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REPORT OF RECEIPTS **AND DISBURSEMENTS**

For A	An Authorized Con	nmittee	Offi	ce Use Only
NAME OF TYPE OR F COMMITTEE (in full)	•	xample: If typing, type ver the lines.	12FE4M5	
John Mills for Congress				ı
ADDRESS (number and street)	ndo Avenue			
Chapte if different				
Check if different than previously reported. (ACC)			FL 325	666
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C00565366	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose One)	(b) 12-Day PRI	E-Election Report for the		
(a) Quarterly Reports:	(b) 12-Day PRI	E-Election Report for the	, .	
April 15 Quarterly Report (Q1)	Ш	Primary (12P)	General (12G)	Runoff (12R)
This is quarterly report (21)		Convention (12C)	Special (12S)	
July 15 Quarterly Report (Q2)		M M / D D	/ Y Y Y Y	
October 15 Quarterly Report (C	Election or		/	in the State of
January 31 Year-End Report (Y	E) (c) 30-Day PO	ST-Election Report for the	he:	
	(1, 30 24, 10			On a sight (000)
		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election or	M M / D D	/ Y " Y " Y " Y	in the State of
5. Covering Period 01 01	D / Y Y Y Y Y Y 2023	through 0	M / D D / Y	ү ү ү 2023
I certify that I have examined this Report as Adams, Type or Print Name of Treasurer	nd to the best of my k	nowledge and belief it is	s true, correct and co	mplete.
Adams, Christoph	or		M M /	D D / Y Y Y Y
Signature of Treasurer	·',,,	[Electronically Filed]	Date 04	14 2023
NOTE: Submission of false, erroneous, or inco	mplete information may	subject the person signir	ng this Report to the p	enalties of 52 U.S.C. §30109
Office				FEC FORM 3
Use Only			'	(Revised 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

2023 2023 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) 0.00 805.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 805.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 180.00 8801.49 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 180.00 8801.49 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 130.91 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 71808.49 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

John Mills for Congress

Report Covering the Period: From:

M M / D D / Y Y Y Y Y

To: M M M / D D / Y Y Y Y Y

To: M M M / D D / Y Y Y Y Y

2023

	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 (i) Itemized (use Schedule A)	0.00	300.00
	(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	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	805.00
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	9234.94
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	9234.94
1.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	10039.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	180.00	8801.49
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
0.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
1.	OTHER DISBURSEMENTS	0.00	0.00
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	180.00	8801.49
	III. CASH SI	UMMARY	
3.	CASH ON HAND AT BEGINNING OF REPO	DRTING PERIOD	310.91
4	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
5.	SUBTOTAL (add Line 23 and Line 24)		310.91
6.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	180.00
7	CASH ON HAND AT CLOSE OF REPORTIN	NG PERIOD	130.91

SCHEDULE B (FEC Form 3)

PAGE 5 57 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) John Mills for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Law Office of James C. Thomas III 2023 01 05 Mailing Address 7509 NW Tiffany Springs Pkwy Suite 300 City State Zip Code **FEC Identification Number** MO Kansas City 64153 Purpose of Disbursement Legal and Reporting Fees C00565366 001 Candidate Name Amount of Each Disbursement this Period Category/ John Mills for Congress Type Office Sought: Disbursement For: 2024 180.00 House Senate Primary General Transaction ID: SB17.5078 Other (specify) President Memo Item FL State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 180.00 TOTAL This Period (last page this line number only)..... 180.00

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

FOR LINE NUMBER: (check only one)

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13a

OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4711
9		1
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Item
John Mills for Congress		x Primary
Mailing Address		General Other (specify)
Mailing Address 9065 Orlando Avenue	Other (specify) ———————————————————————————————————	
City	State	ZIP Code Response Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
126.34		0.00 126.34
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
^M 09 ^M / ^D 21 ^D / ^Y Ž017 ^Y	M M / D D	/ Y11/08/2018
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed
		Outstanding: Name of Employer
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	al)	126.34
TOTALS This Period (last page in this line of	only)	
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

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OF

Transaction ID: SC/10.4742 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9065 Orlando Avenue Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 303.01 0.00 303.01 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 D04D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 303.01 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

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OF

		100					
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4743					
9							
LOAN SOURCE Full Name (Last, First, I	☐ Memo Item						
John Mills for Congress		X Primary General					
Mailing Address	Mailing Addross						
Mailing Address 9065 Orlando Avenue		Other (specify) ———————————————————————————————————					
City	State	ZIP Code Personal Funds of the Candidate					
Navarre	FL	32566					
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period					
4.24		0.00 4.24					
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)					
M10 ^M / D05 ^D / Y Ž017 Y	M M / D D	√ 11/ŏ8/2ŏ18					
List All Endorsers or Guarantors (if any) to Loan Source						
1. Full Name (Last, First, Middle Initial)	•	Name of Employer					
Mailing Address		Occupation					
		Amount					
City State	ZIP Code	Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City State	ZIP Code	Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)	I	Name of Employer					
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)	!	Name of Employer					
Mailing Address		Occupation					
		Amount					
City State	ZIP Code	Guaranteed Outstanding:					
	1						
SUBTOTALS This Period This Page (optional	ıl)	4.24					
TOTALS This Period (last page in this line of	nly)						
Carry outstanding balance only to LINE 3, 5	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.					

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

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FOR LINE NUMBER: (check only one)

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					130	,	
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID : SC/10.4744		
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Item Election: 2018		
	John Mills for Congress				Y Primary		
	Mailing Address				General Other (specify) ▼		
	Mailing Address 9065 Orlando Avenue				Other (specify)	_	
					de Personal Funds of the Candida	ıte	
	Navarre		FL	Totalia Funda of the Candida	_		
	Original Amount of Loan		Cumulative Pay	ment To	Date Balance Outstanding at Close of This Peri	od	
	35	5.00	,		0.00 35.00		
	TERMS Date Incurred		D	ate Due	Interest Rate Secured: (If none, enter 0)		
	M10 ^M / D10 ^D / Y Z017	Υ	M M / D D	/ Y11	1/08/2018 O.00 (apr) Yes	10	
	List All Endorsers or Guarantors	(if anv) to	o Loan Source				
	1. Full Name (Last, First, Middle I				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
	2. Full Name (Last, First, Middle In	itial)			Name of Employer Occupation Amount Guaranteed		
	Mailing Address						
	Mailing Address						
	011	lo	710.0.1				
	City	State	ZIP Code		Outstanding:		
	3. Full Name (Last, First, Middle In	itial)			Name of Employer Occupation		
	Mailing Address						
					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:		
		ı	ı		ı	_	
SI	UBTOTALS This Period This Page (optional)			35.00		
TO	OTALS This Period (last page in this	s line only	y)			ĺ	
					, , , , ,	_	
С	arry outstanding balance only to LI	NE 3, Sch	edule 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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13b Transaction ID: SC/10.4745 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9065 Orlando Avenue Other (specify) City State ZIP Code X Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 21.63 0.00 21.63 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D12^D Ž017 Y11/08/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 21.63 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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			130
AME OF COMMITTEE (In Full) John Mills for Congress			Transaction ID: SC/10.4746
LOAN SOURCE Full Name (Last, John Mills for Congress	First, Mid	ddle Initial)	Memo Item Election: 2018 Primary General
Mailing Address 9065 Orlando Avenue			Other (specify) ▼
City		State	ZIP Code Responsible to the Candidate of the Candidate o
Navarre		FL	32566
Original Amount of Loan	7.95	Cumulative Pay	ayment To Date Balance Outstanding at Close of This Period 0.00 7.95
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D17 ^D / Y Ž017	Υ	M M / D D	
List All Endorsers or Guarantors	(if any) t	o Loan Source)
1. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Ir	nitial)	-	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Ir	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Ir	itial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional).		7.95
OTALS This Period (last page in this	s line only	y)	······································
Carry outstanding balance only to LI	NE 3, Scl	nedule D, for this	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID: SC/10.4747
LOAN COURCE Full Name (Last First Mi	-1-11- 1-14:-1\	I e
LOAN SOURCE Full Name (Last, First, Mi John Mills for Congress	☐ Memo Item Election: 2018 ✔ Primary	
Mailing Address 9065 Orlando Avenue	General Other (specify) ▼	
City	State	ZIP Code Personal Funds of the Candidate
Navarre	FL	32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Page	yment To Date Balance Outstanding at Close of This Period
72.49		0.00 72.49
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D30 ^D / Y Ž017 Y	M M / D D	/ ^Y 11/ŏ8/2ŏ18 ^Y 0.00
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
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		70.70
		, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line onl	y)	······································
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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					•	130	
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	action ID : SC/10.4748	
٦							
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Ite		
	John Mills for Congress					Primary General	
	Mailing Address					Other (specify)	
	Mailing Address 9065 Orlando Avenue					——————————————————————————————————————	
	City		State	de	Paragral Funda of the Condidate		
	Navarre		FL		Personal Funds of the Candidate		
	Original Amount of Loan		Cumulative Pay	yment To	Date Ba	alance Outstanding at Close of This Period	
	196	5.54			0.00	196.54	
	TERMS Date Incurred			Date Due	Interest Ra		
	M ₁₀ M / D ₃₁ D / Y Ž017	Y	M M / D D	/ Y4	(If none, en	ter 0)	
	10 31 2017				1/08/2018	% (apr) Yes No	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer Occupation Amount		
	Mailing Address						
,	City	State	ZIP Code		Guaranteed Outstanding:	9	
	2. Full Name (Last, First, Middle In	itial)			Name of Employer Occupation Amount		
	Mailing Address						
	City	State	ZIP Code		Guaranteed		
	2. Full Name /Last First Middle In	:i+:-1\			Outstanding: Name of Employer Occupation		
	3. Full Name (Last, First, Middle In	iiliai)					
	Mailing Address						
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer Occupation		
	Mailing Address						
					Amount		
٠	City	State	ZIP Code		Guaranteed Outstanding:	7 7	
		1	ı		ı		
SI	UBTOTALS This Period This Page (optional)			······	196.54	
T	OTALS This Period (last page in this	s line only	·) ······				
С	arry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry fo	orward 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/10.4749
0		
LOAN SOURCE Full Name (Last, First, Mi	☐ Memo Item Election: 2018	
John Mills for Congress		x Primary
Mailing Address		General Ottory (consists)
Mailing Address 9065 Orlando Avenue	Other (specify)	
City	State	ZIP Code Personal Funds of the Candidate
Navarre	FL	32566
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
41.21		0.00 41.21
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M11M / D01D / Y Ž017 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 State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed
,		Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
1		
SUBTOTALS This Period This Page (optional)		41.21
TOTALS This Period (last page in this line on	ly)	
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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	13b

				130		
AME OF COMMITTEE (In Full) Iohn Mills for Congress			Transaction	ID : SC/10.4750		
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9065 Orlando Avenue	First, Mic	ddle Initial)	☐ Memo Item Ele	ection: 2018 Primary General Other (specify)		
9065 Orlando Avenue			_			
City		State	P Code	Personal Funds of the Candidate		
Navarre		FL	32566	resession runae en une contanuate		
Original Amount of Loan		Cumulative Pay	nt To Date Balance	Outstanding at Close of This Period		
804	.08		0.00	804.08		
TERMS Date Incurred		D	Due Interest Rate (If none, enter 0)	Secured:		
M11M / D05D / Y Ž01Ť	Υ	M M / D D	^Y 11/Ŏ8/2Ŏ18 ^Y 0.00	% (apr) Yes X No		
List All Endorsers or Guarantors	(if any) t	o Loan Source				
1. Full Name (Last, First, Middle In	nitial)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	9		
2. Full Name (Last, First, Middle In	tial)		Name of Employer	Name of Employer		
Mailing Address			Occupation	Occupation		
	Γ		Amount			
City	State	ZIP Code	Guaranteed Outstanding:	9		
3. Full Name (Last, First, Middle In	tial)	'	Name of Employer			
Mailing Address			Occupation			
	Г		Amount			
City	State	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle In	tial)		Name of Employer			
Mailing Address			Occupation			
	Г		Amount			
City	State	ZIP Code	Guaranteed Outstanding:	9		
NUDTOTAL C This David This David						
SUBTOTALS This Period This Page (d	ptional).		804.08			
TOTALS This Period (last page in this	line only	<i>y</i>)	······	7		
Carry outstanding balance only to LIN	NE 3, Sch	nedule D, for this	e. 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

						130		
	COMMITTEE (In Full) Iills for Congress				Trans	action ID : SC/10.4751		
LOAN	SOURCE Full Name (Last	, First, Mid	ldle Initial)		☐ Memo Ite	m Election: 2018		
John	Mills for Congress					Primary		
N 4 = 111 = ==	. A -l -l					General		
9065 O	n Address Orlando Avenue					Other (specify) ▼		
City						✗ Personal Funds of the Candidate		
Navarre)		FL	32566				
Origir	nal Amount of Loan		Cumulative Page	yment To	Date B	alance Outstanding at Close of This Period		
l L.	, , ,	9.08	7		0.00	19.08		
TERMS	B Date Incurred		С	ate Due	Interest R (If none, en			
[™] 11	1 ^M / D08 ^D / Y 2017	Y	M M / D D	/ Y1	1/00/2010	0.00 % (apr) Yes X No		
List All	I Endorsers or Guarantors	(if any) to	o Loan Source					
1. Full	l Name (Last, First, Middle	Initial)			Name of Employer			
Ma	uiling Address				Occupation			
					Amount			
City	City State ZIP Code				Guaranteed	7		
2. Full	Name (Last, First, Middle I	nitial)			Name of Employer			
		-			Community of the Commun			
Mail	ling Address				Occupation			
					Amount Guaranteed			
City		State	ZIP Code		Outstanding:			
3. Full	Name (Last, First, Middle I	nitial)			Name of Employer			
Mail	ling Address				Occupation			
					Amount			
City	,	State	ZIP Code		Guaranteed Outstanding:	7 7 7		
4. Full	Name (Last, First, Middle I	nitial)			Name of Employer			
Mail	ling Address				Occupation			
					Amount			
City		State	ZIP Code		Guaranteed Outstanding:	, , , , ,		
					I			
SUBTOTA	ALS This Period This Page	(optional)			······	19.08		
TOTALS	This Period (last page in th	is line only	y)					
0.5	Latan dia a Palana	INIE 0 0 :	and by the state of the state o	- 15 15	no Cohod Li D	7		
∟arry out	isianding balance only to L	ın⊑ 3, Sch	ieauie D, for this	s line. If	no schedule D, carry fo	orward to appropriate line of Summary.		

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

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					130)	
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID: SC/10.4752		
	LOAN SOURCE Full Name (Last,	First, Mid	ldle Initial)		☐ Memo Item		
	John Mills for Congress				Primary		
	Mailing Address				General Other (specify) ▼		
	Mailing Address 9065 Orlando Avenue				— Other (speelly) •	_	
				ZIP Co	Y Personal Funds of the Candida	ate	
	Navarre		FL	32566) <u> </u>		
	Original Amount of Loan		Cumulative Pay	ment To	Date Balance Outstanding at Close of This Peri	od	
	93	3.73	9		0.00 93.73	_	
	TERMS Date Incurred		D	ate Due	Interest Rate Secured: (If none, enter 0)		
	M11 ^M / D08 ^D / Y Ž01Ť	Y	M M / D D	/ ^Y 11	1/Ŏ8/2Ŏ18 O.00	۷o	
	List All Endorsers or Guarantors	(if anv) to	o Loan Source				
	1. Full Name (Last, First, Middle I				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City State ZIP Code				Guaranteed Outstanding:		
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
	Mailing Address						
	0''	0	710.0.1		Amount Guaranteed		
	City	State	ZIP Code		Outstanding:		
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
	4. Full Name (Last, First, Middle In	itial)	'		Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
		1	ı			_	
SI	UBTOTALS This Period This Page (optional)			93.73		
T	OTALS This Period (last page in this	s line only	·) ······			j	
_	Name and a supplied to the sup	NE O O :	and a D. Control	. Um c . U	The Collection D. Committee and the control of the Collection of Collect	_	
C	arry outstanding balance only to LI	NE 3, Sch	eaule 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

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

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

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		130			
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4754			
	1.11. 1.11. 15	 -			
John Mills for Congress	adie Initial)	☐ Memo Item Election: 2018 ▼ Primary			
Mailing Address 9065 Orlando Avenue		General Other (specify) ▼			
City	State	ZIP Code			
Navarre	FL	32566 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
308.00	7	0.00 308.00			
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)			
M12M / D22D / Y Z017 Y	M M / D D	√ 11/08/2018			
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)		308.00			
TOTALS This Period (last page in this line only	/)	······································			
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.			

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

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						•			130
AME OF COMMITTEE (In Full) John Mills for Congress					Trans	action I	D : SC/10.47	55	
LOAN SOURCE Full Name (Last, John Mills for Congress Mailing Address 9065 Orlando Avenue	First, Mic	ddle Initial)			Memo Iter	'''	etion: 2018 Primary General Other (speci	fy) ▼	
9065 Ōrlando Avenue								•	
City		State	ZIP Code			×	Personal Fu	unds of th	ne Candidate
Navarre	32566								
Original Amount of Loan	ment To Dat	e 0.00	-	alance C	Outstanding a	t Close o	of This Perio 56.34		
TERMS Date Incurred		D	ate Due		Interest Ra			Secu	ıred:
M12 ^M / D24 ^D / Y Ž01Ť Y M M / D D / Y1.				2018 ^Y	(If none, en	0.00	% (apr)		Yes 🗶 No
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle I	nitial)		Na	me of Em	ployer				
Mailing Address			Oc	cupation					
			An	nount	_				
City	State	ZIP Code		uaranteed utstanding:					
2. Full Name (Last, First, Middle In	itial)	<u> </u>	Na	Name of Employer					
Mailing Address			Oc	Occupation					
				Amount					
City	State	ZIP Code		aranteed tstanding:		7	7		
3. Full Name (Last, First, Middle In	itial)	-	Na	Name of Employer					
Mailing Address			Oc	Occupation					
			An	nount					
City	State	ZIP Code		aranteed tstanding:		7	7		
4. Full Name (Last, First, Middle In	itial)		Na	Name of Employer					
Mailing Address				cupation					
	_		An	nount					
City	State	ZIP Code		aranteed tstanding:	-	7	7	1 4	
SUBTOTALS This Period This Page (optional).						,	,	56.34
TOTALS This Period (last page in this	line only	/)			▶		7	,	
Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	line. If no S	Schedule I	D, carry fo	rward t	to appropria	te line of	Summary.

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

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			Detailed Surfimary	/ Page		13b	
NAME OF COMMITTEE (In Full) John Mills for Congress			Tra	nsaction I	D : SC/10.4756		
_							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo	Item Elec	etion: 2018		
John Mills for Congress				x	Primary		
					General		
Mailing Address 9065 Orlando Avenue					Other (specify) ▼		
City	State	ZIP Code	9	×	Personal Funds of the 0	Candidate	
Navarre	FL	32566			T Grooman T arrag on the C	zarialaato	
Original Amount of Loan	Cumulative Pag	yment To D	ate	Balance C	Outstanding at Close of T	nis Period	
208.00			0.00		208	.00	
TERMS Date Incurred	,	Date Due	Interest	Pata	Secured		
Date incured		Date Due	(If none,	enter 0)	Secured	•	
M12 ^M / D29 ^D / Y Ž01Ž Y	M M / D D	/ ¥11/0	08/2018 ^Y	0.00	% (apr)	x No	
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		-	Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7			
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount			$\overline{}$	
City	ZIP Code		Guaranteed Outstanding:	7	9 9		
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount			$\overline{}$	
City	ZIP Code		Guaranteed Outstanding:	7	· · · · · · · · · · · · · · · · · · ·		
4. Full Name (Last, First, Middle Initial)	'		Name of Employer				
Mailing Address	Mailing Address						
			Amount			_	
City	ZIP Code		Guaranteed Outstanding:	7			
SUBTOTALS This Period This Page (optional)-			······	1	208	.00	
TOTALS This Period (last page in this line only	/)		······				
Course substanding balance substanting Co.	andula D. for the	alina li	Cahadula D. sarru	. 	a ammunulata lisa at 2		
Carry outstanding balance only to LINE 3, Scl	iedule D, for this	s ime. It no	o ocnedule D, carry	iorward 1	o appropriate line of Su	mmary.	

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

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						130		
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	saction ID : SC/10.4678		
Ľ								
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Ite			
	John Mills for Congress					Primary General		
ŀ	Mailing Address					Other (specify)		
	Mailing Address 9065 Orlando Avenue					——————————————————————————————————————		
	City State ZIP Co					Personal Funds of the Candidate		
	Navarre		FL B	32566				
	Original Amount of Loan		Cumulative Pay	yment Io	Date B	alance Outstanding at Close of This Period		
	400	0.00			0.00	400.00		
	TERMS Date Incurred		D	Date Due	Interest R (If none, er			
	M01 ^M / D17 ^D / Y Z018	Y	M M / D D	/ Y1	/ð8/2ð18 ^v	0.00 % (apr) Yes X No		
ŀ	List All Endorsers or Guarantors	(if anv) to	o Loan Source					
	1. Full Name (Last, First, Middle I				Name of Employer			
	Mailing Address				Occupation			
					Amount			
ŀ	City	Stato	ZID Codo		Guaranteed			
	City State ZIP Code				Outstanding:	7		
	2. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:			
İ	3. Full Name (Last, First, Middle In	itial)			Name of Employer			
-	Mailing Address				Occupation			
					Amount			
-	City	State	ZIP Code		Guaranteed Outstanding:			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , ,		
Н								
Sl	UBTOTALS This Period This Page (optional)			••••••	400.00		
TO	OTALS This Period (last page in this	line only	y)					
						, , , , , , , , , , , , , , , , , , , ,		
C	arry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry fo	orward to appropriate line of Summary.		

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

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			Detailed Summary	/ Page		13b	
NAME OF COMMITTEE (In Full) John Mills for Congress			Tra	nsaction l	D : SC/10.4709		
_							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo		ction: 2018		
John Mills for Congress				X	Primary General		
Mailing Address					Other (specify) ▼		
Mailing Address 9065 Orlando Avenue					Other (opeony) •		
City	State	ZIP Code	•		1		
Navarre	FL	32566		×	Personal Funds of the 0	Candidate	
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance (Outstanding at Close of T	his Period	
2231.10			0.00		2231	1.10	
2231.10	-	7	0.00		223	.10	
TERMS Date Incurred	С	Date Due	Interest (If none,		Secureo	1:	
M03M / D31D / Y Ž018 Y	M M / D D	/ Y11/0	ύ8/2Ŏ18 ^Υ	0.00	% (apr) Yes	x No	
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		1	Occupation				
		<u> </u>	Amount				
City	ZIP Code		Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		1	Occupation				
			Amount			7	
City	ZIP Code		Guaranteed Outstanding:	7	7		
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		1	Occupation				
			Amount	-			
City	ZIP Code	I	Guaranteed Outstanding:	7			
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address	Mailing Address						
			Amount				
City	ZIP Code		Guaranteed Outstanding:	,			
		<u>'</u>					
SUBTOTALS This Period This Page (optional).			······		2231	.10	
TOTALS This Period (last page in this line only	/)		······				
Corm, outstanding belones sub-te-LINE 2.2.1	andulo D. for #11	o line 16 -	Cohodula D	former	to appropriate line of 2		
Carry outstanding balance only to LINE 3, Scl	ieaule D, for this	s ime. IT no	o ochedule D, carry	iorward	to appropriate line of St	ıınımary.	

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				Transaction ID : SC/10.4829			
	LOAN SOURCE Full Name (Last,	First, Mid	ldle Initial)		Memo Item Election: 2018			
	John Mills for Congress				Primary General			
	Mailing Address 9065 Orlando Avenue				Other (specify)			
	City State ZIP Co				Personal Funds of the Cano	didate		
	Navarre		FL	32566	3			
	Original Amount of Loan		Cumulative Pay	ment To	Date Balance Outstanding at Close of This	Period		
	150	0.67	,		0.00 150.67	_		
	TERMS Date Incurred		D	ate Due	Interest Rate Secured:			
	M04 ^M / D20 ^D / Y Ž018	Y	M M / D D	/ Y08	0.00 % (apr) Yes	€ No		
	List All Endorsers or Guarantors	(if any) to	o Loan Source					
	1. Full Name (Last, First, Middle I				Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City State ZIP Code				Guaranteed Outstanding:			
	2. Full Name (Last, First, Middle In	itial)	'		Name of Employer			
	Mailing Address				Occupation			
					Amount Guaranteed Outstanding:			
	City	State	ZIP Code					
	3. Full Name (Last, First, Middle In	itial)	'		Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:			
S	UBTOTALS This Period This Page (optional)			150.67			
T	OTALS This Period (last page in this	s line only	·) ······		······································			
C	Carry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry forward to appropriate line of Summ	nary.		
					<u> </u>			

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Transaction ID: SC/10.4815 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9065 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 8500.00 700.00 7800.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D24^D M 04M 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)..... 7800.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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					<u> </u>	130		
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	action ID : SC/10.4830		
Ľ,								
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Ite			
	John Mills for Congress					Primary		
ŀ	Mailing Address					General Other (specify) ▼		
	Mailing Address 9065 Orlando Avenue					Other (specify) •		
				ZIP Co		Personal Funds of the Candidate		
	Navarre		FL	32566				
	Original Amount of Loan		Cumulative Pay	yment To	Date Ba	alance Outstanding at Close of This Period		
	1475	5.00			0.00	1475.00		
ŀ	TERMS Date Incurred		D	Date Due	Interest R			
	M ₀₆ M / D ₁₅ D / Y Ž018	Y	M M / D D	/ You	(If none, en 3/28/2018 ^Y	0.00		
	00 15 2016	_		00	8/26/2016	% (apr) Yes No		
	List All Endorsers or Guarantors	(if any) to	o Loan Source					
ĺ	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)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:			
	3. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
	-							
	City	State	ZIP Code		Amount Guaranteed			
	City	State	ZIF Code		Outstanding:	7		
ĺ	4. Full Name (Last, First, Middle In	itial)	'		Name of Employer			
-	Mailing Address				Occupation			
					Amount			
•	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,		
					I.			
SI	JBTOTALS This Period This Page (optional)			······	1475.00		
TO	OTALS This Period (last page in this	line only	y)					
						, , , , , , , , , , , , , , , , , , , ,		
С	arry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry fo	orward to appropriate line of Summary.		

Use separate schedule(s) for each category of the

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X 13a Detailed Summary Page 13b Transaction ID: SC/10.4831 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary John Mills for Congress General Mailing Address 9065 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 600.00 0.00 600.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D 15D M 06M Ž018 Y08/28/2018 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 600.00 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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		130		
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4832		
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	☐ Memo Item		
John Mills for Congress		x Primary General		
Mailing Address 9065 Orlando Avenue		Other (specify) ▼		
City	State	ZIP Code Personal Funds of the Candidate		
Navarre	FL	32566 Telsonal Funds of the Candidate		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
35.10	-	0.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)		
M06 ^M / D27 ^D / Y Ž018 Y	M M / D D	/ Y08/Ž8/2Ŏ18		
List All Endorsers or Guarantors (if any) t	o Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
•				
SUBTOTALS This Period This Page (optional).		35.10		
TOTALS This Period (last page in this line only	/)	······································		
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Use separate schedule(s) for each category of the Detailed Summary Page

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					130	
NAME OF COMMITTEE (In Full) John Mills for Congress				Transa	ction ID : SC/10.4841	
LOAN SOURCE Full Name (Last,	LOAN SOURCE Full Name (Last, First, Middle Initial)					
John Mills for Congress					x Primary	
Mailing Address					General	
Mailing Address 9065 Orlando Avenue					Other (specify)	
City	5	State	ZIP Co	de	Personal Funds of the Candidate	
Navarre		FL	32566			
Original Amount of Loan		Cumulative Pay	ment To	Date Ba	ance Outstanding at Close of This Period	
2000	0.00			0.00	2000.00	
TERMS Date Incurred		D	ate Due	Interest Ra		
^M 07 ^M / ^D 05 ^D / Y Ž018	Y	M / D D	/ Y08		0.00	
List All Endorsers or Guarantors	(if any) to	Loan Source			· · · /	
Full Name (Last, First, Middle III)	, ,,	Louir Cource		Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed	, , ,	
2. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address Oc				Occupation		
				A		
City	State	ZIP Code		Amount Guaranteed		
City	State	ZIF Code		Outstanding:	7	
4. Full Name (Last, First, Middle Initial) Name of Employer						
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7 7 7	
1	ı	ı		<u> </u>		
SUBTOTALS This Period This Page (optional) 2000.00						
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Ones and a city of high	NE C C :	alab B. C. W.	. II	na Cabad II D	and to annual the Pro-	
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Use separate schedule(s) for each category of the Detailed Summary Page

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

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					130	
NAME OF COMMITTEE (In Full) John Mills for Congress				Transa	action ID : SC/10.4842	
<u> </u>						
LOAN SOURCE Full Name (La	LOAN SOURCE Full Name (Last, First, Middle Initial)					
John Mills for Congress	;				Primary	
Mailing Address					General	
Mailing Address 9065 Orlando Avenue					Other (specify) ▼	
City		State	ZIP Co	de	Personal Funds of the Candidate	
Navarre		FL	32566			
Original Amount of Loan		Cumulative Pag	yment To	Date Ba	lance Outstanding at Close of This Period	
2	200.00	7		0.00	2000.00	
TERMS Date Incurred		С	Date Due	Interest Ra (If none, ent		
M07 ^M / D05 ^D / Y 20	18 ^Y	M M / D D	/ Yos	12012010	0.00 % (apr) Yes No	
List All Endorsers or Guaranto	ors (if anv) to	o Loan Source				
1. Full Name (Last, First, Midd	, ,,			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed	9	
2. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address Occupation						
Mailing Address				·		
	1-	T		Amount Guaranteed		
City	State	ZIP Code			7	
3. Full Name (Last, First, Middl	3. Full Name (Last, First, Middle Initial) Name of Employer					
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	9 9	
4. Full Name (Last, First, Middl	e Initial)	Name of Employer				
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	9	
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Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
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						130	
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Trans	saction ID : SC/10.4874	
Ľ,							
	LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2020						
	John Mills for Congress					Primary General	
	Mailing Address					Other (specify)	
	Mailing Address 9065 Orlando Avenue					- Curior (speedily) •	
	City		State	ZIP Co		Personal Funds of the Candidate	
Navarre FL 32566							
	Original Amount of Loan		Cumulative Pay	yment Io	Date B	alance Outstanding at Close of This Period	
	500	0.00	7		0.00	500.00	
	TERMS Date Incurred		D	ate Due	Interest R (If none, en		
	M03M / D18D / Y 2019	Y	M M / D D	/ You	3/17/2020 ^v	0.00 % (apr) Yes X No	
	List All Endorsers or Guarantors	(if anv) to	o Loan Source				
	1. Full Name (Last, First, Middle I				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed		
					Outstanding: Name of Employer		
	2. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	3. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
	4. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
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	500.00						
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ľ	arry outstanding balance only to Li	ve o, och	iedule D, IOF INS	s mie. II	no sonedule D, carry to	nwaru to appropriate line of Summary.	

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NAME OF COMMITTEE (In Full) John Mills for Congress			Trans	saction ID : SC/10.4106		
,						
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo Ite	Election: 2014		
MILLS, Ralph, John, , III				x Primary		
<u> </u>				General		
Mailing Address 1940 Boardwalk Drive				Other (specify)		
City	State	ZIP Code	;			
Miramar Beach	FL	32550		Personal Funds of the	Candidate	
Original Amount of Loan	Cumulative Pag	yment To D	ate B	alance Outstanding at Close of	This Period	
5000.00			0.00 5000.00			
TERMS Date Incurred	D	Date Due	Interest R (If none, er		d:	
M06M / D24D / Y Ž01Ă Y	M M / D D	/ Y)	Y Y	0.00 % (apr) Ye	s X No	
List All Endorsers or Guarantors (if any) t	o Loan Source					
1. Full Name (Last, First, Middle Initial)		!	Name of Employer			
Mailing Address	Mailing Address					
		7	Amount			
City	ZIP Code		Guaranteed Outstanding:	- y - y x -		
Full Name (Last, First, Middle Initial) Mailing Address			Name of Employer			
			Occupation			
		7	Amount		$\overline{}$	
City	ZIP Code		Guaranteed Outstanding:	9 9		
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		(Occupation			
		,	Amount		$\overline{}$	
City	ZIP Code		Guaranteed Outstanding:	9 9		
4. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	9 9		
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TOTALS This Period (last page in this line only	/)		·····	7 7		
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry fo	orward to appropriate line of S	ummary.	

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	ction ID : SC/10.4116	
	LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mic	ddle Initial)	☐ Memo Item			
	Mailing Address 1940 Boardwalk Drive				Other (specify)		
	City Miramar Beach		State	ZIP Co		Personal Funds of the Candidate	
	Original Amount of Loan		Cumulative Pay				
	4234	.94					
	TERMS Date Incurred		C	Date Due	Interest Rat (If none, ente		
	M07M / P18P / Y 2014	Υ	M M / D D	/ Y	YYY	% (apr) Yes X No	
	List All Endorsers or Guarantors	(if any) t	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	9	
	3. Full Name (Last, First, Middle In	itial)		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:	7	
SI	SUBTOTALS This Period This Page (optional)————————————————————————————————————						
т	TOTALS This Period (last page in this line only)						
c	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

		100			
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4197			
LOAN SOURCE Full Name (Last, First, M MILLS, Ralph, John, , III	liddle Initial)	Memo Item Election: Primary General			
Mailing Address 1940 Boardwalk Drive		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			
1000.00	,	0.00 1000.00			
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)			
M09M / D08D / Y Z015 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 State	ZIP Code	Amount Guaranteed			
	211 0000	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			
		Amount Guaranteed			
City State	ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial) Name of Employer					
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed			
City	ZIP Code	Outstanding:			
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
TOTALS THIS PERIOD (last page in this line or	шу)	<u> </u>			
Carry outstanding balance only to LINE 3, Se	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

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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.

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NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4337				
LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2016						
MILLS, Ralph, John, , III		x Primary General				
Mailing Address 1940 Boardwalk Drive		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				
345.33	,	0.00				
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)				
M06 ^M / D30 ^D / Y Z016 Y	M M / D D	/				
List All Endorsers or Guarantors (if any)	to Loan Source					
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
	770 0 1	Amount Guaranteed				
City	ZIP Code	Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed				
Oity	Zii Oode	Outstanding:				
3. Full Name (Last, First, Middle Initial) Name of Employer						
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed				
	ZIF Code	Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed				
City	ZIP Code	Outstanding:				
SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line on	ly)	· · · · · · · · · · · · · · · · · · ·				
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			100
AME OF COMMITTEE (In Full) John Mills for Congress			Transaction ID : SC/10.4342
LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mi	ddle Initial)	☐ Memo Item
Mailing Address 1940 Boardwalk Drive			Other (specify)
City		State	ZIP Code 32550 Personal Funds of the Candidate
Miramar Beach		FL	
Original Amount of Loan	0.00	Cumulative Pay	Balance Outstanding at Close of This Period 0.00 1500.00
TERMS Date Incurred		D	Date Due Interest Rate Secured:
^M 07 ^M / ^D 18 ^D / Y Ž016	Y	M M / D D	
List All Endorsers or Guarantors	(if any)	to Loan Source	
1. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	itial)	l	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle In	itial)	l	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle In	itial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (FOTALS This Period (last page in this	s line onl	у)	, , , , , ,

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Transaction ID: SC/10.4343 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary MILLS, Ralph, John, , III General Mailing Address 1940 Boardwalk Drive Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32550 Miramar Beach Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 300.00 0.00 300.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D06D M09M ž016 Děmaňd x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 300.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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AME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4344	
LOAN SOURCE Full Name (Last, First MILLS, Ralph, John, , III Mailing Address 1940 Boardwalk Drive	, Middle Initial)	Memo Item Election: 2018	
City Miramar Beach	State FL	ZIP Code 32550 Personal Funds of the Cal	ndidate
Original Amount of Loan 500.00	Cumulative Pa	ayment To Date Balance Outstanding at Close of This 0.00 500.00	-
TERMS Date Incurred M09M / P23P / Y 2016 Y	M M / D D		x No
List All Endorsers or Guarantors (if a			
1. Full Name (Last, First, Middle Initial))	Name of Employer	
Mailing Address		Occupation	
City	te ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	-	Name of Employer	
Mailing Address		Occupation	
City	te ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	·	Name of Employer	
Mailing Address		Occupation	
City	te ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	•	Name of Employer	
Mailing Address		Occupation	
City	te ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (option		, , , , , ,)
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						130	
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transactio	on ID : SC/10.4351	
	LOAN SOURCE Full Name (Last, MILLS, Ralph, John, , III	First, Mic	ddle Initial)		- Memo item	Election: 2018 Primary	
	• • • • • • • • • • • • • • • • • • • •					General	
	Mailing Address 1940 Boardwalk Drive					Other (specify) ▼	
	City		State	ZIP Cod	de	Personal Funds of the Candidate	
	Miramar Beach		FL	32550			
	Original Amount of Loan		Cumulative Pay	ment To	Date Balanc	e Outstanding at Close of This Period	
	500	0.00	,		0.00	500.00	
	TERMS Date Incurred		D	ate Due	Interest Rate (If none, enter 0)	Secured:	
	^M 05 ^M / ^D 02 ^D / ^Y Ž01Ť	Υ	M M / D D	/ Y	pěmaňd ^Y 0.00	% (apr) Yes 🗶 No	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer Occupation Amount		
	Mailing Address						
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	2. Full Name (Last, First, Middle In	itial)	1		Name of Employer		
	Mailing Address				Occupation Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer Occupation		
	Mailing Address						
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
	4. Full Name (Last, First, Middle In	itial)	-		Name of Employer Occupation		
	Mailing Address						
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
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_	Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry forwar	rd to appropriate line of Summary.	
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		130		
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4357		
ű				
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	Memo Item Election: 2018		
MILLS, Ralph, John, , III		★ Primary General		
Mailing Address		Other (specify) ▼		
Mailing Address 1940 Boardwalk Drive		——————————————————————————————————————		
City	State	ZIP Code 32550 Personal Funds of the Candidate		
Miramar Beach				
Original Amount of Loan	Cumulative Page	ment To Date Balance Outstanding at Close of This Period		
150.00		0.00		
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)		
^M 07 ^M / ^D 26 ^D / ^Y Ž017 ^Y	M M / D D	/ Y Y Y Y O.00		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed		
Gity	ZIF Code	Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	<u> </u>	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)		150.00		
TOTALS This Period (last page in this line onl	y)			
		7 7 7		
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

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		130
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4358
LOAN SOURCE Full Name (Last, First, MILLS, Ralph, John, , III	Middle Initial)	☐ Memo Item Election: 2018 ✓ Primary
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
750.00		0.00 750.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M09M / D13D / Y Ž017 Y	M M / D D	/
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
Glate	Zii Oode	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
3. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer
3. Full Name (Last, First, Middle Illitial)		wante of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T=	Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (options	al)	750.00
TOTALS This Period (last page in this line of		, , , , , ,
		7 7
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

Transaction ID: SC/10.4811 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 16.95 0.00 16.95 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D07D M 04M 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 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)..... 16.95 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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						130	
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transaction ID: SC/10.4899		
Ľ							
	LOAN SOURCE Full Name (Last,	First, Mic	ddle Initial)		☐ Memo Item		
	MILLS, Ralph, John, , III				General		
	Mailing Address 1940 Boardwalk Drive				Other (specify) ▼		
	City		State	ZIP Cod	Personal Funds of the Can	ndidate	
	Miramar Beach		FL	32550			
	Original Amount of Loan		Cumulative Pay	ment To	Date Balance Outstanding at Close of This	Period	
	300	0.00			0.00 300.00)	
	TERMS Date Incurred			ate Due	Interest Rate Secured: (If none, enter 0)		
	M07 ^M / D12 ^D / Y Ž019	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:		
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
	3. Full Name (Last, First, Middle In	itial)	1		Name of Employer Occupation		
	Mailing Address						
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
	4. Full Name (Last, First, Middle In	itial)	-		Name of Employer Occupation		
	Mailing Address						
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
			·				
SI	UBTOTALS This Period This Page (optional)			300.00)	
т	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 forward to appropriate line of Sumr	mary.	
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OF

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

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						130	
	ME OF COMMITTEE (In Full) ohn Mills for Congress				Transact	tion ID : SC/10.4901	
Ľ,					ı		
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Item	Election:	
	MILLS, Ralph, John, , III					Primary General	
	Mailing Address 1940 Boardwalk Drive					Other (specify) ▼	
	City		State	ZIP Cod	de	Demond Suide of the Oceanidate	
	Miramar Beach		FL	32550		Personal Funds of the Candidate	
	Original Amount of Loan		Cumulative Pay	ment To	Date Balar	nce Outstanding at Close of This Period	
	1500	0.00	,	,	0.00	1500.00	
	TERMS Date Incurred		D	ate Due	Interest Rate (If none, enter		
	M09M / D10D / Y Ž01Š	Y	M M / D D	/ Y	Y Y Y 0.0	0/ / \ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer Occupation Amount		
	Mailing Address						
	City	State	ZIP Code		Guaranteed Outstanding:	9-1-9-1-9-1	
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation Amount Currenteed		
		T					
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer Occupation		
	Mailing Address						
		T			Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	y	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , ,	
SI	UBTOTALS This Period This Page (optional)				1500.00	
T	OTALS This Period (last page in this	s line only	y)		······	, , , , , , , ,	
C	Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry forw	ard to appropriate line of Summary.	

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OF

Transaction ID: SC/10.4929 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary MILLS, Ralph, , , III General Mailing Address 9065 Orlando Avenue Other (specify) \blacktriangledown City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 M 12M D30 D ž019 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		130		
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.4936		
LOAN SOURCE Full Name (Last, First, Mic	idle Initial)	Memo Item Election: 2020		
MILLS, Ralph, , , III	idie iliiliai)	☐ Memo Item Election: 2020 ▼ Primary General		
Mailing Address 9065 Orlando Avenue		Other (specify) ▼		
City	State	ZIP Code Personal Funds of the Candidate		
Navarre	FL	32566 Tersonal Funds of the Candidate		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
12000.00	7	0.00 12000.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)		
M 04M / D17D / Y Ž02Ŏ Y	M M / D D	/ Y Y Y Y Y W Y S X No		
List All Endorsers or Guarantors (if any) to	o Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)		12000.00		
TOTALS This Period (last page in this line only	/)	······································		
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

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			Detailed Garrinary I	ago	13b	
NAME OF COMMITTEE (In Full) John Mills for Congress			Trans	saction ID : SC/10.4966		
LOAN SOURCE Full Name (Last, First, Mi MILLS, Ralph, , , III	ddle Initial)		☐ Memo Ite	x Primary		
Mailing Address 9065 Orlando Avenue				General Other (specify) ▼		
City Navarre	State FL	ZIP Code	3	Personal Funds of the	Candidate	
Original Amount of Loan 5359.12	Cumulative Pa	lyment To D	0.00	Balance Outstanding at Close of 7	This Period 9.12	
TERMS Date Incurred	M M / D D	Date Due	Interest F (If none, er			
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:	y y		
2. Full Name (Last, First, Middle Initial)	1	Name of Employer				
Mailing Address	Mailing Address					
			Amount			
City	ZIP Code		Guaranteed Outstanding:	9 9		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
			Amount		-	
City	ZIP Code		Guaranteed Outstanding:	- y		
4. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
	1	Amount				
City State	ZIP Code		Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				535:	9.12	
TOTALS This Period (last page in this line only	y)			7 7		
Carry outstanding balance only to LINE 3, Sc	hadula D. for this	e line If no	Schedule D. carry f	orward to appropriate line of S	ıımmanı	
, Jany Julistaniumy palanice umy to Line 3. 30	HOUGH D, IUI IIII	3 mic. ii 110	OUTCUUIC D, CALLY I	orward to appropriate line of 3	ummany.	

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							130
AME OF COMMITTEE (In Full) John Mills for Congress					Transa	action ID : SC/10.4992	
LOAN SOURCE Full Name (Last, First, Middle Initial) MILLS, Ralph, , , III					Memo Iten	Primary General	
Mailing Address 9065 Orlando Avenue						Other (specify)	
City		State ZIP Code			Personal Funds of the C	Candidate	
Navarre Original Amount of Loan		FL Cumulative Pay	32566	0	Pa	lance Outstanding at Close of TI	his Pariad
	5.00	Cumulative Fa	yment to bai	0.00		1495	
TERMS Date Incurred		С	Date Due		Interest Ra		:
M08M / D04D / Y 2020	Y	M M / D D	/ Y12/31	/2020 ^Y	(0.00 % (apr) Yes	× No
List All Endorsers or Guarantors	(if any)	to Loan Source					
1. Full Name (Last, First, Middle	Initial)		Na	ame of Em	nployer		
Mailing Address			Od	Occupation			
				Amount			
City	State	ZIP Code Guaranteed Outstanding:		, , , , , , , , , , , , , , , , , , , ,			
2. Full Name (Last, First, Middle II	nitial)		Na	ame of Em	nployer		
Mailing Address			Od	ccupation			
City	State	ZIP Code Gu		nount Jaranteed Jtstanding:		7	
3. Full Name (Last, First, Middle II	nitial)		Na	ame of Em	nployer		
Mailing Address			Od	ccupation			
City	State	ZIP Code	Gı	nount uaranteed		7	
4. Full Name (Last, First, Middle I	nitial)			Outstanding: Name of Employer			
Mailing Address			Oc	Occupation			
			Ar	nount			
City	State	ZIP Code		uaranteed utstanding:		9 9 9	
SUBTOTALS This Period This Page	(optional)				····· >	1495	.00
FOTALS This Period (last page in thi	s line onl	y)			·····•		
Carry outstanding balance only to L	NE 3, Sc	hedule D, for this	s line. If no	Schedule	D, carry for	rward to appropriate line of Su	mmary.

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			Detailed durinitary i	age	13b
NAME OF COMMITTEE (In Full) John Mills for Congress			Trans	action ID : SC/10.4983	
LOAN SOURCE Full Name (Last, First, Min MILLS, Ralph, , , III	ddle Initial)		☐ Memo Ite	x Primary	
Mailing Address 9065 Orlando Avenue				General Other (specify) ▼	
City Navarre	State ZIP Code FL 32566			Personal Funds of the	Candidate
Original Amount of Loan	Cumulative Pay	yment To D	0.00	alance Outstanding at Close of T	This Period
TERMS Date Incurred M08M / P05D / Y Z020 Y	M M / D D	Date Due	Interest R (If none, en		
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)	2. Full Name (Last, First, Middle Initial)				
Mailing Address			Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7 7 7	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed		
	ZIP Code		Outstanding:	7	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		1	Occupation		
			Amount		$\overline{}$
City	ZIP Code	I	Guaranteed Outstanding:	9 9	
SUBTOTALS This Period This Page (optional)				1500	0.00
TOTALS This Period (last page in this line only				1500	0.00
				7	
Carry outstanding balance only to LINE 3, Sc	nedule D, for this	s line. If no	Schedule D, carry fo	orward to appropriate line of Se	ummary.

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AME OF COMMITTEE (In Full) Iohn Mills for Congress			Transaction ID : SC/10.5016
LOAN SOURCE Full Name (Last, MILLS, Ralph, , , III Mailing Address 9065 Orlando Avenue	First, Mid	ddle Initial)	Memo Item Election: 2022
City		State	ZIP Code Personal Funds of the Candidate
Navarre		FL	32566 Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pay	syment To Date Balance Outstanding at Close of This Period
1500	0.00	7	0.00 1500.00
TERMS Date Incurred		D	Date Due Interest Rate Secured: (If none, enter 0)
M11M / D19D / Y Ž02Ŏ	Y	M M / D D	0.00 % (apr)
List All Endorsers or Guarantors	(if any) t	o Loan Source	
1. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	nitial)		Name of Employer
Mailing Address			Occupation
	1_	T	Amount Guaranteed
City	State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle In	nitial)		Name of Employer
Mailing Address			Occupation
	1	T	Amount Guaranteed
City	State	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle In	nitial)		Name of Employer
Mailing Address			Occupation
011	lo	710.0	Amount Guaranteed
City	State	ZIP Code	Outstanding:
SUBTOTALS This Period This Page (, 1000.00
OTALS This Period (last page in this	s line only	/)	······································
Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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AME OF COMMITTEE (In Full) John Mills for Congress					Transact	tion ID : SC/10.5037	,
LOAN SOURCE Full Name (Last, I			Memo Item	Election: Primary General			
Mailing Address 9065 Orlando Avenue						Other (specify) ▼
City		State FL	ZIP Co	de		Personal Fur	nds of the Candidate
Navarre Original Amount of Loan		Cumulative Pay		Date	Ralar	nce Outstanding at	Close of This Period
2000.	00	ournalative ray	America 10	0.0		The Subtaining at	2000.00
TERMS Date Incurred		D	ate Due		Interest Rate (If none, enter		Secured:
M04 ^M / D07 ^D / Y Ž02Ť	Y	/ M / D D	/ Y	Y Y Y	0.0	0/ ()	Yes X No
List All Endorsers or Guarantors (if any) to	Loan Source					
1. Full Name (Last, First, Middle Ir	itial)			Name of Er	nployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding		7 7	
2. Full Name (Last, First, Middle Ini	tial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding		7 7	
3. Full Name (Last, First, Middle Ini	tial)			Name of Er	mployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding		7 7	
4. Full Name (Last, First, Middle Ini	tial)	!		Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding		7 7	
SUBTOTALS This Period This Page (o	ptional)				<u> </u>	9	2000.00
FOTALS This Period (last page in this	line only)				····• <u> </u>	,	
Carry outstanding balance only to LIN	IE 3, Sch	edule D, for this	line. If	no Schedule	D, carry forw	vard to appropriate	line of Summary.

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OF

		100
NAME OF COMMITTEE (In Full) John Mills for Congress		Transaction ID : SC/10.5050
LOAN SOURCE Full Name (Last, Fir MILLS, Ralph, , , III	☐ Memo Item	
Mailing Address 9065 Orlando Avenue		Other (specify) ▼
City Navarre	State FL	ZIP Code 32566 Personal Funds of the Candidate
Original Amount of Loan	Cumulative P	Payment To Date Balance Outstanding at Close of This Period
2000.00		0.00 2000.00
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M12M / D28D / Y Z021	M M / D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if		
Full Name (Last, First, Middle Initial)	al)	Name of Employer
Mailing Address		Occupation
City	tate ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initia	ul)	Name of Employer
Mailing Address		Occupation
City	tate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initia	ul)	Name of Employer
Mailing Address		Occupation
City	tate ZIP Code	Amount Guaranteed
4. Full Name (Last, First, Middle Initia	 ul)	Outstanding: Name of Employer
Mailing Address		Occupation
		Amount
City	tate ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (opt	ional)	2000.00
TOTALS This Period (last page in this li	ne only)	7 7
Carry outstanding balance only to LINE	3. Schedule D. for th	nis line. If no Schedule D, carry forward to appropriate line of Summary.
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13b Transaction ID: SC/10.5064 NAME OF COMMITTEE (In Full) John Mills for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary MILLS, Ralph, , , III General X Mailing Address 9065 Orlando Avenue Other (specify) City State ZIP Code Personal Funds of the Candidate FL 32566 Navarre Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 700.00 0.00 700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D30 D M80^M **Ž**02Ž 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)..... 700.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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	OF COMMITTEE (In Full) Mills for Congress				Tran	saction ID : SC/10.5071	
LO	AN SOURCE Full Name (Last,	First, Mic	ddle Initial)		☐ Memo It	em Election:	
MI	ILLS, Ralph, , , III					Primary	
						General	
900	illing Address 65 Orlando Avenue					Other (specify)	
City	у		State ZIP Code			Personal Funds of the Candidate	
Nav	varre		FL	32566		1 craonal runds of the Gandidate	
	Original Amount of Loan		Cumulative Pay	yment To	Date E	Balance Outstanding at Close of This Period	
	2000	0.00			0.00	2000.00	
TEI	RMS Date Incurred			Date Due	Interest F		
	M11M / D17D / Y Ž02Ž	Y	M M / D D	/ Y	(If none, e		
	11 17 2022					% (apr) Yes X No	
	et All Endorsers or Guarantors		o Loan Source				
1.	Full Name (Last, First, Middle	Initial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
2.	2. Full Name (Last, First, Middle Initial)				Name of Employer		
	·				0		
	Mailing Address				Occupation		
					Amount Guaranteed		
	City	State	ZIP Code		Outstanding:		
3.	Full Name (Last, First, Middle Ir	nitial)	'		Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed		
4	Full Name (Last, First, Middle Ir	nitial)			Outstanding: Name of Employer	,	
	• · · · · · · · · · · · · · · · · · · ·	iitiaij			rtaine or Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
		1	1		ı		
SUBT	OTALS This Period This Page ((optional)			······	2000.00	
ТОТА	LS This Period (last page in this	s line only	y)			70697.49	
Carry	outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry 1	forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

1)

2)

3)

(Use separate schedule(s) for each numbered line) PAGE 57 OF
FOR LINE NUMBER:
(check only one)

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¥	10

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John Mills for Congress

ohn Mills for Congre	SS				
A. Full Name (Last, First, Middle Initial) of D	Nature of Debt (Purpose):				
Law Office of James C. Thom	Legal and Reporting Fees				
Mailing Address 7509 NW Tiffany Springs Pk Suite 300	-				
City	State	Zip Code			
Kansas City	МО	64153			
Outstanding Balance Beginning This Period	I		Transaction ID : SD10.5079		
0.00					
Amount Incurred This Period	Amount Incurred This Period Payment This Period				
921.00		0.00	921.00		
B. Full Name (Last, First, Middle Initial) of De Law Office of James C. Thom		tor	Nature of Debt (Purpose): Legal and Reporting Fees		
Mailing Address 7509 NW Tiffany Springs Pk Suite 300	wy				
City	State	Zip Code			
Kansas City	MO	64153			
Amount Incurred This Period	Outstanding Balance at Close of This Period				
C. Full Name (Last, First, Middle Initial) of D	ebtor or Crec	litor	Nature of Debt (Purpose):		
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period	i I				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
SUBTOTALS This Period This Page (optional	1111.00				
TOTALS This Period (last page this line num	1111.00				
TOTAL OUTSTANDING LOANS from Sched	ule C (last pa	age only)	70697.49		
ADD 2) and 3) and carry forward to approp	71808.49				