Image# 202207129518365187

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	MILLS, Ralph, John, , III		h1. 12			0.0	- CC - C - Ni - Ni	
	(b) Address (number and street) 9065 Orlando Avenue	☐ Check if address changed				Candidate's FEC Identification Number H6FL01143		
	(c) City, State, and ZIP Code						lew Amended	
	Navarre		MC	3256	-	,	N) OR (A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate		
	Rep	House			FL	01		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	Thereby designate the following named political committee as my Principal Campaign Committee for the 2024 (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		
	DE	SIGNATIO	N OF OT	HFR AU	THORIZED	COMMITTEES		
	52				g Representative			
•			-			,	16 1 1 16 6	
8.	I hereby authorize the following name candidacy.	ned committee,	which is NO	i my princip	ai campaign con	nmittee, to receive and ex	spend funds on benair of my	
	NOTE: This designation should be f	iled with the pri	ncipal campa	aign committ	ee.			
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
	(c) only, orace, and in orac							
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correc	t and complete.	
Si	gnature of Candidate					Date		
M	ILLS, Ralph, John, , III					07/12/2022		
				[Elec	tronically Filed]	01/12/2022		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
NC	DTE: Submission of false, erroneous,	or incomplete	information n	nay subject t	he person signir	ng this Statement to pena	Ities of 2 U.S.C. §437g.	
NC	OTE: Submission of false, erroneous,	or incomplete	information n	nay subject t	he person signir	ng this Statement to pena	Ities of 2 U.S.C. §437g.	
NO	DTE: Submission of false, erroneous,	or incomplete	information n	nay subject t	he person signir	ng this Statement to pena	Ities of 2 U.S.C. §437g.	

FEC FORM 2 (REV. 02/2009)