FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

John Mills for Congress

ADDRESS (number and street) ▼ 9065 Orlando Avenue

☐ Check if different than previously reported. (ACC)

Navarre | FL | 32566 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00565366

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT: FL 01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☒ Special (12S)

Election on MM 01 / DD 28 / YYYY 2025 in the State of FL

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM 01 / DD 01 / YYYY 2025 through MM 01 / DD 08 / YYYY 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Adams, Christopher, , ,

Signature of Treasurer *Adams, Christopher, , ,* Date MM 01 / DD 16 / YYYY 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only							

FEC **Form 3** (Revised 03/2016)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
John Mills for Congress

Report Covering the Period: From: 01 / 01 / 2025 To: 01 / 08 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	201.00	805.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	201.00	805.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1189.62	8801.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1189.62	8801.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1069.32	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	92541.66	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

John Mills for Congress

Report Covering the Period: From: 01 / 01 / 2025 To: 01 / 08 / 2025

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	201.00	505.00
(iii) TOTAL of contributions from individuals ▶	201.00	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
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	201.00	805.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. 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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	201.00	10039.94

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3** (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	1189.62	8801.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1189.62	8801.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	2057.94
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	201.00
25. SUBTOTAL (add Line 23 and Line 24)	2258.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	1189.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1069.32

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
John Mills for Congress

A. Full Name (Last, First, Middle Initial): Snitker, Alexander, , ,
Mailing Address: 11315 Pond Ct.
City: Port Richey | State: FL | Zip Code: 34668
Purpose of Disbursement: Digital Marketing
Category/Type: 004
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2025 [ ] Primary [ ] General [X] Other (specify) ▼ Special-Primary
Date of Disbursement: 01 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 750.00
Transaction ID : SB17.5192
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): VistaPrint
Mailing Address: 95 Hayden Ave
City: Lexington | State: ME | Zip Code: 02421
Purpose of Disbursement: Business Cards
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2025 [ ] Primary [ ] General [X] Other (specify) ▼ Special-Primary
Date of Disbursement: 01 / 04 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 431.18
Transaction ID : SB17.5189
[ ] Memo Item

C. Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1181.18

TOTAL This Period (last page this line number only) ▶ 1181.18

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4711

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
126.34	0.00	126.34

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/21/2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 126.34

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4742

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
303.01	0.00	303.01

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/04/2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4743

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4.24	0.00	4.24

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
10/05/2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 4.24

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4744

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35.00	0.00	35.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
10/10/2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 35.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4745

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21.63	0.00	21.63

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
10 / 12 / 2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4746

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7.95	0.00	7.95

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
10 / 17 / 2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 7.95

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4747

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
72.49	0.00	72.49

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/30/2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 72.49

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4748

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
196.54	0.00	196.54

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
10/31/2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 196.54

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4749

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
41.21	0.00	41.21

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/01/2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 41.21

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4750

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

- [ ] Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

- [x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
804.08	0.00	804.08

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/05/2017	11/08/2018	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:
   City / State / ZIP Code:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City / State / ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City / State / ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City / State / ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 804.08

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4751

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19.08	0.00	19.08

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
11/08/2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 19.08

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4752

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
93.73	0.00	93.73

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
11/08/2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 93.73

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4753

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6.00	0.00	6.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
12 / 21 / 2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 6.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4754

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
308.00	0.00	308.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
12 / 22 / 2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount 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, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4755

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
56.34	0.00	56.34

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/24/2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 56.34

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4756

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
208.00	0.00	208.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/29/2017	11/08/2018	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 208.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4678

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
01 / 17 / 2018	11/08/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 400.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4709

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2231.10	0.00	2231.10

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
03 / 31 / 2018	11/08/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2231.10

TOTALS This Period (last page in this line only) ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4829

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.67	0.00	150.67

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
04 / 20 / 2018	/ / 08/28/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 150.67

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4815

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8500.00	700.00	7800.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
04 / 24 / 2018	11/08/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4830

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1475.00	0.00	1475.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/15/2018	08/28/2018	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1475.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4831

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600.00	0.00	600.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
06 / 15 / 2018	08/28/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4832

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35.10	0.00	35.10

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
06 / 27 / 2018	/ /	0.00 % (apr)	☐ Yes ☒ No
	08/28/2018		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 35.10

TOTALS This Period (last page in this line only) ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4841

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

- [ ] Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

- [ ] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
07 / 05 / 2018	08/28/2018	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:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4842

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
07 / 05 / 2018	08/28/2018	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4874

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2020
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/18/2019	03/17/2020	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 500.00

TOTALS This Period (last page in this line only) ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.5091

LOAN SOURCE Full Name (Last, First, Middle Initial): John Mills for Congress

☐ Memo Item

Election: 2024
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City: Navarre | State: FL | ZIP Code: 32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
05 / 02 / 2023	N/A	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: | State: | ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2500.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.4106

LOAN SOURCE Full Name (Last, First, Middle Initial)
MILLS, Ralph, John, , III

☐ Memo Item

Election: 2014
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
06 / 24 / 2014	/ /	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4116

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, John, , III

☐ Memo Item

Election:
- ☐ Primary
- ☐ General
- ☐ Other (specify) ▼

Mailing Address: 1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4234.94	0.00	4234.94

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
07 / 18 / 2014	/ /	% (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 4234.94

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4197

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, John, , III

☐ Memo Item

Election:
- ☐ Primary
- ☐ General
- ☐ Other (specify) ▼

Mailing Address: 1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
09 / 08 / 2015	MM / DD / YYYY	% (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4299

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, John, , III

☐ Memo Item

Election: 2016
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3850.64	0.00	3850.64

TERMS Date Incurred: 01 / 02 / 2016 Date Due: MM / DD / YYYY Interest Rate (If none, enter 0): % (apr) Secured: ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4337

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, John, , III

☐ Memo Item

Election: 2016
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
345.33	0.00	345.33

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
06 / 30 / 2016	/ /	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 345.33

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4342

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, John, , III

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
07 / 18 / 2016	Demand	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4343

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, John, , III

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
09 / 06 / 2016	Demand	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.4344

LOAN SOURCE Full Name (Last, First, Middle Initial)
MILLS, Ralph, John, , III

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
09 / 23 / 2016	Demand	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 500.00

TOTALS This Period (last page in this line only) ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4351

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, John, , III

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/02/2017	Demand	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 500.00

TOTALS This Period (last page in this line only) ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4357

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, John, , III

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.00	0.00	150.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
07 / 26 / 2017	/ /	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 150.00

TOTALS This Period (last page in this line only) ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4358

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, John, , III

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750.00	0.00	750.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
09 / 13 / 2017	/ /	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 750.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.4811

LOAN SOURCE Full Name (Last, First, Middle Initial)
MILLS, Ralph, John, , III

☐ Memo Item

Election: 2018
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
16.95	0.00	16.95

TERMS Date Incurred: 04 / 07 / 2018 Date Due: MM / DD / YYYY 11/08/2018 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4899

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, John, , III

☐ Memo Item

Election:
- ☐ Primary
- ☐ General
- ☐ Other (specify) ▼

Mailing Address: 1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
07 / 12 / 2019	/ /	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4900

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, John, , III

☐ Memo Item

Election:
- ☐ Primary
- ☐ General
- ☐ Other (specify) ▼

Mailing Address: 1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1200.00	0.00	1200.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
07 / 18 / 2019	/ /	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1200.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4901

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, John, , III

☐ Memo Item

Election:
- ☐ Primary
- ☐ General
- ☐ Other (specify) ▼

Mailing Address: 1940 Boardwalk Drive

City	State	ZIP Code
Miramar Beach	FL	32550

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
09 / 10 / 2019	/ /	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.4929

LOAN SOURCE Full Name (Last, First, Middle Initial)
MILLS, Ralph, , , III

☐ Memo Item

Election: 2020
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
12 / 30 / 2019	/ /	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.4936

LOAN SOURCE Full Name (Last, First, Middle Initial)
MILLS, Ralph, , , III

☐ Memo Item

Election: 2020
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12000.00	0.00	12000.00

TERMS Date Incurred: 04 / 17 / 2020 — Date Due: MM / DD / YYYY — Interest Rate (If none, enter 0): % (apr) — Secured: ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount 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, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.4966

LOAN SOURCE Full Name (Last, First, Middle Initial)
MILLS, Ralph, , , III

☐ Memo Item

Election: 2020
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5359.12	0.00	5359.12

TERMS Date Incurred: 07 / 10 / 2020 — Date Due: MM / DD / YYYY — Interest Rate (If none, enter 0): 0.00 % (apr) — Secured: ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5359.12

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.4992

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, , , III

☐ Memo Item

Election: 2020
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1495.00	0.00	1495.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/04/2020	12/31/2020	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1495.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.4983

LOAN SOURCE Full Name (Last, First, Middle Initial)
MILLS, Ralph, , , III

☐ Memo Item

Election: 2020
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
08 / 05 / 2020	12/31/2020	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.5016

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, , , III

- [ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

- [ ] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
11 / 19 / 2020	/ /	0.00 % (apr)	[ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.5037

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, , , III

☐ Memo Item

Election:
- ☐ Primary
- ☐ General
- ☐ Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/07/2021		0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.5050

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, , , III

☐ Memo Item

Election:
- ☐ Primary
- ☐ General
- ☐ Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
12 / 28 / 2021	/ /	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.5064

LOAN SOURCE Full Name (Last, First, Middle Initial)
MILLS, Ralph, , , III

☐ Memo Item

Election: 2022
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Mailing Address
9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS Date Incurred: 08 / 30 / 2022 — Date Due: MM / DD / YYYY — Interest Rate (If none, enter 0): % (apr) — Secured: ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed 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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.5071

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, , , III

☐ Memo Item

Election:
- ☐ Primary
- ☐ General
- ☐ Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
11 / 17 / 2022	/ /	% (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.5097

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, , , III

☐ Memo Item

Election:
- ☐ Primary
- ☐ General
- ☐ Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1600.00	0.00	1600.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
11 / 03 / 2023	/ /	% (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1600.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.5108

LOAN SOURCE Full Name (Last, First, Middle Initial)
MILLS, Ralph, , , III

☐ Memo Item

Election: 2024
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1800.00	0.00	1800.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
04 / 03 / 2024	/ /	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1800.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): John Mills for Congress

Transaction ID : SC/10.5120

LOAN SOURCE Full Name (Last, First, Middle Initial): MILLS, Ralph, , , III

☐ Memo Item

Election:
- ☐ Primary
- ☐ General
- ☐ Other (specify) ▼

Mailing Address: 9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
10 / 16 / 2024	/ /	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.5130

LOAN SOURCE Full Name (Last, First, Middle Initial)
MILLS, Ralph, , , III

☐ Memo Item

Election: 2025
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10500.00	0.00	10500.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
12 / 02 / 2024	/ /	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 10500.00

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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
John Mills for Congress

Transaction ID : SC/10.5152

LOAN SOURCE Full Name (Last, First, Middle Initial)
MILLS, Ralph, , , III

☐ Memo Item

Election: 2025
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
9065 Orlando Avenue

City	State	ZIP Code
Navarre	FL	32566

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2250.00	0.00	2250.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
12 / 06 / 2024	/ /	0.00 % (apr)	☐ Yes ☒ 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 Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2250.00

TOTALS This Period (last page in this line only) ▶ 91347.49

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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

FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)

John Mills for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Law Office of James C. Thomas III

Mailing Address 7509 NW Tiffany Springs Pkwy
Suite 300

City: Kansas City | State: MO | Zip Code: 64153

Nature of Debt (Purpose): Legal and Reporting Services

Transaction ID : SD10.5179

Outstanding Balance Beginning This Period: 440.00

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 440.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Law Office of James C. Thomas III

Mailing Address 7509 NW Tiffany Springs Pkwy
Suite 300

City: Kansas City | State: MO | Zip Code: 64153

Nature of Debt (Purpose): Legal and Reporting Fees

Transaction ID : SD10.5193

Outstanding Balance Beginning This Period: 0.00

Amount Incurred This Period: 754.17

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 754.17

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶	1194.17
2) **TOTALS** This Period (last page this line number only) ▶	1194.17
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	91347.49
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	92541.66