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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	Mills, Ralph, John, , III		hook if add	oo obcass-		2 Condidate's EEC Identification Number	
	(b) Address (number and street) 9065 Orlando Avenue	t) ☐ Check if address changed				Candidate's FEC Identification Number     H6MS04226	
	(c) City, State, and ZIP Code				_	3. Is This New Amended	
	Navarre		Fl	_ 3256		Statement (N) OR (A)	
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	trict of Candidate 04	
	Rep	House			IVIS	04	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE							
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)						
	NOTE: This designation should be filed with the appropriate office listed in the instructions.						
	(a) Name of Committee (in full)						
JOHN MILLS FOR CONGRESS							
	(b) Address (number and street)						
	9065 ORLANDO AVENUE						
	(c) City, State, and ZIP Code						
	NAVARRE				FL	32566	
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code							
_							
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Si	Signature of Candidate					Date	
M	Mills, Ralph, John, , III					08/21/2025	
N	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.						

FEC FORM 2 (REV. 02/2009)