PAGE 1 / 23

REPORT OF RECEIPTS **AND DISBURSEMENTS**

| For An | Authorized Committee | Office | Use Only |
|---|---|---------------------------------|-------------------------------|
| NAME OF COMMITTEE (in full) TYPE OR PRI | NT ▼ Example: If typing, typover the lines. | pe 12FE4M5 | |
| John Mills for Congress | | | I |
| | | | |
| | | | |
| ADDRESS (number and street) | valk Drive | | |
| ▼ a) | | | |
| Check if different than previously reported. (ACC) | nch | FL 32550 | |
| 2. FEC IDENTIFICATION NUMBER ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| 2. FEC IDENTIFICATION NUMBER ▼ C C00565366 | 3. IS THIS X NEW (N) OI | AMENDED (A) | STATE ▼ DISTRICT |
| 4. TYPE OF REPORT (Choose One) | (b) 12-Day PRE -Election Report for | | |
| (a) Quarterly Reports: | (b) 12-Day PRE -Election Report for | tile. | |
| April 15 Quarterly Report (Q1) | Primary (12P) | General (12G) | Runoff (12R) |
| The desired trapert (21) | Convention (12C) | Special (12S) | |
| July 15 Quarterly Report (Q2) | | D / Y Y Y Y | |
| October 15 Quarterly Report (Q3) | Election on | D / Y Y Y Y | in the State of |
| January 31 Year-End Report (YE) | (c) 30-Day POST -Election Report f | or the | |
| _ | | | П |
| _ | General (30G) | Runoff (30R) | Special (30S) |
| Termination Report (TER) | Election on | D / Y Y Y Y | in the State of |
| 5. Covering Period 01 01 | / Y Y Y Y Y Y 2018 through | | 2018 |
| I certify that I have examined this Report and Adams, Chi Type or Print Name of Treasurer | | it is true, correct and comp | olete. |
| Adams, Christopher, , Signature of Treasurer | , [Electronically Filed] | Date | 13 / 2018 |
| NOTE: Submission of false, erroneous, or incomp | plete information may subject the nerson s | igning this Report to the pen | alties of 52 U.S.C. 830100 |
| Office | sets information may subject the person's | igning this rieport to the pent | ance of 02 0.3.0. 300109 |
| Use Only | | | EC FORM 3 levised 05/2016) |

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
John Mills for Congress

2018 2018 03 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) 5320.00 805.00 (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) 5320.00 805.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 4146.10 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 4146.10 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 4228.13 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 21137.01 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

PAGE 3 / 23

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

John Mills for Congress

Report Covering the Period: From: 01 01 2018 To: 03 31 2018

| | I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date | | |
|-------|---|-------------------------------|---------------------------------|--|--|
| 11. C | ONTRIBUTIONS (other than loans) FROM: | | | | |
| (a | | | | | |
| | Political Committees (i) Itemized (use Schedule A) | 1130.00 | 300.00 | | |
| | (ii) Unitemized | 4190.00 | 505.00 | | |
| | (iii) TOTAL of contributions from individuals | 5320.00 | 805.00 | | |
| (b | | 0.00 | 0.00 | | |
| (c) | Other Political Committees (such as PACs) | 0.00 | 0.00 | | |
| (d | | 0.00 | 0.00 | | |
| (e) | OTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 5320.00 | 805.00 | | |
| | RANSFERS FROM OTHER JTHORIZED COMMITTEES | 0.00 | 0.00 | | |
| 3. LO | DANS: | | | | |
| (a) | Made or Guaranteed by the Candidate | 2631.10 | 9234.94 | | |
| (b | | 0.00 | 0.00 | | |
| (c) | TOTAL LOANS (add Lines 13(a) and (b)) | 2631.10 | 9234.94 | | |
| | FFSETS TO OPERATING | | | | |
| | KPENDITURES efunds, Rebates, etc.) | 0.00 | 0.00 | | |
| | THER RECEIPTS ividends, Interest, etc.) | 0.00 | 0.00 | | |
| 11 | OTAL RECEIPTS (add Lines (e), 12, 13(c), 14, and 15) arry Total to Line 24, page 4) | 7951.10 | 10039.94 | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

rsements

PAGE 4 / 23

| | II. DISBURSEMENTS | DISBURSEMENTS COLUMN A Total This Period | | | |
|-----|---|--|---------|--|--|
| 17. | OPERATING EXPENDITURES | 4146.10 | 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 | | |
| 21. | OTHER DISBURSEMENTS | 0.00 | 0.00 | | |
| 22. | TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) | 4146.10 | 8801.49 | | |
| | III. CASH SI | JMMARY | | | |
| 23. | CASH ON HAND AT BEGINNING OF REPO | RTING PERIOD | 423.13 | | |
| 24 | TOTAL RECEIPTS THIS PERIOD (from Line | 16, page 3) | 7951.10 | | |
| 25. | SUBTOTAL (add Line 23 and Line 24) | | 8374.23 | | |
| 26. | TOTAL DISBURSEMENTS THIS PERIOD (fro | om Line 22) | 4146.10 | | |
| 27. | CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25) | IG PERIOD | 4228.13 | | |

SCHEDULE A (FEC Form 3)

Use separate schedule(s) for each category of the

| FOR LII | PAGE | | 5 (| OF | 23 | | | |
|------------------|------|------|-----|-----|----|-----|--|-----|
| (check only one) | | | | | | | | |
| X 11 | a |]11b | | 11c | | 11d | | _ |
| 10 | | 100 | | 406 | | 4. | | 1.5 |

ITEMIZED RECEIPTS Detailed Summary Page 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) Boswell, Carmen, T,, Date of Receipt Mailing Address 10629 Bridge Creek Dr 2018 City State Zip Code Transaction ID: SA11AI.4411 FL 32506 Pensacola FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 130.00 Name of Employer Occupation Requested Requested Memo Item Receipt For: 2018 Election Cycle-to-Date **x** Primary General 255.00 Other (specify) Full Name (Last, First, Middle Initial) Feliciano, Daniel, , , Date of Receipt Mailing Address 707 Buoy Dr 2018 03 City State Zip Code Transaction ID: SA11AI.4615 Pensacola FL 32507 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Requested Requested Memo Item Receipt For: 2018 Election Cycle-to-Date **✗** Primary General 600.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Feliciano, Nancy, , , Date of Receipt Mailing Address 707 Buoy Dr 2018 City State Zip Code Transaction ID: SA11AI.4614 FL Pensacola 32507 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Requested Requested Memo Item Receipt For: 2018 Election Cycle-to-Date Primary General 670.00 Other (specify) 1130.00 SUBTOTAL of Receipts This Page (optional)..... 1130.00 TOTAL This Period (last page this line number only).....

PAGE 6 OF FOR LINE NUMBER: 23 SCHEDULE A (FEC Form 3) (check only one) Use separate schedule(s) for each category of the ITEMIZED RECEIPTS 11a 11b 11d 11c **Detailed Summary Page x** | 13a 12 13b 14 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) John Mills for Congress Date of Receipt Mailing Address 1940 Boardwalk Drive 2018 City State Zip Code Transaction ID: SA13A.4678 FL 32550 Miramar Beach FEC ID number of contributing Amount of Each Receipt this Period C00565366 federal political committee. 400.00 Name of Employer Occupation Memo Item Receipt For: 2018 Election Cycle-to-Date On Demand Loan Primary General 400.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) John Mills for Congress Date of Receipt Mailing Address 1940 Boardwalk Drive 2018 03 31 City State Zip Code Transaction ID: SA13A.4709 Miramar Beach FL 32550 FEC ID number of contributing C C00565366 Amount of Each Receipt this Period federal political committee. 2231.10 Name of Employer Occupation Memo Item Receipt For: 2018 Election Cycle-to-Date On Demand Loan **✗** Primary General 2631.10 Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 2631.10

SUBTOTAL of Receipts This Page (optional).....

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

2631.10

SCHEDULE B (FEC Form 3)

PAGE 7 23 FOR LINE NUMBER: Use separate schedule(s) (check only one) **x** 17 18 19a 20a 20b 20c 21

for each category of the ITEMIZED DISBURSEMENTS 19b Detailed Summary Page 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 🗛 Adams, Alisha, , , 2018 Mailing Address 70 Arnold Dr City State Zip Code **FEC Identification Number** TN Lexington 38351 Purpose of Disbursement C00565366 001 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: 208.00 House Disbursement For: 2018 Senate Primary General Transaction ID: SB17.4642 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Biloxi Yacht Club Date of Disbursement Mailing Address 408 Beach Blvd 2018 City State Zip Code **FEC Identification Number** MS 39530 Biloxi Purpose of Disbursement Food & Beverage C00565366 003 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Disbursement For: 2018 1107.92 Office Sought: **★** House 495 Senate Primary General Transaction ID: SB17.4703 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Eash, Eugene, , , Mailing Address 1222 Londonderry Ln 2018 City State Zip Code **FEC Identification Number** Ocean Springs MS 39564 Purpose of Disbursement C00565366 Fundraiser performer 003 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: Disbursement For: 2018 500.00 House Senate Primary General Transaction ID: SB17.4684 President Other (specify) Memo Item State: FL District: SUBTOTAL of Disbursements This Page (optional)..... 1815.92 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

| | FOR LINE NUMBER: | | | | F | AGE | 8 | OF | 23 |
|---|------------------|---|-----|--|-----|-----|-----|----|-----|
| Use separate schedule(s) | (check only one) | | | | | | | | |
| for each category of the Detailed Summary Page | | X | 17 | | 18 | | 19a | | 191 |
| | | | 20a | | 20b | | 20c | | 21 |
| y not be sold or used by any person for the purpose of soliciting contributions | | | | | | | | | |

ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statements ma 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. Eash, Eugene, , , 2018 Mailing Address 1222 Londonderry Ln City State Zip Code **FEC Identification Number** MS Ocean Springs 39564 Purpose of Disbursement Fundraiser performer C00565366 003 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: Disbursement For: 2018 350.00 House Senate Primary General Transaction ID: SB17.4686 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Greenfield, Edna, , , Date of Disbursement Mailing Address 3004 Bob White Dr 02 2018 03 City State Zip Code **FEC Identification Number** FL 32569 Mary Esther Purpose of Disbursement Caterer for Fundraiser C00565366 003 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Disbursement For: 2018 220.00 Office Sought: **★** House -95 Senate Primary General Transaction ID: SB17.4696 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) C. Greenfield, Edna, , , Date of Disbursement Mailing Address 3004 Bob White Dr 17 2018 City State Zip Code **FEC Identification Number** Mary Esther FL 32569 Purpose of Disbursement Caterer for fundraiser C00565366 003 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: Disbursement For: 2018 220.00 House General Senate Primary Transaction ID: SB17.4699 President Other (specify) Memo Item State: FL District: 01 SUBTOTAL of Disbursements This Page (optional)..... 790.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 23 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Mills for Congress Full Name (Last, First, Middle Initial) Date of Disbursement A. Kibler, Jennifer, , , 2018 Mailing Address 1622 Florence Ave City State Zip Code **FEC Identification Number** FΙ Fort Walton Beach 32547 Purpose of Disbursement Fundraiser perfomer C00565366 003 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: 100.00 House Disbursement For: 2018 Senate x Primary General Transaction ID: SB17.4682 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Law Office of James C. Thomas III Date of Disbursement Mailing Address 7509 NW Tiffany Springs Pkwy 31 2018 Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting Services C00565366 001 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type 375.00 Office Sought: **★** House Disbursement For: 2018 Senate Primary General Transaction ID: SB17.4645 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) c. Walmart Date of Disbursement Mailing Address 6712 US Hwy 98 W 2018 City State Zip Code **FEC Identification Number** Santa Rosa Beach 32459 Purpose of Disbursement C00565366 001 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type 39.94 Office Sought: House Disbursement For: 2018 Senate Primary General Transaction ID: SB17.4646 President Other (specify) Memo Item State: FL District: SUBTOTAL of Disbursements This Page (optional)..... 514.94 TOTAL This Period (last page this line number only)..... 3120.86

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

FOR LINE NUMBER: (check only one)

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OF

| | | 100 |
|--|---------------------------|---|
| NAME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4678 |
| LOAN SOURCE Full Name (Last, First, M | Middle Initial | |
| John Mills for Congress | ☐ Memo Item | |
| Mailing Address 1940 Boardwalk Drive | General Other (specify) ▼ | |
| City | State | ZIP Code Personal Funds of the Candidate |
| Miramar Beach | FL | 32550 |
| Original Amount of Loan | Cumulative Pa | yment To Date Balance Outstanding at Close of This Period |
| 400.00 | | 0.00 400.00 |
| TERMS Date Incurred | [| Date Due Interest Rate Secured: (If none, enter 0) |
| M01 ^M / D17 ^D / Y Ž018 Y | M M / D D | / Y11/Ŏ8/2Ŏ18 |
| List All Endorsers or Guarantors (if any) | to Loan Source | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | 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 Guaranteed |
| City State | ZIP Code | Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| CURTOTAL C This Deviced This Dega (entions | \ | |
| SUBTOTALS This Period This Page (optional |) | 400.00 |
| TOTALS This Period (last page in this line or | nly) | ······································ |
| Carry outstanding balance only to LINE 3, S | chedule D, for thi | s line. If no Schedule D, carry forward to appropriate line of Summary. |

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

FOR LINE NUMBER: (check only one)

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OF

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Transaction ID: SC/10.4709 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2231.10 0.00 2231.10 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D31 D M 03M Ž018 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2231.10 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

| | | 100 |
|--|--------------------------|---|
| NAME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4106 |
| LOAN SOURCE Full Name (Last, First, Mid MILLS, Ralph, John, , III | Memo Item Election: 2014 | |
| Mailing Address 1940 Boardwalk Drive | Other (specify) ▼ | |
| City | State | ZIP Code 32550 Personal Funds of the Candidate |
| Miramar Beach | | |
| Original Amount of Loan 5000.00 | Cumulative Pa | yment To Date Balance Outstanding at Close of This Period 0.00 5000.00 |
| TERMS Date Incurred | С | Date Due Interest Rate Secured: |
| ^M 06 ^M / ^D 24 ^D / ^Y Ž01¾ ^Y | M M / D D | (in notice, enter 0) 0.00 % (apr) Yes 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 |
| City | ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City | ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City State | ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City | ZIP Code | Amount Guaranteed Outstanding: |
| SUBTOTALS This Period This Page (optional) | ' | 5000.00 |
| TOTALS This Period (last page in this line only | | , |
| Carry outstanding balance only to LINE 3, Sc | hedule D, for this | s line. If no Schedule D, carry forward to appropriate line of Summary. |

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

FOR LINE NUMBER: (check only one)

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OF

| | | 100 | | | | | |
|---|---|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4116 | | | | | |
| LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III | Memo Item Election: Primary General | | | | | | |
| Mailing Address 1940 Boardwalk Drive | Mailing Address 1940 Boardwalk Drive | | | | | | |
| City Miramar Beach | State | ZIP Code 32550 Personal Funds of the Candidate | | | | | |
| Original Amount of Loan | | yment To Date Balance Outstanding at Close of This Period | | | | | |
| 4234.94 | Odificiative 1 a | 0.00 4234.94 | | | | | |
| TERMS Date Incurred | Γ | Date Due Interest Rate Secured: (If none, enter 0) | | | | | |
| M07M / D18D / Y Z014 Y | M M / D D | % (apr) Yes X No | | | | | |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer | | | | | |
| Mailing Address | | Occupation | | | | | |
| City | ZIP Code | Amount Guaranteed Outstanding: | | | | | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | | | | | |
| Mailing Address | | Occupation | | | | | |
| City | ZIP Code | Amount Guaranteed Outstanding: | | | | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | | | | |
| Mailing Address | | Occupation | | | | | |
| City | ZIP Code | Amount Guaranteed Outstanding: | | | | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | | | | |
| Mailing Address | | Occupation | | | | | |
| City | ZIP Code | Amount Guaranteed Outstanding: | | | | | |
| SUBTOTALS This Period This Page (optiona |]) | | | | | | |
| TOTALS This Period (last page in this line o | | , , , , , | | | | | |
| | | 7 7 7 | | | | | |
| Uarry outstanding balance only to LINE 3, S | cneaule D, for this | s line. If no Schedule D, carry forward to appropriate line of Summary. | | | | | |

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

FOR LINE NUMBER: (check only one)

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OF

| | | | | | The state of the s | 130 | | |
|-----|---|-------------|-------------------|-----------|--|--|--|--|
| | ME OF COMMITTEE (In Full) Ohn Mills for Congress | | | | Trans | action ID : SC/10.4197 | | |
| L | | | | | | | | |
| | LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III | First, Mic | ldle Initial) | | ☐ Memo Iter | m Election: Primary | | |
| - | | | | | | General | | |
| | Mailing Address 1940 Boardwalk Drive | | | | | Other (specify) ▼ | | |
| | City | | State | ZIP Co | de | Personal Funds of the Candidate | | |
| - | Miramar Beach | | FL | 32550 | | To to the contact of the contact of | | |
| | Original Amount of Loan | | Cumulative Pay | yment To | Date Ba | alance Outstanding at Close of This Period | | |
| | 1000 | 0.00 | | | 0.00 | 1000.00 | | |
| - | TERMS Date Incurred | | D | Date Due | Interest Ra | | | |
| | ^M 09 ^M / ^D 08 ^D / ^Y Ž01Š | Y | M M / D D | / Y | (If none, ent | | | |
| | | //s \ \ \ \ | | | | % (apr) Yes No | | |
| | List All Endorsers or Guarantors 1. Full Name (Last, First, Middle I | | o Loan Source | | Name of Employer | | | |
| - | | | | | | | | |
| | Mailing Address | | | | Occupation | | | |
| | | | | | Amount | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 9 | | |
| | 2. Full Name (Last, First, Middle Initial) | | | | Name of Employer | | | |
| - | Mailing Address | | | | Occupation | | | |
| | | | | | Amount | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 9 | | |
| | 3. Full Name (Last, First, Middle In | itial) | I | | 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: | 9 | | |
| | | 1 | 1 | | | | | |
| sı | JBTOTALS This Period This Page (| optional) | | | ▶ | 1000.00 | | |
| тс | OTALS This Period (last page in this | s line only | y) | | | , , | | |
| _ | arry outstanding halance only to LII | NF 3 Sch | nedule D for this | s line If | no Schedule D. carry fo | rward to appropriate line of Summary. | | |
| ı v | arry satisfaring palarice only to El | 0, 001 | 2, 101 1118 | SG. 11 | Joneanie D, carry 10 | a.a to appropriate line of outfillary. | | |

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

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Transaction ID: SC/10.4299 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3850.64 0.00 3850.64 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D02D M01M ž016 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 3850.64 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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| | | Detailed Guillinary Fage | 13b | | | | | |
|---|---------------------|--|------------------|--|--|--|--|--|
| AME OF COMMITTEE (In Full) John Mills for Congress | | Transaction ID : SC/10.4337 | | | | | | |
| LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive | Middle Initial) | ☐ Memo Item Election: 2016 Primary General Other (specify) ▼ | | | | | | |
| City Miramar Beach | State FL | ZIP Code 32550 Personal Funds of t | he Candidate | | | | | |
| Original Amount of Loan | Cumulative Pa | syment To Date Balance Outstanding at Close of | of This Period | | | | | |
| TERMS Date Incurred M06 ^M / D30 ^D / Y Z016 Y | M M M / D D | (If none, enter 0) 0.00 | ured: | | | | | |
| List All Endorsers or Guarantors (if any | y) to Loan Source | | | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer | | | | | | |
| Mailing Address | | Occupation | | | | | | |
| City | ZIP Code | Amount Guaranteed Outstanding: | Guaranteed | | | | | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | Name of Employer | | | | | |
| Mailing Address | | Occupation | Occupation | | | | | |
| City | ZIP Code | Amount Guaranteed Outstanding: | | | | | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | Name of Employer | | | | | |
| Mailing Address | | Occupation | | | | | | |
| City | ZIP Code | Amount Guaranteed Outstanding: | | | | | | |
| 4. Full Name (Last, First, Middle Initial) | • | Name of Employer | | | | | | |
| Mailing Address | | Occupation | | | | | | |
| City | ZIP Code | Amount Guaranteed Outstanding: | | | | | | |
| UBTOTALS This Period This Page (optional) | | | | | | | | |
| Carry outstanding balance only to LINE 3. | Schedule D, for thi | s line. If no Schedule D, carry forward to appropriate line o | f Summarv. | | | | | |

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

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| | | | | Detailed Summary | Page | | - | 13b |
|--|------------------|--------------------|---------------|--------------------------------|-----------------|-----------------------|-------|---------------|
| NAME OF COMMITTEE (In Full) | | | | Tran | saction ID : So | C/10.4342 | | |
| John Mills for Congress | | | | | | | | |
| LOAN SOURCE Full Name (L | ast, First, Mic | ddle Initial) | | Memo It | em Election: | 2018 | | |
| MILLS, Ralph, John, , I | II | | | | ★ Prima | ary | | |
| • | | | | | Gene | | | |
| Mailing Address 1940 Boardwalk Drive | | | | | Othe | r (specify) ▼ | | |
| City | | State | ZIP Code |) | Per | sonal Funds of the 0 | Cand | lidate |
| Miramar Beach | | FL | 32550 | | | Johan Fands of the C | Jana | idato |
| Original Amount of Loan | | Cumulative Pay | yment To D | ate | Balance Outsta | unding at Close of Tl | nis F | eriod |
| ,, | 1500.00 | | 7 | 0.00 | | 1500 | .00 | <u>_</u> |
| TERMS Date Incurred | | | ate Due | Interest I (If none, e | enter 0) | Secured | : | |
| M07M / P18P / Y Ž0 | 016 ^Y | M M / D D | / Y Dè | émaňd ^Y | 0.00 | (apr) Yes | X | No |
| List All Endorsers or Guarant | ors (if any) t | o Loan Source | | | | | | |
| 1. Full Name (Last, First, Mide | dle Initial) | | | Name of Employer | | | | |
| Mailing Address | | | 1 | Occupation | | | | |
| | | | | Amount | | | - | |
| City | State | ZIP Code | | Guaranteed Outstanding: | 7 | 7 | | |
| 2. Full Name (Last, First, Middle Initial) | | | | Name of Employer | | | | |
| Mailing Address | | | (| Occupation | | | | |
| | | | | Amount | | | _ | |
| City | State | ZIP Code | | Guaranteed Outstanding: | 7 | 7 | | |
| 3. Full Name (Last, First, Midd | le Initial) | | | Name of Employer | | | | |
| Mailing Address | | | | Occupation | | | | |
| | | | | Amount | | | _ | |
| City | State | ZIP Code | | Guaranteed Outstanding: | - 9 | - | | |
| 4. Full Name (Last, First, Midd | le Initial) | • | | Name of Employer | | | | |
| Mailing Address | | | | Occupation | | | | |
| | | | | | | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | 7 | 7 | | |
| SUBTOTALS This Period This Pa | ge (ontional) | | | . | | | | $\overline{}$ |
| | go (optional) | | | | | 1500 | .00 | |
| TOTALS This Period (last page in | this line only | /) | | ······• | , | , | | |
| Carry outstanding balance only t | o LINE 3, Sch | nedule D, for this | s line. If no | Schedule D, carry | forward to ap | propriate line of Su | mm | ary. |

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

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| | ME OF COMMITTEE (In Full) ohn Mills for Congress | | | | Transa | action ID : SC/10.4343 | | |
| Ľ. | <u> </u> | | | | | | | |
| | LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III | First, Mic | ddle Initial) | | ☐ Memo Iten | n Election: 2018 x Primary | | |
| | • | | | | | General | | |
| | Mailing Address 1940 Boardwalk Drive | | | | | Other (specify) ▼ | | |
| | City | | State | ZIP Co | de | Personal Funds of the Candidate | | |
| | Miramar Beach | | FL | 32550 | | Personal Funds of the Candidate | | |
| | Original Amount of Loan | | Cumulative Pay | ment To | Date Ba | lance Outstanding at Close of This Period | | |
| | 300 | .00 | | | 0.00 | 300.00 | | |
| | TERMS Date Incurred | | D | ate Due | Interest Ra (If none, ent | | | |
| | M09M / D06D / Y Ž016 | Υ | M M / D D | / Y | | 0.00 % (apr) Yes X No | | |
| | List All Endorsers or Guarantors | (if any) to | o Loan Source | | | | | |
| | 1. Full Name (Last, First, Middle I | nitial) | | | Name of Employer | | | |
| | Mailing Address | | | | Occupation | | | |
| | | | | | Amount | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 | | |
| | 2. Full Name (Last, First, Middle In | itial) | 1 | | Name of Employer | | | |
| | Mailing Address | | | | Occupation | | | |
| | | | | | Amount | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 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 7 7 | | |
| | | | ' | | | | | |
| SI | UBTOTALS This Period This Page (| optional) | | | ······ | 300.00 | | |
| T | OTALS This Period (last page in this | line only | /) | | ······ | | | |
| c | Carry outstanding balance only to LII | NE 3, Sch | nedule D, for this | s line. If | no Schedule D, carry fo | rward to appropriate line of Summary. | | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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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 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D23^D M09M ž016 Děmaňd x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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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|---|---|--|-------------------------|-----------------------|------------------------------|--|--|
| | AME OF COMMITTEE (In Full) ohn Mills for Congress | | | | Trans | saction ID : SC/10.4351 | |
| | | | | | | | |
| | LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III | First, Mic | ldle Initial) | ☐ Memo Ite | Election: 2018 | | |
| | • | | | | | General | |
| | Mailing Address 1940 Boardwalk Drive | | | | | Other (specify) | |
| | City Miramar Beach | | State ZIP Code FL 32550 | | de | Personal Funds of the Candidate | |
| | | | | | | Personal Funds of the Candidate | |
| | Original Amount of Loan Cumulative Payment To 500.00 TERMS Date Incurred Date Due M 05 M / D 02 D / Y 2017 Y M M / D D / Y | | | re Payment To Date Ba | | alance Outstanding at Close of This Period | |
| | | | | | 0.00 | 500.00 | |
| | | | | Date Due | Interest R (If none, er | | |
| | | | | / Y | Děmaňd ^Y | 0.00 % (apr) Yes X No | |
| | List All Endorsers or Guarantors | (if any) to | o Loan Source | | | | |
| | 1. Full Name (Last, First, Middle I | nitial) | | | Name of Employer | | |
| | Mailing Address | | | | Occupation | | |
| | | | | | Amount | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | |
| | 2. Full Name (Last, First, Middle In | 2. Full Name (Last, First, Middle Initial) | | | Name of Employer | | |
| | Mailing Address | | | | Occupation | | |
| | | | | | Amount | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 9 9 | |
| | Full Name (Last, First, Middle Initial) Mailing Address | | | | Name of Employer Occupation | | |
| | | | | | | | |
| | | | | | Amount | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | | |
| | Full Name (Last, First, Middle Initial) Mailing Address | | | Name of Employer | | | |
| | | | | Occupation | | | |
| | | | | Amount | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 9 | |
| | | | | | _ | | |
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| c | Carry outstanding balance only to LII | NE 3, Sch | nedule D, for this | s line. If | no Schedule D, carry fo | prward to appropriate line of Summary. | |
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Use separate schedule(s) for each category of the Detailed Summary Page

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Transaction ID: SC/10.4357 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 150.00 0.00 150.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D26^D M 07M Ž017 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 150.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Transaction ID: SC/10.4358 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown State ZIP Code City X Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 750.00 0.00 750.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D13^D M09M Ž017 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 750.00 TOTALS This Period (last page in this line only) 20762.01 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full)

| John Mills for Congre | ess | | | | | |
|---|---|---------------------|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) of D Law Office of James C. Thom | Nature of Debt (Purpose): Legal and Reporting Services | | | | | |
| Mailing Address 7509 NW Tiffany Springs Pl Suite 300 | _ | | | | | |
| City State Kansas City MO | | Zip Code 64153 | | | | |
| Outstanding Balance Beginning This Period | d | | Transaction ID : SD10.4362 | | | |
| 375.00 | | | | | | |
| Amount Incurred This Period | Payment This Period | | Outstanding Balance at Close of This Period | | | |
| 0.00 | | 0.00 | 375.00 | | | |
| B. Full Name (Last, First, Middle Initial) of De | ebtor or Cred | itor | Nature of Debt (Purpose): | | | |
| Mailing Address | Mailing Address | | | | | |
| City | State | Zip Code | | | | |
| Outstanding Balance Beginning This Period Amount Incurred This Period | 7 7 7 | | Outstanding Balance at Close of This Period | | | |
| C. Full Name (Last, First, Middle Initial) of D | Nature of Debt (Purpose): | | | | | |
| Mailing Address | Mailing Address | | | | | |
| City | State | Zip Code | | | | |
| Outstanding Balance Beginning This Period | Outstanding Balance Beginning This Period | | | | | |
| Amount Incurred This Period | | Payment This Period | Outstanding Balance at Close of This Period | | | |
| 9 9 9 9 | l L | 7 7 7 | | | | |
| 1) SUBTOTALS This Period This Page (options | 375.00 | | | | | |
| 2) TOTALS This Period (last page this line nun | 375.00 | | | | | |
| 3) TOTAL OUTSTANDING LOANS from Scheo | 20762.01 | | | | | |
| 4) ADD 2) and 3) and carry forward to approp | 21137.01 | | | | | |