ () // // // //
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle		to Loan Source		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First, Middle Ir	nitial)			Name of Employer	
Mailing Address				Occupation Amount	
City	State	ZIP Code		Guaranteed Outstanding:	y
3. Full Name (Last, First, Middle Ir	nitial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Ir	nitial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
UBTOTALS This Period This Page (				H	500.00
OTALS This Period (last page in thi					vard to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page       FOR LINE NUMBER: (check only one)       13a 13b         Transaction ID : SC/10.4351         Image: Schedule (s) for each category of the Detailed Summary Page       Image: Schedule (s) for each category of the Detailed Summary Page       Image: Schedule (s) for each category of the Detailed Summary Page         Image: Schedule (s) for each category of the Detailed Summary Page       Image: Schedule (s) for each category of the Detailed Summary Page       Image: Schedule (s) for each category on each category on each category of the Detailed Summary Page         Image: Schedule (s) for each category of the Detailed Summary Page       Image: Schedule (s) for each category on each category on each category on each category of the Detailed Summary Page       Image: Schedule (s) for each category on ea
Image: Memo Item       Election: 2018         Image: Primary       General         Other (specify)       Image: Personal Funds of the Candidat         Image: Other To Date       Balance Outstanding at Close of This Period         0.00       500.00         Image: Personal Funds of the Candidat         0.00       500.00         Image: Personal Funds of the Candidat         0.00       500.00         Image: Personal Funds of the Candidat         Image: Personal Funds
Imense itom       Imense itom
ZIP Code
32550         Personal Funds of the Candidat         nent To Date       Balance Outstanding at Close of This Period         0.00       500.00         e Due       Interest Rate (If none, enter 0)         ' Děmaňd Y       0.00         % (apr)       Yes         Yes       N
0.00 500.00 e Due Interest Rate Secured: (If none, enter 0) / Y Děmaňd Y 0.00 % (apr) Yes X N
e Due Interest Rate Secured: (If none, enter 0) / Y Děmaňd Y 0.00 % (apr) Yes X N
(If none, enter 0)
Yes ¥ N
Name of Employer
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
500.00

HEDULE C (FEC Form 3)			Use separate schedule	PAGE 43 OF 54
DANS			for each category of the Detailed Summary Pag	ie (check only one) × 13a
ME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4357
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Middle Initial)		🗌 Memo Item	Election: 2018 X Primary General
Mailing Address 1940 Boardwalk Drive				Other (specify)
City Miramar Beach	State FL	ZIP Code 32550	9	X Personal Funds of the Candidate
Original Amount of Loan 150.00	Cumulative Pa	lyment To D	Date Bala	nce Outstanding at Close of This Perio 150.00
TERMS Date Incurred	, C	Date Due	Interest Rate (If none, enter	
M07M / D26D / Y Ž017 Y	M M / D D	) / Y	Y Y Y 0.0	
List All Endorsers or Guarantors (if an	y) to Loan Source			
1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	State ZIP Code		Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	e ZIP Code		Amount Guaranteed Outstanding:	y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	e ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)	ļ		Name of Employer	
Mailing Address			Occupation	
City State	e ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 y 1
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<b>DTALS</b> This Period (last page in this line	only)		······ [	y

CHEDULE C (F	EC Form 3)			Use separate schedule for each category of th	
				Detailed Summary Page	
ame of committee ( Iohn Mills for Con	, ,			Transac	tion ID : SC/10.4358
LOAN SOURCE Full MILLS, Ralph, J	I Name (Last, First, Mic Iohn, , III	ddle Initial)		🗌 Memo Item	Election: 2018 X Primary General
Mailing Address 1940 Boardwalk Drive					Other (specify)
City Miramar Beach		State FL	ZIP Code 32550	e	X Personal Funds of the Candidate
Original Amount of L	_oan 750.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perio 750.00
TERMS Date	Incurred		Date Due	Interest Rate (If none, enter	
M09 ^M / D13 ^D	/ Y Ž017 Y	M M / D D	/ Y		
List All Endorsers of	r Guarantors (if any) t	o Loan Source			
1. Full Name (Last,	First, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	State ZIP Code		Amount Guaranteed Outstanding:	y
2. Full Name (Last, F	irst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, F	irst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, F	irst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 9 1
UBTOTALS This Period	d This Page (optional).			······ [	750.00
<b>OTALS</b> This Period (las	st page in this line only	/)			y y y y
Carry outstanding balar	nce only to LINE 3, Sch	nedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary

CHEDULE C (FEC Form 3) DANS			Use separate schedule(s) for each category of the Detailed Summary Page	
AME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4811
LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III	ddle Initial)		🗌 Memo Item	Election: 2018 Primary General
Mailing Address 1940 Boardwalk Drive				Other (specify) <b>v</b>
City Miramar Beach	State FL	ZIP Code 32550	9	Personal Funds of the Candidate
Original Amount of Loan 16.95	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Period 16.95
TERMS     Date Incurred       M04 ^M /     D07 ^D /     Y     Ž018     Y	M M / D D	Date Due	Interest Rate (If none, enter )8/2018 ^Y 0.	
List All Endorsers or Guarantors (if any) t 1. Full Name (Last, First, Middle Initial)	to Loan Source		Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 (y 1 (x 1))
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation Amount	
City State	ZIP Code		Guaranteed	-y
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)	·		Name of Employer	
Mailing Address			Occupation	
City	ZIP Code		Amount Guaranteed Outstanding:	y y
CUBTOTALS This Period This Page (optional).	y)			vard to appropriate line of Summary.

CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of th Detailed Summary Pag	he (check only one) × 13a
AME OF COMMITTEE (In Full) ohn Mills for Congress			Transac	tion ID : SC/10.4899
LOAN SOURCE Full Name (Last, First, Mic MILLS, Ralph, John, , III	ddle Initial)		🗌 Memo Item	Election: Primary General
Mailing Address 1940 Boardwalk Drive				Other (specify) <b>v</b>
City Miramar Beach	State FL	ZIP Code 32550	9	Personal Funds of the Candidate
Original Amount of Loan 300.00	Cumulative Pay	yment To D	0.00 Bala	ance Outstanding at Close of This Period 300.00
	M M / D D	Date Due	Interest Rate (If none, enter 0.	00 0/ ( ) ) / <b>X</b>
List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial)	o Loan Source		Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation Amount	
City State	e ZIP Code		Guaranteed	7 7
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City State	ZIP Code		Amount Guaranteed Outstanding:	y
UBTOTALS This Period This Page (optional)	/)		······	300.00

CHEDULE C (FEC	Form 3)			Use separate schedule for each category of th	ie (check only one) × 13a	
AME OF COMMITTEE (In F John Mills for Congre	,			Detailed Summary Page 13b Transaction ID : SC/10.4900		
LOAN SOURCE Full Na MILLS, Ralph, Joh	me (Last, First, Mic	Idle Initial)		Memo Item	Election: Primary General	
Mailing Address 1940 Boardwalk Drive					Other (specify)	
City Miramar Beach		State FL	ZIP Code 32550	9	Personal Funds of the Candidat	
Original Amount of Loan	1200.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Peric 1200.00	
TERMS         Date Incur           M07 ^M /	rred ^Y Ž019 ^Y	C	Date Due	Interest Rate (If none, enter Y Y Y O.0		
List All Endorsers or Gu 1. Full Name (Last, First		o Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
2. Full Name (Last, First,	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, First,	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	ay 1 1 ay 1 1 ay 1	
4. Full Name (Last, First,	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 7 1	
SUBTOTALS This Period Th				H	1200.00	
					vard to appropriate line of Summary.	

CHEDULE C (FEC Form	3)			Use separate schedule		
DANS				for each category of th Detailed Summary Pag	ne (check only one) 🗴 13a	
AME OF COMMITTEE (In Full) ohn Mills for Congress				Transac	tion ID : SC/10.4901	
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	, First, Mio	ddle Initial)		🗌 Memo Item	Election: Primary General	
Mailing Address 1940 Boardwalk Drive					Other (specify)	
City Miramar Beach		State FL	ZIP Code 32550	e	Personal Funds of the Candidate	
Original Amount of Loan 150	0.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Peric 1500.00	
TERMS     Date Incurred       M09 ^M /     D10 ^D Y     Ž019	Y	M M / D D	Date Due	Interest Rate (If none, enter Y Y Y 0.0	0)	
List All Endorsers or Guarantors	s (if any) t	to Loan Source				
1. Full Name (Last, First, Middle				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
2. Full Name (Last, First, Middle I	nitial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
3. Full Name (Last, First, Middle I	nitial)	·		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
UBTOTALS This Period This Page				H	1500.00	
OTALS This Period (last page in the Control of Control					vard to appropriate line of Summary.	

CHEDULE C (FEC Form 3) DANS		Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4929
LOAN SOURCE Full Name (Last, First, M MILLS, Ralph, , , III	Middle Initial)		Memo Item	Election: 2020 <b>x</b> Primary General
Mailing Address 9059 Orlando Avenue				Other (specify)
City Navarre	State FL	ZIP Code 32566	•	Personal Funds of the Candidat
Original Amount of Loan 1500.00	Cumulative Pa	ayment To D	ate Bala	nce Outstanding at Close of This Peri 1500.00
TERMS         Date Incurred           M12 ^M /         D30 ^D /         Y         Ž019 [°] Y		Date Due	Interest Rate (If none, enter 0.0	
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	) to Loan Source		Name of Employer	
Mailing Address		(	Occupation	
City State	ZIP Code		Amount Guaranteed Dutstanding:	y y
2. Full Name (Last, First, Middle Initial)	I	1	Name of Employer	
Mailing Address			Occupation Amount	
City State	ZIP Code		Guaranteed Dutstanding:	y
3. Full Name (Last, First, Middle Initial)		1	Name of Employer	
Mailing Address			Occupation Amount	
City State	ZIP Code	(	Guaranteed Dutstanding:	· · · · · · · · · · · · · · · · · · ·
4. Full Name (Last, First, Middle Initial)	·	1	Name of Employer	
Mailing Address		(	Occupation	
City State	ZIP Code	(	Amount Guaranteed Dutstanding:	g 1 1 g 1 1 a 1
UBTOTALS This Period This Page (optiona	l)			1500.00
OTALS This Period (last page in this line o				vard to appropriate line of Summary

CHEDULE C (FEC Form 3) DANS		Use separate schedule(s) for each category of the Detailed Summary Page			
AME OF COMMITTEE (In John Mills for Cong	,			Transac	tion ID : SC/10.4936
LOAN SOURCE Full MILLS, Ralph, , ,		Idle Initial)		🗌 Memo Item	Election: 2020 X Primary General
Mailing Address 9059 Orlando Avenue					Other (specify)
City Navarre		State FL	ZIP Code 32566	3	Personal Funds of the Candidat
Original Amount of Lo	an 12000.00	Cumulative Pa	lyment To D	ate Bala	nce Outstanding at Close of This Perio
TERMS         Date Inc.           M04M         /         P17D         /	v ž020 v		Date Due	Interest Rate (If none, enter	
List All Endorsers or 0 1. Full Name (Last, Fi		o Loan Source		Name of Employer	
Mailing Address			(	Occupation	
City	State	ZIP Code	(	Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First	st, Middle Initial)		1	Name of Employer	
Mailing Address				Occupation Amount	
City	State	ZIP Code		Guaranteed	y
3. Full Name (Last, Firs	st, Middle Initial)		1	Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code	(	Amount Guaranteed Outstanding:	y
4. Full Name (Last, Firs	st, Middle Initial)	·	1	Name of Employer	
Mailing Address			(	Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	g
UBTOTALS This Period				H	7 12000.00
					vard to appropriate line of Summary

ME OF COMMITTEE (In Full ohn Mills for Congres LOAN SOURCE Full Name MILLS, Ralph, , , III Mailing Address	S			•	
MILLS, Ralph, , , III	e (Last, First, Mid			Transact	tion ID : SC/10.4966
Mailing Address		LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, , , III			Election: 2020 <b>X</b> Primary General
9059 Orlando Avenue					Other (specify) <b>v</b>
City Navarre	·		ZIP Code 32566	•	Personal Funds of the Candidate
Original Amount of Loan Cumulative Payment To 5359.12			yment To D	Date Balar 0.00	nce Outstanding at Close of This Perio
TERMS         Date Incurrent           M07 ^M /         P10 ^D /         Y	d Ž02Ŏ ^Y		Date Due	Interest Rate (If none, enter 0.0	
List All Endorsers or Guar 1. Full Name (Last, First, M		Loan Source		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
2. Full Name (Last, First, M	liddle Initial)		1	Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
3. Full Name (Last, First, M	liddle Initial)		I	Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, M	liddle Initial)	ł	I	Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
UBTOTALS This Period This OTALS This Period (last pag					5359.12

				PAGE 52 OF 54	
CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page		
NAME OF COMMITTEE (In Full) John Mills for Congress			Transac	tion ID : SC/10.4992	
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, , , III	Middle Initial)		🗌 Memo Item	Election: 2020 X Primary General	
Mailing Address 9059 Orlando Avenue				Other (specify) V	
City Navarre	State FL	ZIP Code 32566	9	Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Period	
1495.00			0.00	1495.00	
TERMS Date Incurred	C	Date Due	Interest Rate (If none, enter	0)	
M08 ^M / D04 ^D / Y Ž02Ŏ Y	M M / D D	/ ^Y 12/3	š1/2Ŏ20 ^Ÿ 0.0		
List All Endorsers or Guarantors (if any	) to Loan Source				
1. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		_	Occupation		
City State	State ZIP Code		Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	3. Full Name (Last, First, Middle Initial)				
Mailing Address			Occupation		
City State	ate ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1	
SUBTOTALS This Period This Page (optiona TOTALS This Period (last page in this line of	only)			1495.00	
Carry outstanding balance only to LINE 3, 9	Schedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.	

CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page	
AME OF COMMITTEE (In Full)		·	Transact	tion ID : SC/10.4983
LOAN SOURCE Full Name (Last, First MILLS, Ralph, , , III	, Middle Initial)		Memo Item	Election: 2020 <b>x</b> Primary General
Mailing Address 9059 Orlando Avenue				Other (specify)
City Navarre	State FL	ZIP Code 32566	Personal Funds of the Cand	
Original Amount of Loan 1500.00	Cumulative Pa	ayment To Da	te Balar	nce Outstanding at Close of This Perio
TERMS     Date Incurred       M08 ^M /     D05 ^D /     Y     Ž020 Y		Date Due	Interest Rate (If none, enter /2Ŏ20 ^Y 0.0	0)
List All Endorsers or Guarantors (if an 1. Full Name (Last, First, Middle Initial)			ame of Employer	
Mailing Address			Occupation	
City Stat	te ZIP Code	G	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		N	ame of Employer	
Mailing Address			ccupation	
City Stat	te ZIP Code	G	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		N	Name of Employer	
Mailing Address			ccupation	
City Stat	te ZIP Code	G	mount uaranteed utstanding:	g 1 1 g 1 1 m 1
4. Full Name (Last, First, Middle Initial)		N	ame of Employer	
Mailing Address		0	ccupation	
City Stat	te ZIP Code	G	mount uaranteed utstanding:	y
UBTOTALS This Period This Page (optio	nal)		······ [	1500.00
<b>OTALS</b> This Period (last page in this line Carry outstanding balance only to LINE 3.				62497.49

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full) John Mills for Congres	SS		(Use separate schedule(s) for each numbered line)	PAGE 54 OF 54 FOR LINE NUMBER: (check only one) 9 X 10
A. Full Name (Last, First, Middle Initial) of De Law Office of James C. Thoma		r		Debt (Purpose): Reporting Services
Mailing Address 7509 NW Tiffany Springs Pky Suite 300	wy			
City Kansas City	State MO	Zip Code 64153		
Outstanding Balance Beginning This Period			Transacti	ion ID : SD10.4949
473.68 Amount Incurred This Period	F	Payment This Period	Outstand	ing Balance at Close of This Period
0.00		473.6	68	0.00
B. Full Name (Last, First, Middle Initial) of Deb Law Office of James C. Thoma		Debt (Purpose): Reporting Services		
Mailing Address 7509 NW Tiffany Springs Pky Suite 300				
City Kansas City	State MO	Zip Code 64153		
Outstanding Balance Beginning This Period 167.50 Amount Incurred This Period	F	Payment This Period		ion ID : SD10.4947 ing Balance at Close of This Period
0.00				0.00
C. Full Name (Last, First, Middle Initial) of De Law Office of James C. Thoma		Debt (Purpose): Reporting Services		
Mailing Address 7509 NW Tiffany Springs Pky Suite 300	wy			
City	State	Zip Code		
Kansas City Outstanding Balance Beginning This Period	MO	64153	Transac	tion ID : SD10.4948
134.00				
Amount Incurred This Period	Period Payment This Period			ing Balance at Close of This Period
0.00		134.0	0.00	
1) SUBTOTALS This Period This Page (optional	)		··· •	0.00
2) TOTALS This Period (last page this line num	···· •	0.00		
3) TOTAL OUTSTANDING LOANS from Schedu	···· •	3 3 3		
4) ADD 2) and 3) and carry forward to appropri	ate line of Sum	nmary Page (last page o	nly) 🕨	y y y

FEC Schedule D	(Form 3	3) (Revised	05/2016)
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