

**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

CORY MILLS FOR CONGRESS

ADDRESS (number and street)

501 N. ORLANDO AVEUE

SUITE 313 PMB 288

WINTER PARK

FL

32789

Check if different than previously reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00774943

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

STATE ▼ DISTRICT

FL

07

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

M M / D D / Y Y Y Y

in the State of

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

01

2023

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

2023

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

MARTIN, STEVEN, , ,

Type or Print Name of Treasurer

MARTIN, STEVEN, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

14

Y Y Y Y

2023

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 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name  
**CORY MILLS FOR CONGRESS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
 01 01 2023

To:

M M / D D / Y Y Y Y  
 03 31 2023

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 79250.43                | 96743.27                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 60.00                   | 342.31                             |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 79190.43                | 96400.96                           |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 111364.94               | 270503.22                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 4140.99                 | 4140.99                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 107223.95               | 266362.23                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 72663.27                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 2284112.50              |                                    |

## For further information contact:

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**CORY MILLS FOR CONGRESS**

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2023

To:

MM / DD / YYYY  
03 / 31 / 2023**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than  
Political Committees****(i) Itemized (use Schedule A).....**

19100.00

29150.00

**(ii) Unitemized .....**

15982.43

19425.27

**(iii) TOTAL of contributions  
from individuals .....**

35082.43

48575.27

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees  
(such as PACs) .....**

14500.00

18500.00

**(d) The Candidate .....**

29668.00

29668.00

**(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..**

79250.43

96743.27

**12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....**

26266.23

26266.23

**13. LOANS:****(a) Made or Guaranteed by the  
Candidate.....**

50000.00

50000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....**

50000.00

50000.00

**14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....**

4140.99

4140.99

**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).....**

159657.65

177150.49

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

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| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 111364.94                     | 270503.22                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 60.00                         | 342.31                             |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 60.00                         | 342.31                             |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 111424.94                     | 270845.53                          |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 24430.56  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 159657.65 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 184088.21 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 111424.94 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 72663.27  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                 |             |                                       |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>DRUMMOND, A, CAROLINE, ,</b>                                                            |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>02 / 21 / 2023 |  |
| Mailing Address 266 RICE BLUFF RD                                                                                                               |             |                                       | Transaction ID : A1E5B7D7EFF234D4CA79                      |  |
| City<br>PAWLEYS ISLAND                                                                                                                          | State<br>SC | Zip Code<br>29585-7971                | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED                 |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>500.00      |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>REINHARD, DONALD, G, ,</b>                                                              |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 02 / 2023 |  |
| Mailing Address 75 HARVARD AVE                                                                                                                  |             |                                       | Transaction ID : AC2777998B3AD4AD5BB5                      |  |
| City<br>PALMERTON                                                                                                                               | State<br>PA | Zip Code<br>18071                     | Amount of Each Receipt this Period<br>300.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                            |  |
| Name of Employer<br>PENCOR                                                                                                                      |             | Occupation<br>EXECUTIVE               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>300.00      |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>PITTS, D. FRANK, , ,</b>                                                                |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 31 / 2023 |  |
| Mailing Address 114 CHEEKWOOD DR                                                                                                                |             |                                       | Transaction ID : A3A2671EE453C489190A                      |  |
| City<br>MADISON                                                                                                                                 | State<br>AL | Zip Code<br>35758-3016                | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                            |  |
| Name of Employer<br>QUANTUM TECHNOLOGIES, INC.                                                                                                  |             | Occupation<br>PRESIDENT               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>1000.00     |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                       | 1800.00                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                       |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

CORY MILLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

WEMPEN, REX, , ,

A.

Mailing Address 3210 WISCONSIN AVE NW  
APT 508

City

WASHINGTON

State

DC

Zip Code

20016-3858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ICF INTERNATIONAL INC.

Occupation

CONSULTANT

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2023

Transaction ID : AD1047139E1BC4833AB7

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

YODER, MAHLON, , ,

B.

Mailing Address 33102 JAN CIR

City

MENIFEE

State

CA

Zip Code

92584-8742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2023

Transaction ID : A33DE7901873E4918A50

Amount of Each Receipt this Period

2200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HIPP, VAN, D., , JR.

C.

Mailing Address 809 N QUAKER LN

City

ALEXANDRIA

State

VA

Zip Code

22302-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN DEFENSE INTERNATIONAL INC

Occupation

CHAIRMAN

Receipt For: 2022

☐ Primary ☐ General  
☒ Other (specify) ▼

GENERAL DEBT

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2023

Transaction ID : AB6BE26FC6FD5416D9C9

Amount of Each Receipt this Period

1900.00

☐ Memo Item  
DEBT RETIREMENT

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

4600.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                                 |             |                                       |                                                            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>ELMORE, GEORGE, , ,</b>                                                                                 |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 30 / 2023 |  |
| Mailing Address 1320 N OCEAN BLVD                                                                                                                               |             |                                       | Transaction ID : A43F57DEA87C540948A7                      |  |
| City<br>DELRAY BEACH                                                                                                                                            | State<br>FL | Zip Code<br>33483-7234                | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                            |  |
| Name of Employer<br>SELF EMPLOYED                                                                                                                               |             | Occupation<br>CONTRACTOR              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date ▼<br>250.00    |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>HIPP, JANE, , ,</b>                                                                                     |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 03 / 2023 |  |
| Mailing Address 809 N QUAKER LN                                                                                                                                 |             |                                       | Transaction ID : AC5D670E6DF0D462ABE1                      |  |
| City<br>ALEXANDRIA                                                                                                                                              | State<br>VA | Zip Code<br>22302-3416                | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                            |  |
| Name of Employer<br>HOMEMAKER                                                                                                                                   |             | Occupation<br>HOMEMAKER               | DEBT RETIREMENT                                            |  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>GENERAL DEBT |             | Election Cycle-to-Date ▼<br>1000.00   |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>CLAIBORNE, WALTER, H, , III</b>                                                                         |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 17 / 2023 |  |
| Mailing Address 14217 CLAIBORNE RD                                                                                                                              |             |                                       | Transaction ID : A6332286C182E472B883                      |  |
| City<br>BATCHELOR                                                                                                                                               | State<br>LA | Zip Code<br>70715-3514                | Amount of Each Receipt this Period<br>150.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                            |  |
| Name of Employer<br>SELF EMPLOYED                                                                                                                               |             | Occupation<br>REAL ESTATE             |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date ▼<br>300.00    |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                                         |             |                                       | 1400.00                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                                               |             |                                       |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                 |             |                                   |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>ZUMWALT, BRYAN, , ,</b>                                                                 |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 03 / 2023 |  |
| Mailing Address 4109 18TH ST N                                                                                                                  |             |                                   | Transaction ID : A21D3E31D6D4F4E528ED                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22207-3055            | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                         |                                                            |  |
| Name of Employer<br>FTI CONSULTING                                                                                                              |             | Occupation<br>GOVTR AFFAIRS       |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>500.00  |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>REINHARD, DONALD, G, ,</b>                                                              |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 16 / 2023 |  |
| Mailing Address 75 HARVARD AVE                                                                                                                  |             |                                   | Transaction ID : A90703858B8DD432FB78                      |  |
| City<br>PALMERTON                                                                                                                               | State<br>PA | Zip Code<br>18071                 | Amount of Each Receipt this Period<br>300.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                         |                                                            |  |
| Name of Employer<br>PENCOR                                                                                                                      |             | Occupation<br>EXECUTIVE           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>600.00  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>ROE, KATHLEEN, , ,</b>                                                                  |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 17 / 2023 |  |
| Mailing Address 3506 S ATLANTIC AVE                                                                                                             |             |                                   | Transaction ID : A1A8489151A0D40BDADB                      |  |
| City<br>NEW SMYRNA BEACH                                                                                                                        | State<br>FL | Zip Code<br>32169-3628            | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                         |                                                            |  |
| Name of Employer<br>OCEAN PROPERTIES AND MGT INC.                                                                                               |             | Occupation<br>BUSINESS OWNER      |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>1000.00 |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                   | 1800.00                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                   |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                 |             |                                    |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>STEEL, MCDOWELL, , ,</b>                                                                |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 20 / 2023 |  |
| Mailing Address 104 N HILLDALE RD                                                                                                               |             |                                    | Transaction ID : A17053AEC7F174917B60                      |  |
| City<br>SALINA                                                                                                                                  | State<br>KS | Zip Code<br>67401-3535             | Amount of Each Receipt this Period<br>225.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                          |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>450.00 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>GALLOWAY, DANIEL, , ,</b>                                                               |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 27 / 2023 |  |
| Mailing Address 4691 SAINT JOHN RD                                                                                                              |             |                                    | Transaction ID : A74F6038E1C2A40FD978                      |  |
| City<br>ELIZABETHTOWN                                                                                                                           | State<br>KY | Zip Code<br>42701-8723             | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                          |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>SOKOL, DAVID, , ,</b>                                                                   |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 22 / 2023 |  |
| Mailing Address 2400 DEL LAGO DR                                                                                                                |             |                                    | Transaction ID : A85E6D41D123142ACA17                      |  |
| City<br>FORT LAUDERDALE                                                                                                                         | State<br>FL | Zip Code<br>33316-2302             | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                          |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00 |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                    | 1225.00                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                    |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                 |             |                                       |                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|--------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>DIAZ, FAUSTO, , ,</b>                                                                   |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>03 / 03 / 2023 |  |
| Mailing Address 537 SEVILLA AVE                                                                                                                 |             |                                       | Transaction ID : A2C4955632DE84B149D9                        |  |
| City<br>CORAL GABLES                                                                                                                            | State<br>FL | Zip Code<br>33134-5714                | Amount of Each Receipt this Period<br>3000.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                              |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED                 |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>3000.00   |                                                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>STEEL, MCDOWELL, , ,</b>                                                                |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>01 / 09 / 2023 |  |
| Mailing Address 104 N HILLDALE RD                                                                                                               |             |                                       | Transaction ID : A906558A00E074F57A1D                        |  |
| City<br>SALINA                                                                                                                                  | State<br>KS | Zip Code<br>67401-3535                | Amount of Each Receipt this Period<br>225.00                 |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                              |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED                 |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>225.00    |                                                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>HIPP, VAN, D., , JR.</b>                                                                |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>02 / 07 / 2023 |  |
| Mailing Address 809 N QUAKER LN                                                                                                                 |             |                                       | Transaction ID : A8C49F9D410F245189B4                        |  |
| City<br>ALEXANDRIA                                                                                                                              | State<br>VA | Zip Code<br>22302-3416                | Amount of Each Receipt this Period<br>1000.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                              |  |
| Name of Employer<br>AMERICAN DEFENSE INTERNATIONAL INC                                                                                          |             | Occupation<br>CHAIRMAN                |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00   |                                                              |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                       | 4225.00                                                      |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                       |                                                              |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A.****GRAY, DARLENE, L, ,**

Mailing Address 661 WATERDAM RD

City

CANONSBURG

State

PA

Zip Code

15317-2751

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 6 |   | 2 | 0 | 2 | 3 |

Transaction ID : A4403043E5D4A46C4983

Amount of Each Receipt this Period

250.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

**CORETHERS, BENJAMIN, , ,**

Mailing Address 7716 MEADOWLARK DR.

City

GODFREY

State

IL

Zip Code

62035

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

WALMART

Occupation

MOD TEAM ASSOCIATE

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

Transaction ID : A5E0D1681B19E42CAAD1

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

**C.**

Full Name (Last, First, Middle Initial)

**WINRED**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4676.47

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

Transaction ID : A7921B320E7284210981

Amount of Each Receipt this Period

50.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

300.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>HERSON, MICHAEL, , ,</b>                                                                |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>02 / 27 / 2023 |  |
| Mailing Address 8709 BURNING TREE RD                                                                                                            |             |                                                      | Transaction ID : A1C08B4C68DFD4A87908                      |  |
| City<br>BETHESDA                                                                                                                                | State<br>MD | Zip Code<br>20817-3054                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED |                                                            |  |
| Name of Employer<br>AMERICAN DEFENSE INTERNATIONAL                                                                                              |             | Occupation<br>PRESIDENT                              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00                   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>02 / 27 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                      | Transaction ID : AC343C5BF48724CD19EB                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219                                    | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C C00694323                                                                       |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>4676.47                  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>ORLOV, ILYA, , ,</b>                                                                    |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 30 / 2023 |  |
| Mailing Address 212 19TH ST                                                                                                                     |             |                                                      | Transaction ID : A6ED184009823439DBEF                      |  |
| City<br>SANTA MONICA                                                                                                                            | State<br>CA | Zip Code<br>90402-2408                               | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED |                                                            |  |
| Name of Employer<br>MORE LOVE, LLC                                                                                                              |             | Occupation<br>PROGRAM DIRECTOR                       |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 750.00                                                     |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                      |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                 |             |                                                                    |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 30 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                                    | Transaction ID : A67CAAC5E92944804AF1                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219                                                  | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C C00694323                                                                       |             | Name of Employer<br>Occupation                                     |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>4676.47                                |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>LUCKEY, PALMER, , ,</b>                                                                 |             |                                                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 23 / 2023 |  |
| Mailing Address 1375 SUNFLOWER AVE                                                                                                              |             |                                                                    | Transaction ID : A3B7AE1C0966B45529F3                      |  |
| City<br>COSTA MESA                                                                                                                              | State<br>CA | Zip Code<br>92626-1665                                             | Amount of Each Receipt this Period<br>1500.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation<br>ANDURIL INDUSTRIES, INC. FOUNDER |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1500.00                                |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 23 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                                    | Transaction ID : AE54D0176FC0A4D2CA1C                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219                                                  | Amount of Each Receipt this Period<br>1500.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00694323                                                                       |             | Name of Employer<br>Occupation                                     |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>4676.47                                |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                                    | 1500.00                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                                    |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                 |             |                                                                                       |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>HEAVENER, JAMES, , ,</b>                                                                |             |                                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 27 / 2023 |  |
| Mailing Address 3300 UNIVERSITY BLVD                                                                                                            |             |                                                                                       | Transaction ID : A36A896E3BD1D4037B4F                      |  |
| City<br>WINTER PARK                                                                                                                             | State<br>FL | Zip Code<br>32792-7435                                                                | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED                                  |                                                            |  |
| Name of Employer<br>THE HEAVENER COMPANY                                                                                                        |             | Occupation<br>CEO                                                                     |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00                                                   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 27 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                                                       | Transaction ID : AAEC5F5FC1FF4868995                       |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219                                                                     | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00694323                                                                       |             | Memo Item<br>INTERMEDIARY<br>TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                                                            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>4676.47                                                   |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>BRAMER, DONALD, , ,</b>                                                                 |             |                                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 27 / 2023 |  |
| Mailing Address 901 D ST SW<br>STE 920                                                                                                          |             |                                                                                       | Transaction ID : AD23E782B4A41449CBB1                      |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20024-2192                                                                | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED                                  |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED                                                                 |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00                                                    |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                                                       | 1500.00                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                                                       |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                 |             |                                                          |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 27 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                          | Transaction ID : A2E4AEBBA1D06406DABA                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219                                        | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C C00694323                                                                       |             | Name of Employer<br>Occupation                           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>4676.47                      |                                                            |  |
| Full Name (Last, First, Middle Initial)                                                                                                         |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y                   |  |
| <b>B.</b> Mailing Address                                                                                                                       |             |                                                          | Amount of Each Receipt this Period                         |  |
| City                                                                                                                                            | State       | Zip Code                                                 | Memo Item                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |                                                            |  |
| Name of Employer<br>Occupation                                                                                                                  |             | Memo Item                                                |                                                            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date ▼                                 |                                                            |  |
| Full Name (Last, First, Middle Initial)                                                                                                         |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y                   |  |
| <b>C.</b> Mailing Address                                                                                                                       |             |                                                          | Amount of Each Receipt this Period                         |  |
| City                                                                                                                                            | State       | Zip Code                                                 | Memo Item                                                  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                                |                                                            |  |
| Name of Employer<br>Occupation                                                                                                                  |             | Memo Item                                                |                                                            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date ▼                                 |                                                            |  |
| SUBTOTAL of Receipts This Page (optional)..... ▶                                                                                                |             |                                                          | 0.00                                                       |  |
| TOTAL This Period (last page this line number only)..... ▶                                                                                      |             |                                                          | 19100.00                                                   |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 72

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**GUIDEWELL MUTUAL HOLDING CORPORATION PAC (GUIDEWELL PAC)**Mailing Address 4800 DEERWOOD CAMPUS PKWY  
DC3-4

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>JACKSONVILLE | State<br>FL | Zip Code<br>32246-6498 |
|----------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee. **C** C00161141

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
1000.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 02 / 16 / 2023          |

Transaction ID : AA42EBC884EEF469BACD

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**AT&T INC. EMPLOYEE FEDERAL PAC (AT&T EMPLOYEE FEDERAL PAC)**Mailing Address 208 S AKARD ST  
STE 1812

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>DALLAS | State<br>TX | Zip Code<br>75202-4206 |
|----------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2022  
☐ Primary ☐ General  
☒ Other (specify) ▼ GENERAL DEBTElection Cycle-to-Date ▼  
3000.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 02 / 07 / 2023          |

Transaction ID : A608DA57FE4A343BF966

Amount of Each Receipt this Period

3000.00

☐ Memo Item  
DEBT RETIREMENT**C.** Full Name (Last, First, Middle Initial)  
**TEXAS REPUBLICANS UNITED PAC (TRU PAC)**Mailing Address 1108 LAVACA ST  
STE 110

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>AUSTIN | State<br>TX | Zip Code<br>78701-2110 |
|----------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee. **C** C00481531

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
1500.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2023          |

Transaction ID : AB177AF21176F4FDCBC1

Amount of Each Receipt this Period

1500.00

☐ Memo Item

5500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                              |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Full Name (Last, First, Middle Initial)<br><b>MONUMENT STRATEGIES PAC</b>                                                                                    |             |
| Mailing Address 1025 CONNECTICUT AVE NW<br>STE 1000                                                                                                          |             |
| City<br>WASHINGTON                                                                                                                                           | State<br>DC |
| Zip Code<br>20036-5417                                                                                                                                       |             |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00586255                                                                             |             |
| Name of Employer                                                                                                                                             | Occupation  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ GENERAL DEBT |             |
| Election Cycle-to-Date ▼<br>1000.00                                                                                                                          |             |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 03  |   | 2023    |

Transaction ID : ABC668360855F4C3E9A4

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
DEBT RETIREMENT

|                                                                                                                                                 |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Full Name (Last, First, Middle Initial)<br><b>AMERICAN REVIVAL PAC</b>                                                                          |             |
| Mailing Address 3337 N HULLEN ST<br>STE 301                                                                                                     |             |
| City<br>METAIRIE                                                                                                                                | State<br>LA |
| Zip Code<br>70002-3455                                                                                                                          |             |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00639229                                                                |             |
| Name of Employer                                                                                                                                | Occupation  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |
| Election Cycle-to-Date ▼<br>1000.00                                                                                                             |             |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 17  |   | 2023    |

Transaction ID : A81050C5246C84BDA856

Amount of Each Receipt this Period

1000.00

☐ Memo Item

|                                                                                                                                                              |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Full Name (Last, First, Middle Initial)<br><b>NATIONAL ASSOCIATION OF PLUMBING-HEATING-COOLING CONTRACTORS PAC AKA PHCC-PAC</b>                              |             |
| Mailing Address 180 S WASHINGTON ST<br>STE 100                                                                                                               |             |
| City<br>FALLS CHURCH                                                                                                                                         | State<br>VA |
| Zip Code<br>22046-2900                                                                                                                                       |             |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00157875                                                                             |             |
| Name of Employer                                                                                                                                             | Occupation  |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ GENERAL DEBT |             |
| Election Cycle-to-Date ▼<br>1000.00                                                                                                                          |             |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 14  |   | 2023    |

Transaction ID : ADA67374AA2DF48D08F7

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
DEBT RETIREMENT**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

|         |
|---------|
| 3000.00 |
|---------|

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 72

|                              |                              |                                         |                              |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| 12                           | 13a                          | 13b                                     | 14                           |
|                              |                              |                                         | 15                           |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PARSONS CORPORATION PAC**

Mailing Address 100 W WALNUT ST  
# T-1110

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>PASADENA | State<br>CA | Zip Code<br>91124-0001 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00103549

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2023          |

Transaction ID : A0885A5E0C9FF4421971

Amount of Each Receipt this Period

|         |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**GOPAC ELECTION FUND**

Mailing Address 1201 WILSON BLVD  
STE 2110

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>ARLINGTON | State<br>VA | Zip Code<br>22209-2337 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00559740

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 02 / 09 / 2023          |

Transaction ID : AD538BD296C0C4B0FB0B

Amount of Each Receipt this Period

|         |
|---------|
| 5000.00 |
|---------|

☐ Memo Item

IN-KIND:EVENT CATERING EXPENSE

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
|-------------------------|

Amount of Each Receipt this Period

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|--|
|  |
|--|

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

|          |
|----------|
| 6000.00  |
| 14500.00 |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 72

|                              |                              |                              |                                         |                             |
|------------------------------|------------------------------|------------------------------|-----------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                          | 14                                      |                             |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                 |             |                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>MILLS, CORY, , ,</b>                                                                    |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 31 / 2023 |  |
| Mailing Address 501 N. ORLANDO AVENUE<br>SUITE 313 PMB 288                                                                                      |             |                                      | Transaction ID : A481F24D7560948A88C1                      |  |
| City<br>WINTER PARK                                                                                                                             | State<br>FL | Zip Code<br>32789-7310               | Amount of Each Receipt this Period<br>29668.00             |  |
| FEC ID number of contributing federal political committee.<br>C H2FL07156                                                                       |             | Memo Item<br>IN-KIND: AIR TRAVEL     |                                                            |  |
| Name of Employer<br>US HOUSE OF REPRESENTATIVES                                                                                                 |             | Occupation<br>CONGRESSMAN            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>79668.00 |                                                            |  |
| Full Name (Last, First, Middle Initial)                                                                                                         |             |                                      | Date of Receipt                                            |  |
| <b>B.</b> Mailing Address                                                                                                                       |             |                                      | M M / D D / Y Y Y Y Y                                      |  |
| City                                                                                                                                            | State       | Zip Code                             | Amount of Each Receipt this Period                         |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                           |                                                            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date ▼             |                                                            |  |
| Full Name (Last, First, Middle Initial)                                                                                                         |             |                                      | Date of Receipt                                            |  |
| <b>C.</b> Mailing Address                                                                                                                       |             |                                      | M M / D D / Y Y Y Y Y                                      |  |
| City                                                                                                                                            | State       | Zip Code                             | Amount of Each Receipt this Period                         |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                           |                                                            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date ▼             |                                                            |  |
| SUBTOTAL of Receipts This Page (optional)..... ▶                                                                                                |             |                                      | 29668.00                                                   |  |
| TOTAL This Period (last page this line number only)..... ▶                                                                                      |             |                                      | 29668.00                                                   |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                 |             |                                                        |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>THE MILLS VICTORY FUND</b>                                                              |             |                                                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 31 / 2023 |  |
| Mailing Address 228 S WASHINGTON ST<br>STE 115                                                                                                  |             |                                                        | Transaction ID : AD0F050C50CE34FEAAF1                      |  |
| City<br>ALEXANDRIA                                                                                                                              | State<br>VA | Zip Code<br>22314-5404                                 | Amount of Each Receipt this Period<br>7453.93              |  |
| FEC ID number of contributing federal political committee.<br>C C00824698                                                                       |             | Memo Item<br>JFC NET PROCEEDS DISTRIBUTION - SEE MEMOS |                                                            |  |
| Name of Employer<br>Occupation                                                                                                                  |             | Election Cycle-to-Date<br>26266.23                     |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                        |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>HUIZENGA, H., WAYNE, , JR.</b>                                                          |             |                                                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 31 / 2023 |  |
| Mailing Address 290 NORTH OLIVE AVENUE<br>1001                                                                                                  |             |                                                        | Transaction ID : AD44D4E87AF524FD9885                      |  |
| City<br>WEST PALM BEACH                                                                                                                         | State<br>FL | Zip Code<br>33401-5586                                 | Amount of Each Receipt this Period<br>3300.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>MILLS VICTORY MEMO                        |                                                            |  |
| Name of Employer<br>HUIZENGA HOLDINGS<br>Occupation<br>PRESIDENT                                                                                |             | Election Cycle-to-Date<br>6600.00                      |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                        |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>MARINE, ULRICH, , ,</b>                                                                 |             |                                                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 31 / 2023 |  |
| Mailing Address 119 WHITECAPS CIR                                                                                                               |             |                                                        | Transaction ID : A2BCB1D4526844F4A82D                      |  |
| City<br>MAITLAND                                                                                                                                | State<br>FL | Zip Code<br>32751-5851                                 | Amount of Each Receipt this Period<br>1700.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>MILLS VICTORY MEMO                        |                                                            |  |
| Name of Employer<br>SUTHERLIN AUTOMOTIVE<br>Occupation<br>CAR DEALER                                                                            |             | Election Cycle-to-Date<br>5000.00                      |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                        |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                        | 7453.93                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                        |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**HALL, JOHN, , ,****A.** Mailing Address 739 ANTONETTE AVE

City

WINTER PARK

State

FL

Zip Code

32789-5007

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

Transaction ID : AE29FFA4AD08F4912BF8

Amount of Each Receipt this Period

1700.00

☒ Memo Item

MILLS VICTORY MEMO

Full Name (Last, First, Middle Initial)

**B. GUZMAN-TRUMP, FAUSTINA, , ,**

Mailing Address 2665 N ATLANTIC AVE

City

DAYTONA BEACH

State

FL

Zip Code

32118-3205

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

REDELVA LLC

Occupation

PARTNER

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

Transaction ID : AF9EEDD6A2BE040658F5

Amount of Each Receipt this Period

1700.00

☒ Memo Item

MILLS VICTORY MEMO/REDELVA ATTRIBUTION

Full Name (Last, First, Middle Initial)

**C. REDELVA, LLC**

Mailing Address 2665 N ATLANTIC AVE

City

DAYTONA BEACH

State

FL

Zip Code

32118-3205

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

Transaction ID : A9B8E0248427943A9955

Amount of Each Receipt this Period

1700.00

☒ Memo ItemMILLS VICTORY MEMO/PERMISSIBLE FUNDS- SEE  
ATTRIBUTION BELOW**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

|                                                                                                                                                 |             |                                                        |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>THE MILLS VICTORY FUND</b>                                                              |             |                                                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 31 / 2023 |  |
| Mailing Address 228 S WASHINGTON ST<br>STE 115                                                                                                  |             |                                                        | Transaction ID : A664095EB27C841849F0                      |  |
| City<br>ALEXANDRIA                                                                                                                              | State<br>VA | Zip Code<br>22314-5404                                 | Amount of Each Receipt this Period<br>18812.30             |  |
| FEC ID number of contributing federal political committee.<br>C C00824698                                                                       |             | Memo Item<br>JFC NET PROCEEDS DISTRIBUTION - SEE MEMOS |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                             |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>26266.23                   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>HOFMAN, RENE, , ,</b>                                                                   |             |                                                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 31 / 2023 |  |
| Mailing Address 10267 HART BRANCH CIR                                                                                                           |             |                                                        | Transaction ID : A118C236E3E634F6A9A0                      |  |
| City<br>ORLANDO                                                                                                                                 | State<br>FL | Zip Code<br>32832-5913                                 | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>MILLS VICTORY MEMO                        |                                                            |  |
| Name of Employer<br>SELF EMPLOYED                                                                                                               |             | Occupation<br>REAL ESTATE                              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00                    |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>HUIZENGA, H., WAYNE, , JR.</b>                                                          |             |                                                        | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 31 / 2023 |  |
| Mailing Address 290 NORTH OLIVE AVENUE<br>1001                                                                                                  |             |                                                        | Transaction ID : ACF3EB265D075453BAEA                      |  |
| City<br>WEST PALM BEACH                                                                                                                         | State<br>FL | Zip Code<br>33401-5586                                 | Amount of Each Receipt this Period<br>3300.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>MILLS VICTORY MEMO                        |                                                            |  |
| Name of Employer<br>HUIZENGA HOLDINGS                                                                                                           |             | Occupation<br>PRESIDENT                                |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>6600.00                    |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                        | 18812.30                                                   |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                        |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 72

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)

CORY MILLS FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
**BARMAR, BABAK, , ,**

Mailing Address 40811 CANONGATE DR

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>LEESBURG | State<br>VA | Zip Code<br>20175-7067 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                                             |                      |
|---------------------------------------------|----------------------|
| Name of Employer<br>KIDNEY SPECIALISTS PLLC | Occupation<br>DOCTOR |
|---------------------------------------------|----------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2023          |

Transaction ID : A545A0098055C4A53AD9

Amount of Each Receipt this Period

|         |
|---------|
| 3000.00 |
|---------|

☒ Memo Item

MILLS VICTORY MEMO

**B.** Full Name (Last, First, Middle Initial)  
**MARINE, ULRICH, , ,**

Mailing Address 119 WHITECAPS CIR

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>MAITLAND | State<br>FL | Zip Code<br>32751-5851 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                                          |                          |
|------------------------------------------|--------------------------|
| Name of Employer<br>SUTHERLIN AUTOMOTIVE | Occupation<br>CAR DEALER |
|------------------------------------------|--------------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2023          |

Transaction ID : A5386670AD4FC4EA4AA8

Amount of Each Receipt this Period

|         |
|---------|
| 3300.00 |
|---------|

☒ Memo Item

MILLS VICTORY MEMO

**C.** Full Name (Last, First, Middle Initial)  
**HALL, JOHN, , ,**

Mailing Address 739 ANTONETTE AVE

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>WINTER PARK | State<br>FL | Zip Code<br>32789-5007 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 03 / 31 / 2023          |

Transaction ID : AEADD753AE8734F6B8E3

Amount of Each Receipt this Period

|         |
|---------|
| 3300.00 |
|---------|

☒ Memo Item

MILLS VICTORY MEMO

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

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| 0.00 |
|------|

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 72

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                 |             |                                                     |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>KHORRAM, HOSSEIN, , ,</b>                                                               |             |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 31 / 2023 |  |
| Mailing Address 2310 88TH AVE NE                                                                                                                |             |                                                     | Transaction ID : A95B475E3605D4F8EB3E                      |  |
| City<br>CLYDE HILL                                                                                                                              | State<br>WA | Zip Code<br>98004-2403                              | Amount of Each Receipt this Period<br>3000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>MILLS VICTORY MEMO                     |                                                            |  |
| Name of Employer<br>MILANO APARTMENTS & TOWNHOMES                                                                                               |             | Occupation<br>PROPERTY DEVELOPER                    |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>3000.00                   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>GUZMAN-TRUMP, FAUSTINA, , ,</b>                                                         |             |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 31 / 2023 |  |
| Mailing Address 2665 N ATLANTIC AVE                                                                                                             |             |                                                     | Transaction ID : A9714E0CAEEA04DD289D                      |  |
| City<br>DAYTONA BEACH                                                                                                                           | State<br>FL | Zip Code<br>32118-3205                              | Amount of Each Receipt this Period<br>3300.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>MILLS VICTORY MEMO/REDELVA ATTRIBUTION |                                                            |  |
| Name of Employer<br>REDELVA LLC                                                                                                                 |             | Occupation<br>PARTNER                               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>5000.00                   |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>SARABASA, ALBERT, , ,</b>                                                               |             |                                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 31 / 2023 |  |
| Mailing Address 321 GEORGIA AVE                                                                                                                 |             |                                                     | Transaction ID : AAFDECFB499E943228B0                      |  |
| City<br>LONGWOOD                                                                                                                                | State<br>FL | Zip Code<br>32750-4315                              | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>MILLS VICTORY MEMO                     |                                                            |  |
| Name of Employer<br>D&A BUILDING SERVICES, INC.                                                                                                 |             | Occupation<br>OWNER-BUILDING MAINTENANCE SVC        |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>1000.00                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                     | 0.00                                                       |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                     |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)

CORY MILLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

REDELVA, LLC

A. Mailing Address 2665 N ATLANTIC AVE

City  
DAYTONA BEACHState  
FLZip Code  
32118-3205FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2023

Transaction ID : A5514E0F4665C4C27B0E

Amount of Each Receipt this Period

3300.00

☒ Memo ItemMILLS VICTORY MEMO/PERMISSIBLE FUNDS- SEE  
ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

0.00

26266.23

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 72

|                              |                                         |                              |                              |                             |
|------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b            | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12  | <input checked="" type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                 |             |                                      |                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------|-------------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>MILLS, CORY, , ,</b>                                                                    |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br><b>03 / 13 / 2023</b> |  |
| Mailing Address 501 N. ORLANDO AVENUE<br>SUITE 313 PMB 288                                                                                      |             |                                      | Transaction ID : AAA8FA3E9365A452EA6B                             |  |
| City<br>WINTER PARK                                                                                                                             | State<br>FL | Zip Code<br>32789-7310               | Amount of Each Receipt this Period<br>50000.00                    |  |
| FEC ID number of contributing federal political committee.<br><b>C</b> H2FL07156                                                                |             | Memo Item<br>LOAN                    |                                                                   |  |
| Name of Employer<br>US HOUSE OF REPRESENTATIVES                                                                                                 |             | Occupation<br>CONGRESSMAN            |                                                                   |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>50000.00 |                                                                   |  |
| Full Name (Last, First, Middle Initial)                                                                                                         |             |                                      | Date of Receipt                                                   |  |
| <b>B.</b> Mailing Address                                                                                                                       |             |                                      | M M / D D / Y Y Y Y Y                                             |  |
| City                                                                                                                                            | State       | Zip Code                             | Amount of Each Receipt this Period                                |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                          |             | Memo Item                            |                                                                   |  |
| Name of Employer                                                                                                                                |             | Occupation                           |                                                                   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date ▼             |                                                                   |  |
| Full Name (Last, First, Middle Initial)                                                                                                         |             |                                      | Date of Receipt                                                   |  |
| <b>C.</b> Mailing Address                                                                                                                       |             |                                      | M M / D D / Y Y Y Y Y                                             |  |
| City                                                                                                                                            | State       | Zip Code                             | Amount of Each Receipt this Period                                |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                          |             | Memo Item                            |                                                                   |  |
| Name of Employer                                                                                                                                |             | Occupation                           |                                                                   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date ▼             |                                                                   |  |
| SUBTOTAL of Receipts This Page (optional)..... ▶                                                                                                |             |                                      | 50000.00                                                          |  |
| TOTAL This Period (last page this line number only)..... ▶                                                                                      |             |                                      | 50000.00                                                          |  |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                                         |                             |
|------------------------------|------------------------------|------------------------------|-----------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                          | 14                                      |                             |

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NAME OF COMMITTEE (In Full)  
**CORY MILLS FOR CONGRESS**

|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---|---|---|---|---------|---|---|---|---|---|---------|---|---|--|---|---|--|---|---|---|---------|---------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>COURSON, HILLARY, , ,</b>                                                               |             |                        | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td> <td>0</td><td>1</td><td></td> <td>2</td><td>0</td><td>2</td><td>3</td> </tr> </table>     |                                                                   |   | M | M | / | D       | D | / | Y | Y | Y | Y       | 0 | 1 |  | 0 | 1 |  | 2 | 0 | 2 | 3       |         |
| M                                                                                                                                               | M           | /                      | D                                                                                                                                                                                                                                                                                    | D                                                                 | / | Y | Y | Y | Y       |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| 0                                                                                                                                               | 1           |                        | 0                                                                                                                                                                                                                                                                                    | 1                                                                 |   | 2 | 0 | 2 | 3       |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| Mailing Address 600 SWEETWATER CLUB CIR                                                                                                         |             |                        | <b>Transaction ID : A215CF03B317840F9B2E</b>                                                                                                                                                                                                                                         |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| City<br>LONGWOOD                                                                                                                                | State<br>FL | Zip Code<br>32779-2133 | Amount of Each Receipt this Period<br><table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>2409.83</td> </tr> </table> |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   | 2409.83 |         |
|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   | 2409.83 |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| FEC ID number of contributing federal political committee.<br><table border="1"> <tr> <td>C</td> </tr> </table>                                 |             | C                      | Election Cycle-to-Date ▼<br><table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>2409.83</td> </tr> </table>           |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         | 2409.83 |
| C                                                                                                                                               |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   | 2409.83 |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| Name of Employer                                                                                                                                |             | Occupation             |                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Memo Item<br>9/9/22 CHECK NEVER CASHED   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| Receipt For: 2022<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>SUGAR GROVE</b>                                                                         |             |                        | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td> <td>0</td><td>1</td><td></td> <td>2</td><td>0</td><td>2</td><td>3</td> </tr> </table>     |                                                                   |   | M | M | / | D       | D | / | Y | Y | Y | Y       | 0 | 1 |  | 0 | 1 |  | 2 | 0 | 2 | 3       |         |
| M                                                                                                                                               | M           | /                      | D                                                                                                                                                                                                                                                                                    | D                                                                 | / | Y | Y | Y | Y       |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| 0                                                                                                                                               | 1           |                        | 0                                                                                                                                                                                                                                                                                    | 1                                                                 |   | 2 | 0 | 2 | 3       |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| Mailing Address 4810 STAHL CT                                                                                                                   |             |                        | <b>Transaction ID : AF5559F017F6B4549840</b>                                                                                                                                                                                                                                         |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| City<br>ORLANDO                                                                                                                                 | State<br>FL | Zip Code<br>32817-3105 | Amount of Each Receipt this Period<br><table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1123.50</td> </tr> </table> |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   | 1123.50 |         |
|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   | 1123.50 |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| FEC ID number of contributing federal political committee.<br><table border="1"> <tr> <td>C</td> </tr> </table>                                 |             | C                      | Election Cycle-to-Date ▼<br><table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1123.50</td> </tr> </table>           |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         | 1123.50 |
| C                                                                                                                                               |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   | 1123.50 |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| Name of Employer                                                                                                                                |             | Occupation             |                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Memo Item<br>10/14/22 CHECK NEVER CASHED |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| Receipt For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>GUSTO</b>                                                                               |             |                        | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td> <td>0</td><td>7</td><td></td> <td>2</td><td>0</td><td>2</td><td>3</td> </tr> </table>     |                                                                   |   | M | M | / | D       | D | / | Y | Y | Y | Y       | 0 | 3 |  | 0 | 7 |  | 2 | 0 | 2 | 3       |         |
| M                                                                                                                                               | M           | /                      | D                                                                                                                                                                                                                                                                                    | D                                                                 | / | Y | Y | Y | Y       |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| 0                                                                                                                                               | 3           |                        | 0                                                                                                                                                                                                                                                                                    | 7                                                                 |   | 2 | 0 | 2 | 3       |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| Mailing Address 500 3RD STREET<br>SUITE 405                                                                                                     |             |                        | <b>Transaction ID : A68C402EDE65842ECB87</b>                                                                                                                                                                                                                                         |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| City<br>SAN FRANCISCO                                                                                                                           | State<br>CA | Zip Code<br>94107-1889 | Amount of Each Receipt this Period<br><table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>607.66</td> </tr> </table>  |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   | 607.66  |         |
|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   | 607.66  |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| FEC ID number of contributing federal political committee.<br><table border="1"> <tr> <td>C</td> </tr> </table>                                 |             | C                      | Election Cycle-to-Date ▼<br><table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>607.66</td> </tr> </table>            |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         | 607.66  |
| C                                                                                                                                               |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   | 607.66  |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| Name of Employer                                                                                                                                |             | Occupation             |                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Memo Item<br>PAYROLL TAXES               |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   |         |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                        | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>4140.99</td> </tr> </table>                                                                                                                                             |                                                                   |   |   |   |   |         |   |   |   |   |   | 4140.99 |   |   |  |   |   |  |   |   |   |         |         |
|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   | 4140.99 |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                        | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>4140.99</td> </tr> </table>                                                                                                                                             |                                                                   |   |   |   |   |         |   |   |   |   |   | 4140.99 |   |   |  |   |   |  |   |   |   |         |         |
|                                                                                                                                                 |             |                        |                                                                                                                                                                                                                                                                                      |                                                                   |   |   |   |   | 4140.99 |   |   |   |   |   |         |   |   |  |   |   |  |   |   |   |         |         |

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 72

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

CORY MILLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. GOPAC ELECTION FUND**Mailing Address 1201 WILSON BLVD  
STE 2110City  
ARLINGTONState  
VAZip Code  
22209-2337Purpose of Disbursement  
IN-KIND:EVENT CATERING EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 9 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : BD538BD296C0C4B0FB0B

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GUSTO**Mailing Address 500 3RD STREET  
SUITE 405City  
SAN FRANCISCOState  
CAZip Code  
94107-1889Purpose of Disbursement  
PAYROLL SERVICE FEE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : B6C9D054BF57343F2923

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HSP DIRECT LLC**Mailing Address 20130 LAKEVIEW CENTER PLZ  
STE 300City  
ASHBURNState  
VAZip Code  
20147-5905Purpose of Disbursement  
DIRECT MAIL MANAGEMENT FEE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

743.00

Transaction ID : BDF1A213BD0A744D8A2B

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5843.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 72

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

CORY MILLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ONPOINT DATA STRATEGY LLC**Mailing Address 20130 LAKEVIEW CENTER PLZ  
STE 300City  
ASHBURNState  
VAZip Code  
20147-5905Purpose of Disbursement  
MAIL LIST PROCESSING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

472.43

Transaction ID : B16677B04AC174975821

☐ Memo Item**B. DONORBUREAU**

Mailing Address 1900 N CULPEPER ST

City  
ARLINGTONState  
VAZip Code  
22207-2003Purpose of Disbursement  
STATISTICAL MODELING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

429.61

Transaction ID : BAEC613FB3B6F4CB7ABC

☐ Memo Item**C. CAMPAIGN FINANCIAL SERVICES**

Mailing Address PO BOX 30844

City  
BETHESDAState  
MDZip Code  
20824-0844Purpose of Disbursement  
FEC COMPLIANCE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 9 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1800.00

Transaction ID : BF6A531BAE5BF49F9BDD

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2702.04

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 72

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. POLLACK, DAVID, , ,**

Mailing Address 411 VALENCIA CIR

City  
OVIEDOState  
FLZip Code  
32765-9535Purpose of Disbursement  
EXPENSE REIMBURSEMENT: ITEMIZATION NOT REQUIRED

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

132.13

Transaction ID : B2A107F0F26314BE681B

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. POLLACK, DAVID, , ,**

Mailing Address 411 VALENCIA CIR

City  
OVIEDOState  
FLZip Code  
32765-9535Purpose of Disbursement  
GRASSROOTS CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : BC0F5D813D122452EB2A

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ONPOINT DATA STRATEGY LLC**Mailing Address 20130 LAKEVIEW CENTER PLZ  
STE 300City  
ASHBURNState  
VAZip Code  
20147-5905Purpose of Disbursement  
MAIL LIST PROCESSING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 9 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : B84546D628289499ABEF

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3732.13

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 72

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DIRECT MAIL PROCESSORS**

Mailing Address 1150 CONRAD CT

City  
HAGERSTOWNState  
MDZip Code  
21740-5905Purpose of Disbursement  
DIRECT MAIL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 01  | 19  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1023.75

Transaction ID : B2C102010BD6940ECA8A

☐ Memo Item**B. INTEGRAM**

Mailing Address 22695 COMMERCE CENTER CT

City  
STERLINGState  
VAZip Code  
20166-2088Purpose of Disbursement  
DIRECT MAIL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 01  | 23  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2923.10

Transaction ID : B1707663BE29D46BFA86

☐ Memo Item**C. INTEGRAM**

Mailing Address 22695 COMMERCE CENTER CT

City  
STERLINGState  
VAZip Code  
20166-2088Purpose of Disbursement  
DIRECT MAIL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02  | 02  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2841.19

Transaction ID : B3A5BAA7F3EC14853BC1

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6788.04

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                               |                             |                              |                              |
|-----------------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                           | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

CORY MILLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ONPOINT DATA STRATEGY LLC**Mailing Address 20130 LAKEVIEW CENTER PLZ  
STE 300City  
ASHBURNState  
VAZip Code  
20147-5905Purpose of Disbursement  
MAIL LIST PROCESSING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

298.15

Transaction ID : BB78C3AB81D444BC38F3

☐ Memo Item**B. GUSTO**Mailing Address 500 3RD STREET  
SUITE 405City  
SAN FRANCISCOState  
CAZip Code  
94107-1889Purpose of Disbursement  
PAYROLL SERVICE FEE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 9 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : B86C74CBF7B1746F086F

☐ Memo Item**C. FULFILLMENT SOLUTIONS INC.**Mailing Address 44970 FALCON PL  
SUITE 400City  
STERLINGState  
VAZip Code  
20166-9537Purpose of Disbursement  
DIRECT MAIL EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B25A764DC0CCC40818CD

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1898.15

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 72

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FULFILLMENT SOLUTIONS INC.**Mailing Address 44970 FALCON PL  
SUITE 400City  
STERLINGState  
VAZip Code  
20166-9537Purpose of Disbursement  
DIRECT MAIL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02  | 22  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

872.31

Transaction ID : BC5F76B167CD84DD2B91

☐ Memo Item**B. GUSTO**Mailing Address 500 3RD STREET  
SUITE 405City  
SAN FRANCISCOState  
CAZip Code  
94107-1889Purpose of Disbursement  
PAYROLL SERVICE FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03  | 01  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

94.00

Transaction ID : B622B6208A5CD49E7826

☐ Memo Item**C. DIRECT MAIL FUNDRAISING, LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147-5905Purpose of Disbursement  
DIRECT MAIL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03  | 02  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2655.86

Transaction ID : B176021FD09C447EBB25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3622.17

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 72

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MIDDLETOWN VALLEY BANK**

Mailing Address 1101 PROFESSIONAL CT

City  
HAGERSTOWNState  
MDZip Code  
21740-5853Purpose of Disbursement  
BANK SERVICE CHARGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 06  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

43.24

Transaction ID : B2DF5D21B7E974D64BF1

☐ Memo Item**B. FLORIDA DEPARTMENT OF REVENUE**Mailing Address 921 N DAVIS ST  
A250City  
JACKSONVILLEState  
FLZip Code  
32209-6804Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 08  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

663.18

Transaction ID : B232B5452CE8E4B6B8D1

☐ Memo Item**C. FMM CONSULTING GROUP**

Mailing Address 3329 7TH ST SE

City  
WASHINGTONState  
DCZip Code  
20032-4212Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 09  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

6500.00

Transaction ID : BDCC0A6204FBA4864B16

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7206.42

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 72

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DIRECT MAIL FUNDRAISING, LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147-5905Purpose of Disbursement  
DIRECT MAIL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 09  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2196.16

Transaction ID : B96AFA94D4F7D4DA093B

☐ Memo Item**B. FMM CONSULTING GROUP**

Mailing Address 3329 7TH ST SE

City  
WASHINGTONState  
DCZip Code  
20032-4212Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 13  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

7500.00

Transaction ID : B654B3E30D1EB49BC840

☐ Memo Item**C. GULF STATE STRATEGIES**

Mailing Address 2107 E. DELVIEW DR.

City  
TALLAHASSEEState  
FLZip Code  
32303-4866Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 13  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

9202.00

Transaction ID : BD819292476944B5AB6B

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

18898.16

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 72

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

CORY MILLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. FMM CONSULTING GROUP**

Mailing Address 3329 7TH ST SE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 13  |   | 2023    |

City  
WASHINGTONState  
DCZip Code  
20032-4212

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

7500.00

Transaction ID : B47F4DE62BE684B6CA8E

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. FMM CONSULTING GROUP**

Mailing Address 3329 7TH ST SE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 13  |   | 2023    |

City  
WASHINGTONState  
DCZip Code  
20032-4212

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : B2B951FFFAB54464E9D7

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. DIRECT MAIL FUNDRAISING, LLC**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2023    |

City  
ASHBURNState  
VAZip Code  
20147-5905

FEC Identification Number

C

Purpose of Disbursement  
DIRECT MAIL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : BFC2E1650781B4235B7D

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

11000.00

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 72

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

CORY MILLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. DIRECT MAIL PROCESSORS**

Mailing Address 1150 CONRAD CT

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 23  |   | 2023    |

City  
HAGERSTOWNState  
MDZip Code  
21740-5905

FEC Identification Number

C

Purpose of Disbursement  
DIRECT MAIL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

329.50

Transaction ID : B4A292EBAB2884FC69BA

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES**Mailing Address 1776 WILSON BLVD  
SUITE 530

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22209

FEC Identification Number

C

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

34.40

Transaction ID : BB08F893FF9064DAF810

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. AGUSTIN, DERICK, , ,**

Mailing Address 973 WILMA AVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 13  |   | 2023    |

City  
WINTER PARKState  
FLZip Code  
32789-2311

FEC Identification Number

C

Purpose of Disbursement  
EXPENSE REIMBURSEMENT: SEE ITEMIZATION BELOW

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5935.35

Transaction ID : B91ECD74532A34174B04

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

6299.25

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 72

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AMTRAK**

Mailing Address 400 NORTH CAPITOL ST NW

City  
WASHINGTONState  
DCZip Code  
20001-1511Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 13  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

3054.00

Transaction ID : BEA5EBBDE3E0D4B258FF

☒ Memo Item**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103-1331Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 13  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1181.12

Transaction ID : BD07F58F98FC44B218EB

☒ Memo Item**C. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR

City  
MCLEANState  
VAZip Code  
22102-3388Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 13  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

984.41

Transaction ID : B0CDB5BFD0E394D18957

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 72

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

CORY MILLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. THREE MONKEY'S**

Mailing Address 9329 MAIN ST

City  
FAIRFAXState  
VAZip Code  
22032Purpose of Disbursement  
CATERING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 13  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

578.76

Transaction ID : BEAEAE16627E94237A2B

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MILLS, CORY, , ,**Mailing Address 501 N. ORLANDO AVENUE  
SUITE 313 PMB 288City  
WINTER PARKState  
FLZip Code  
32789-7310Purpose of Disbursement  
IN-KIND: AIR TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

29668.00

Transaction ID : B7CFF740604E140ADB88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LUXURY AIRCRAFT LLC**

Mailing Address 90 ARRIVAL AVE

City  
RONKONKOMAState  
NYZip Code  
11779-7361Purpose of Disbursement  
AIR TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

29668.00

Transaction ID : B8AD7A9E12433452F8AD

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

29668.00

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 72

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AGUSTIN, DERICK, , ,**

Mailing Address 973 WILMA AVE

City  
WINTER PARKState  
FLZip Code  
32789-2311Purpose of Disbursement  
EXPENSE REIMBURSEMENT: SEE ITEMIZATION BELOW

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03  | 15  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

5161.29

Transaction ID : BD4D9B63811B547FC89F

☐ Memo Item**B. RITZ CARLTON**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDAState  
MDZip Code  
20817-1102Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03  | 15  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1454.59

Transaction ID : B112B89BEB9554597B5A

☒ Memo Item**C. JET BLUE**

Mailing Address 27-01 QUEENS PLAZA N

City  
LONG ISLAND CITYState  
NYZip Code  
11101-4020Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03  | 15  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

624.30

Transaction ID : B65844A0A231C453C9B5

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5161.29

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 72

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

CORY MILLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. FOUNTAINBLEAU HOTEL**

Mailing Address 4441 COLLINS AVE

City  
MIAMI BEACHState  
FLZip Code  
33140-3227Purpose of Disbursement  
MEETINGS/MEALS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 15  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

202.56

Transaction ID : B522EAE43956F476297B

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103-1331Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 15  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1818.63

Transaction ID : BAC38C48E074E4FDB8B4

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA AIR LINES**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354-1989Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 15  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1061.21

Transaction ID : B3CED9EAF4E5402E964

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 72

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AGUSTIN, DERICK, , ,**

Mailing Address 973 WILMA AVE

City  
WINTER PARKState  
FLZip Code  
32789-2311Purpose of Disbursement  
EXPENSE REIMBURSEMENT: SEE ITEMIZATION BELOW

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02  | 14  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

6899.92

Transaction ID : B038664F040D94A32BAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HARD ROCK HOTEL**

Mailing Address 918 N ATLANTIC AVE

City  
DAYTONA BEACHState  
FLZip Code  
32118-3718Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02  | 14  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

351.83

Transaction ID : B918CF868AB66468386A

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. HAMILTON**

Mailing Address 1001 14TH ST NW

City  
WASHINGTONState  
DCZip Code  
20005-3402Purpose of Disbursement  
MEETINGS/MEALS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02  | 14  | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

355.56

Transaction ID : B4B6E95B4E2D34869BE0

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6899.92

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 72

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

CORY MILLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. KIMPTON HOTEL**Mailing Address 222 KEARNY ST  
STE 200City  
SAN FRANCISCOState  
CAZip Code  
94108-4537Purpose of Disbursement  
LODGING

001

Category/  
Type

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

601.94

Transaction ID : B66059660EB6A40F7B52

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103-1331Purpose of Disbursement  
TRAVEL EXPENSECategory/  
Type

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2051.01

Transaction ID : B0B5643F4843E4D0F99E

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AC HOTEL**

Mailing Address 867 NEW JERSEY AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-3385Purpose of Disbursement  
LODGINGCategory/  
Type

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

830.74

Transaction ID : BFCBD393ABC2040D3975

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 72

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR

City  
CHICAGOState  
ILZip Code  
60606-7147Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 14  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1823.70

Transaction ID : B7ADEB6D4B147400CA8C

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AGUSTIN, DERICK, , ,**

Mailing Address 973 WILMA AVE

City  
WINTER PARKState  
FLZip Code  
32789-2311Purpose of Disbursement  
EXPENSE REIMBURSEMENT: SEE ITEMIZATION BELOW

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 15  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1463.35

Transaction ID : B5B464CAE51E849C3B42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOTELS.COM**Mailing Address 5400 LYNDON B JOHNSON FWY  
STE 500City  
DALLASState  
TXZip Code  
75240-1019Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 15  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

680.96

Transaction ID : B33188A34D02640A6982

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1463.35

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 72

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

CORY MILLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103-1331Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

678.73

Transaction ID : B24BF0A7F818046EEABC

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

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).....▶

0.00

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

111181.92

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 46 OF 72

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C02278F7C75B8495BB61

CORY MILLS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

MILLS, CORY, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
501 N. ORLANDO AVENUE  
SUITE 313 PMB 288

City

State

ZIP Code

WINTER PARK

FL

32789-7310

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

150000.00

0.00

150000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 12<sup>M</sup>/ D 31<sup>D</sup>

/ Y 2021 Y

M M

/ D D

/ Y NONE Y

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).....▶

150000.00

**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

PAGE 47 OF 72

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C076546E2BA9D4948840

**CORY MILLS FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

MILLS, CORY, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
501 N. ORLANDO AVENUE  
SUITE 313 PMB 288

City

State

ZIP Code

WINTER PARK

FL

32789-7310

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

290000.00

0.00

290000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 09 M

/ D 30 D

/ Y 2021 Y

M M

/ D D

/ Y NONE Y

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).....▶

290000.00

**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

PAGE 48 OF 72

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C362D88A3AC9447AF95F

CORY MILLS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

MILLS, CORY, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
501 N. ORLANDO AVENUE  
SUITE 313 PMB 288

City

State

ZIP Code

WINTER PARK

FL

32789-7310

☒ 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:

M 06 M

D 08 D

Y 2021 Y

M M

D D

Y NONE Y

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).....▶

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

PAGE 49 OF 72

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C45A5BBADDF984413B6F

CORY MILLS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

MILLS, CORY, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
501 N. ORLANDO AVENUE  
SUITE 313 PMB 288

City

State

ZIP Code

WINTER PARK

FL

32789-7310

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

125000.00

0.00

125000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 07<sup>M</sup>D 27<sup>D</sup>

Y 2022 Y

M M

D D

Y NONE Y

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).....▶

125000.00

**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

PAGE 50 OF 72

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C4E78C67F11E54EA18C8

CORY MILLS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

MILLS, CORY, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
501 N. ORLANDO AVENUE  
SUITE 313 PMB 288

City

State

ZIP Code

WINTER PARK

FL

32789-7310

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

250000.00

0.00

250000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 08 M

D 12 D

Y 2022 Y

M M

D D

Y NONE Y

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).....▶

250000.00

**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

PAGE 51 OF 72

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C705BC35B73604FEC996

CORY MILLS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

MILLS, CORY, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
501 N. ORLANDO AVENUE  
SUITE 313 PMB 288

City

State

ZIP Code

WINTER PARK

FL

32789-7310

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500000.00

0.00

500000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 06 M

D 22 D

Y 2022 Y

M M

D D

Y NONE Y

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).....▶

500000.00

**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

PAGE 52 OF 72

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C775E50BA0169495AB7C

CORY MILLS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

MILLS, CORY, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
501 N. ORLANDO AVENUE  
SUITE 313 PMB 288

City

State

ZIP Code

WINTER PARK

FL

32789-7310

☒ 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

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 04 M

D 07 D

Y 2021 Y

M M

D D

Y NONE Y

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

PAGE 53 OF 72

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C8DC985C7E7694A6BB36

CORY MILLS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2022

MILLS, CORY, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
501 N. ORLANDO AVENUE  
SUITE 313 PMB 288

City

State

ZIP Code

WINTER PARK

FL

32789-7310

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

65000.00

0.00

65000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 08 M

D 18 D

Y 2022 Y

M M

D D

Y NONE Y

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).....▶

65000.00

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

PAGE 54 OF 72

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C906FE0350E894517B0B

CORY MILLS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

MILLS, CORY, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
501 N. ORLANDO AVENUE  
SUITE 313 PMB 288

City

State

ZIP Code

WINTER PARK

FL

32789-7310

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 03 M

/ D 31 D

/ Y 2022 Y

M M

/ D D

/ Y NONE Y

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).....▶

100000.00

**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

PAGE 55 OF 72

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CAA8FA3E9365A452EA6B

CORY MILLS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

MILLS, CORY, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
501 N. ORLANDO AVENUE  
SUITE 313 PMB 288

City

State

ZIP Code

WINTER PARK

FL

32789-7310

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 03 M

D 13 D

Y 2023 Y

M M

D D

Y NONE Y

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).....▶

50000.00

**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

PAGE 56 OF 72

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CAAC656F7D40240F1B73

CORY MILLS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

MILLS, CORY, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
501 N. ORLANDO AVENUE  
SUITE 313 PMB 288

City

State

ZIP Code

WINTER PARK

FL

32789-7310

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200000.00

0.00

200000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 06 M

D 30 D

Y 2021 Y

M M

D D

Y NONE Y

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).....▶

200000.00

**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

PAGE 57 OF 72

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CBE13CDC808824346908

CORY MILLS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

MILLS, CORY, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
501 N. ORLANDO AVENUE  
SUITE 313 PMB 288

City

State

ZIP Code

WINTER PARK

FL

32789-7310

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

17400.00

0.00

17400.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 03 M

D 31 D

Y 2022 Y

M M

D D

Y NONE Y

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).....▶

17400.00

**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

PAGE 58 OF 72

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CDA0A8B3CE22E4F4C902

CORY MILLS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

MILLS, CORY, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
501 N. ORLANDO AVENUE  
SUITE 313 PMB 288

City

State

ZIP Code

WINTER PARK

FL

32789-7310

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

125000.00

0.00

125000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 08 M

/ D 01 D

/ Y 2022 Y

M M

/ D D

/ Y NONE Y

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).....▶

125000.00

**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

PAGE 59 OF 72

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CFC5A47083D514A1FAD9

CORY MILLS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

MILLS, CORY, , ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
501 N. ORLANDO AVENUE  
SUITE 313 PMB 288

City

State

ZIP Code

WINTER PARK

FL

32789-7310

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 03 M

D 31 D

Y 2022 Y

M M

D D

Y NONE Y

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).....▶

25000.00

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

1898900.00

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)

PAGE 60 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

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

**RIGHT AIM MEDIA**

Nature of Debt (Purpose):

ADVERTISING

Mailing Address 730 S STERLING AVE

City

TAMPA

State

FL

Zip Code

33609-4542

Outstanding Balance Beginning This Period

34231.76

Transaction ID : D3081CAD335F44D1DBC4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

34231.76

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

**RIGHT AIM MEDIA**

Nature of Debt (Purpose):

ADVERTISING

Mailing Address 730 S STERLING AVE

City

TAMPA

State

FL

Zip Code

33609-4542

Outstanding Balance Beginning This Period

25841.02

Transaction ID : DE174F17F7B2A46A184C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25841.02

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

**RAPID LOOP CONSULTING, LLC**

Nature of Debt (Purpose):

STRATEGIC CAMPAIGN CONSULTING

Mailing Address 730 S STERLING AVE  
SUITE 106

City

TAMPA

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

20000.00

Transaction ID : DA8C28159E75448CCB1F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

1) **SUBTOTALS** This Period This Page (optional) .....

80072.78

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 61 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

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

**RAPID LOOP CONSULTING, LLC**

Nature of Debt (Purpose):

STRATEGIC CAMPAIGN CONSULTING

Mailing Address 730 S STERLING AVE  
SUITE 106City  
TAMPAState  
FLZip Code  
33609

Outstanding Balance Beginning This Period

27802.33

Transaction ID : DF76ADA140EBE4F5A979

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27802.33

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

**RAPID LOOP CONSULTING, LLC**

Nature of Debt (Purpose):

STRATEGIC CAMPAIGN CONSULTING

Mailing Address 730 S STERLING AVE  
SUITE 106City  
TAMPAState  
FLZip Code  
33609

Outstanding Balance Beginning This Period

25000.00

Transaction ID : D39D2324C20EA4E6D98F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25000.00

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

**RIGHT AIM MEDIA**

Nature of Debt (Purpose):

ADVERTISING

Mailing Address 730 S STERLING AVE

City  
TAMPAState  
FLZip Code  
33609-4542

Outstanding Balance Beginning This Period

21593.12

Transaction ID : D9FA50C476A7F430AA57

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21593.12

1) **SUBTOTALS** This Period This Page (optional) .....

74395.45

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 62 OF 72

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

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

**DICKINSON WRIGHT**

Nature of Debt (Purpose):

LEGAL CONSULTING

Mailing Address 1825 I ST NW

City

WASHINGTON

State

DC

Zip Code

20006-5403

Outstanding Balance Beginning This Period

1258.00

Transaction ID : D30D1446DB67A40D4A4D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1258.00

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

**RAPID LOOP CONSULTING, LLC**

Nature of Debt (Purpose):

STRATEGIC CAMPAIGN CONSULTING

Mailing Address 730 S STERLING AVE  
SUITE 106

City

TAMPA

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

5000.00

Transaction ID : D76B0F57539E0458199D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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

**CAMPAIGN INBOX LLC**

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 601 NEW JERSEY AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

Outstanding Balance Beginning This Period

3000.00

Transaction ID : D232214E0E5B1445D915

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional) .....

9258.00

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 63 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

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

**CFS COMPLIANCE**

Nature of Debt (Purpose):

COMPLIANCE CONSULTING

Mailing Address PO BOX 30844

City

BETHESDA

State

MD

Zip Code

20824

Outstanding Balance Beginning This Period

15.08

Transaction ID : D4A134830F93A4FC78CA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.08

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

**RAPID LOOP CONSULTING, LLC**

Nature of Debt (Purpose):

STRATEGIC CAMPAIGN CONSULTING

Mailing Address 730 S STERLING AVE  
SUITE 106

City

TAMPA

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

5000.00

Transaction ID : D4F6AEC2F2D4E4308844

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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

**DICKINSON WRIGHT**

Nature of Debt (Purpose):

LEGAL CONSULTING

Mailing Address 1825 I ST NW

City

WASHINGTON

State

DC

Zip Code

20006-5403

Outstanding Balance Beginning This Period

2646.00

Transaction ID : D80A2890BBB7744CF85D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2646.00

1) **SUBTOTALS** This Period This Page (optional) .....

7661.08

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 64 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

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

**CAMPAIGN INBOX LLC**

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 601 NEW JERSEY AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

Outstanding Balance Beginning This Period

3000.00

Transaction ID : DF01E340B4E84410597D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

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

**RAPID LOOP CONSULTING, LLC**

Nature of Debt (Purpose):

STRATEGIC CAMPAIGN CONSULTING

Mailing Address 730 S STERLING AVE  
SUITE 106

City

TAMPA

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

7485.89

Transaction ID : DAECABA69E62A4A85A7F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7485.89

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

**RIGHT AIM MEDIA**

Nature of Debt (Purpose):

ADVERTISING

Mailing Address 730 S STERLING AVE

City

TAMPA

State

FL

Zip Code

33609-4542

Outstanding Balance Beginning This Period

39182.07

Transaction ID : D865248B358254CF1BDE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

39182.07

1) **SUBTOTALS** This Period This Page (optional) .....

49667.96

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 65 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

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

**ARISTOTLE**Nature of Debt (Purpose):  
SOFTWARE SERVICE

Mailing Address PO BOX 716045

City

PHILADELPHIA

State

PA

Zip Code

19171-6045

Outstanding Balance Beginning This Period

2250.00

Transaction ID : D82321DD567154A5B93D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2250.00

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

**CAMPAIGN INBOX LLC**Nature of Debt (Purpose):  
FUNDRAISING CONSULTING

Mailing Address 601 NEW JERSEY AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

Outstanding Balance Beginning This Period

3000.00

Transaction ID : DDC5500A957954E058D3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

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

**X STRATEGIES LLC**Nature of Debt (Purpose):  
SOCIAL MEDIA CONSULTING

Mailing Address 499 EVERNIA ST. UNIT 603

City

WEST PALM BEACH

State

FL

Zip Code

33401

Outstanding Balance Beginning This Period

2500.00

Transaction ID : D1B819BEF748E47DEA19

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional) .....

7750.00

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 66 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

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

**CAMPAIGN INBOX LLC**

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 601 NEW JERSEY AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

Outstanding Balance Beginning This Period

3000.00

Transaction ID : D7C2E9ACA24554F488A7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

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

**CAMPAIGN INBOX LLC**

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 601 NEW JERSEY AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

Outstanding Balance Beginning This Period

3000.00

Transaction ID : D2BDAF96F7E5243979F8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

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

**CAMPAIGN INBOX LLC**

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 601 NEW JERSEY AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

Outstanding Balance Beginning This Period

3000.00

Transaction ID : DE99623E752264A89887

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional) .....

9000.00

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 67 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

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

**X STRATEGIES LLC**

Nature of Debt (Purpose):

SOCIAL MEDIA CONSULTING

Mailing Address 499 EVERNIA ST. UNIT 603

City

WEST PALM BEACH

State

FL

Zip Code

33401

Outstanding Balance Beginning This Period

4000.00

Transaction ID : D2AE99606D2E2459AA38

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

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

**SOMETHING ELSE STRATEGIES**

Nature of Debt (Purpose):

ADVERTISING

Mailing Address 212 GOLDEN WILLOW CT

City

EASLEY

State

SC

Zip Code

29642-8296

Outstanding Balance Beginning This Period

2000.00

Transaction ID : D3E3F2504198A4C948BF

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

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

**CFS COMPLIANCE**

Nature of Debt (Purpose):

COMPLIANCE CONSULTING

Mailing Address PO BOX 30844

City

BETHESDA

State

MD

Zip Code

20824

Outstanding Balance Beginning This Period

3055.05

Transaction ID : D7B0A4E2635C44332AEE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3055.05

1) **SUBTOTALS** This Period This Page (optional) .....

9055.05

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 68 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

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

**CAMPAIGN INBOX LLC**

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 601 NEW JERSEY AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

Outstanding Balance Beginning This Period

43.90

Transaction ID : D63BFC089781C45E0A28

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43.90

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

**DICKINSON WRIGHT**

Nature of Debt (Purpose):

LEGAL CONSULTING

Mailing Address 1825 I ST NW

City

WASHINGTON

State

DC

Zip Code

20006-5403

Outstanding Balance Beginning This Period

1706.50

Transaction ID : DD832A10E93A74DD1BA9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1706.50

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

**CAMPAIGN INBOX LLC**

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 601 NEW JERSEY AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

Outstanding Balance Beginning This Period

3045.05

Transaction ID : D96DAF9F8260D4E48925

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3045.05

1) **SUBTOTALS** This Period This Page (optional) .....

4795.45

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 69 OF 72

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

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

**CAMPAIGN INBOX LLC**

Nature of Debt (Purpose):

**FUNDRAISING CONSULTING**

Mailing Address 601 NEW JERSEY AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

Outstanding Balance Beginning This Period

41.90

Transaction ID : D209D79A918C94D8F85C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

41.90

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

**X STRATEGIES LLC**

Nature of Debt (Purpose):

**SOCIAL MEDIA CONSULTING**

Mailing Address 499 EVERNIA ST. UNIT 603

City

WEST PALM BEACH

State

FL

Zip Code

33401

Outstanding Balance Beginning This Period

10000.00

Transaction ID : D3700900D1AAD4DECA67

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

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

**X STRATEGIES LLC**

Nature of Debt (Purpose):

**SOCIAL MEDIA CONSULTING**

Mailing Address 499 EVERNIA ST. UNIT 603

City

WEST PALM BEACH

State

FL

Zip Code

33401

Outstanding Balance Beginning This Period

5000.00

Transaction ID : D0773CBE134BE4ACF95F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional) .....

15041.90

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 70 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

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

**RIGHT AIM MEDIA**

Nature of Debt (Purpose):

ADVERTISING

Mailing Address 730 S STERLING AVE

City

TAMPA

State

FL

Zip Code

33609-4542

Outstanding Balance Beginning This Period

20240.63

Transaction ID : DD893D26BF8FF47D28B5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20240.63

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

**RAPID LOOP CONSULTING, LLC**

Nature of Debt (Purpose):

STRATEGIC CAMPAIGN CONSULTING

Mailing Address 730 S STERLING AVE

SUITE 106

City

TAMPA

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

1333.50

Transaction ID : DB44269F1A8E245A7B1D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1333.50

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

**RIGHT AIM MEDIA**

Nature of Debt (Purpose):

ADVERTISING

Mailing Address 730 S STERLING AVE

City

TAMPA

State

FL

Zip Code

33609-4542

Outstanding Balance Beginning This Period

440.00

Transaction ID : DAAFE65CCF27E48FA94D

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

440.00

1) **SUBTOTALS** This Period This Page (optional) .....

22014.13

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 71 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

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

**RAPID LOOP CONSULTING, LLC**

Nature of Debt (Purpose):

STRATEGIC CAMPAIGN CONSULTING

Mailing Address 730 S STERLING AVE  
SUITE 106City  
TAMPAState  
FLZip Code  
33609

Outstanding Balance Beginning This Period

4346.86

Transaction ID : D43133C08132D4B68A02

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4346.86

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

**RIGHT AIM MEDIA**

Nature of Debt (Purpose):

ADVERTISING

Mailing Address 730 S STERLING AVE

City  
TAMPAState  
FLZip Code  
33609-4542

Outstanding Balance Beginning This Period

85244.84

Transaction ID : D9FA806B6B8FF47A581A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

85244.84

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

**X STRATEGIES LLC**

Nature of Debt (Purpose):

SOCIAL MEDIA CONSULTING

Mailing Address 499 EVERNIA ST. UNIT 603

City  
WEST PALM BEACHState  
FLZip Code  
33401

Outstanding Balance Beginning This Period

5000.00

Transaction ID : DDD0DE72A499C4198AA9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional) .....

94591.70

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 72 OF 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CORY MILLS FOR CONGRESS**

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

**DICKINSON WRIGHT**

Nature of Debt (Purpose):

LEGAL CONSULTING

Mailing Address 1825 I ST NW

City

WASHINGTON

State

DC

Zip Code

20006-5403

Outstanding Balance Beginning This Period

733.00

Transaction ID : D3A9A4780BAAA47CFA49

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

733.00

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

**DICKINSON WRIGHT**

Nature of Debt (Purpose):

LEGAL CONSULTING

Mailing Address 1825 I ST NW

City

WASHINGTON

State

DC

Zip Code

20006-5403

Outstanding Balance Beginning This Period

1176.00

Transaction ID : DB0AAC15E4E3148EF872

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1176.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

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) .....

1909.00

2) **TOTALS** This Period (last page this line number only) .....

385212.50

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

1898900.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

2284112.50