### UNITED STATES HOUSE OF REPRESENTATIVES

## ETHICS IN GOVERNMENT ACT—FINANCIAL DISCLOSURE STATEMENT

FORM B—For Use By Candidates and New Employees

WHO MUST FILE AND WHEN: A candidate for the U.S. House of Representatives must file a Financial Disclosure Statement each year. The candidate's first report is due within 30 days of becoming a candidate (by raising or spending more than \$5,000) or by May 15th of the calendar year in which he or she becomes a candidate, whichever is later, but, in any event, at least 30 days before the primary or general election. A clear post-mark is accepted as the filing date.

A covered new employee of the Legislative Branch must file a Financial Disclosure Statement within 30 days of beginning the job.

A \$200 late filing fee shall be assessed against any individual who files more than 30 days after the due date of a report or amendment (or the date of any extension). Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file the attached report may be subject to civil penalties and criminal sanctions. See Section 104 of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101–111) and 18 U.S.C. § 1001.

**REPORTING PERIOD:** Information must be reported for the preceding calendar year and current year to date of filing. Sources of compensation over \$5,000 and positions must be reported for the two prior years (24 months).

Information regarding assets and liabilities must be current as of a date which is within 30 days of this form's filing date.

WHERE TO OBTAIN ASSISTANCE: Committee on Ethics, U.S. House of Representatives, 508 Ford House Office Building, Washington, DC 20515. Telephone: (202) 225–7103.

Additional forms and instructions may be obtained from the Committee.

Requests for extensions of time for filing must be in writing and addressed to the Committee (or the relevant legislative branch agency). An extension request must be *received* (not postmarked) no later than the due date. The maximum extension is 90 days, but no extension can be granted allowing a candidate to file less than 30 days before an election.

**BEFORE FILING:** Complete all parts. Please type or print neatly using blue or black ink. Do not use pencil. Attach additional sheets if necessary, indicating the section being continued. Type or print your name at the top of each page filed.

ANSWER EACH QUESTION ON THE PRELIMINARY INFORMATION PAGE and attach the appropriate schedule for each "Yes" response. Sign and date the form.

Remove this cover page before filing.

Separate pages and file only those required.

Do not file blank schedules.

RETURN COMPLETED STATEMENT TO:

The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, DC 20515-6612

Filing Instructions for Candidates: File a signed original and two photocopies of your report, including all attachments. Filing Instructions for Employees: File a signed original and one photocopy of your report, including all attachments.

# UNITED STATES HOUSE OF REPRESENTATIVES

# ETHICS IN GOVERNMENT ACT

# FINANCIAL DISCLOSURE STATEMENT — FORM B

	Stewart Charles Mills, III			
	(Print Full	Name)	(Daytime Telephone)	
		(Complete Address – Offic	re or Home)	
	Filer Status	Candidate	New Employee	
CEDMINICAM	ION - THIS DOCUMENT N	HIGH DE GLONED	DU MILE DEDOCRANIC NICHTER	
			BY THE REPORTING INDIVIDU	
The attached Financia review by the public a	al Disclosure Statement is required and will be reviewed by the Comm	d by the Ethics in Govern hittee on Ethics or its de	ment Act of 1978, as amended. The State signee. Any individual who knowingly an penalties and criminal sanctions. See Se	ement will be available fo d willfully falsifies or who
The attached Financia review by the public a knowingly and willfu	al Disclosure Statement is required and will be reviewed by the Comm	I by the Ethics in Govern hittee on Ethics or its de may be subject to civil	nment Act of 1978, as amended. The State signee. Any individual who knowingly an	ement will be available for d willfully falsifies or who
The attached Financia review by the public a knowingly and willfu	al Disclosure Statement is required and will be reviewed by the Comm lly fails to file the attached report	I by the Ethics in Govern hittee on Ethics or its de may be subject to civil	nment Act of 1978, as amended. The State signee. Any individual who knowingly an	ement will be available fo d willfully falsifies or who

## \*\*\*FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW\*\*\*

Certification	Signature of Certifying Official	Date
It is my opinion, based on the information contained in this Financial Disclosure Statement, that the reporting individual is in compliance with Title I of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111).		

	TATES HOUSE OF REPRESENTA L DISCLOSURE STATEMENT	TIVES	FORM	The same of the sa		P	age 1 of <u>12</u>
Period cove	red: January 1, 2012 - July 31, 2013		For use by candidates a	and new employees			
Name: Stev	wart Charles Mills, III	Daytir	ne Telephone:				
Filer Status	Candidate for the House of Representatives  New officer or employee  Candidate for the District: 8  Employing C		e of November 4, 2014	Check if Amendment	A \$200 per against an	Office Use Only)  alty shall be a y individual v 30 days late.	
fees) of \$200 or If yes, complete II. Did you, your	ur spouse have "earned" income (e.g., salaries or more from any source in the reporting period? e and attach Schedule I. r spouse, or a dependent child receive "unearned"	Yes No	IV. Did you hold any rep of filing in the current ca if yes, complete and at	alendar year or in the pri ttach Schedule IV.	or two years?	Yes 🔳	No
II. Did you, your			V. Did you have any rep with an outside entity?	0.0000000000000000000000000000000000000	rrangement		
f yes, complete	t worth more than \$1,000 at the end of the period? e and attach Schedule II.	Yes No	If yes, complete and a			Yes	No
able liability (mo	or spouse, or a dependent child have any report- ore than \$10,000) during the reporting period? e and attach Schedule III.	Yes No	VI. Did you receive com a single source in the tw If yes, complete and at	vo prior years?	\$5,000 from	Yes	No
	Each question in this part must be	answered and th	e appropriate sched	fule attached for	each "Yes"	response.	
			EQUALIFICAÇÃO RAPEROS TO ASSESSA STATES		N MARKET THE MINISTER		
XCLUSIC	ON OF SPOUSE, DEPENDENT,	OR TRUST INFO	DRMATION - AN	SWER EACH	OF THESE	QUESTION	S
	etails regarding "Qualified Blind Trusts" approve we you excluded from this report details of such				not be	Yes 🗌	No
EXEMPTION because they	—Have you excluded from this report any other meet all three tests for exemption? Do not ans	er assets, "unearned" inc	ome, transactions, or liabilities first consulted with the 0	lities of a spouse or d Committee on Ethics.	ependent child	Yes 🗍	No M

Name Stewart Charles Mills, II	I
--------------------------------	---

Page 2 of 12

## SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	Source (include date of receipt for honoraria)	Туре	Amo	unt
	Course (include date of receipt for nonoralia)	Type	Current Year to Filing	Preceding Year
	XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
xamples:	First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
латрюз.	XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
	Harris County, Texas Public Schools	Spouse Salary	NA	NA
leet W	holesale Supply Co., Inc., Brainerd, MN	Salary	196,707	568,329

### SCHEDULE II - ASSETS AND "UNEARNED" INCOME

## **BLOCK A**

#### Asset and/or income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols).

For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.

For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.

#### **BLOCK B**

#### Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

\*This column is for assets solely held by your spouse or dependent child.

#### BLOCK C

### Type of Income

Check all columns that apply. For retirement accounts that do no allow you to choose specific investments or that generate taxdeferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends. interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

#### BLOCK D

#### Amount of Income

For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

\* This column is for income derived from assets solely held by your spouse or dependent child.

that ness	is not public	cly tr e of	terest in a privately-held business aded, state the name of the busi- its activities, and its geographic	А	В	C	D	E F	G	Н	1	J	K	LA	٨								L			C	uri	ren	t Y	ea	r			Pre	ece	edi:	ng	Ye	ar			
Excinominco ing accordering the If you inco denting the If you incoming the If you inc	lude: Your nes and vac- me during it \$5,000 or it ounts; and ved from, a Thrift Saving ou so choos ome source t child (DC) ne optional c	persistion he reless any fedegs Plase, years or is column	conal residence, including second homes (unless there was rental porting period); any deposits total-in personal checking or savings financial interest in, or income real retirement program, including an.  The property of the program including an inclu	None	ાવા		1	\$50,001 - \$100,000 \$100,001 - \$250,000	\$250,001 - \$500,000	1	-	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	1	\$1 - \$200	\$201 - \$1,000	- \$2,500		\$5,001 - \$15,000	- \$100 000	000	× 31,000,001 – \$5,000,000	Spouse/DC Income over \$1,000,000* ≦	None	\$1,000	\$7,001 - \$2,500		\$15,001 - \$50,000	0	000	000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000*
SP,		SP	Mega Corp. Stock			T		X		T					X	_							t			X	1					T	1	X	1	1	1					
DC,	Examples:	TT	Simon & Schuster			Inde	efini														í	Royaltie					X					1			X							
JT			1st Bank of Paducah, KY accounts					X							L			Х					L	L			X								×							
	US Bank	acc	ount				x								>	<							×										х									
			able - Closely Held Co bil Company	х											T			х					T					x								>	<					
	Note Rec	eiva	ible - Closely Held Co					×	(				Ī		T			х					T	T			x	Ì				Ì			>	<	T					1
		eiva	able - Closely Held Co							×			1		1			×					İ	Ī				x								)	<					
		eiva	able - Closely Held Co							x					T			x					×										x									
	1		ale Supply Co., Inc. g 401(K) Plan						x												x		×										×									

<sup>-</sup>Vanguard Instit. Index

## SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Stewart Charles Mills, III

Page 4 of 12

	BLOCK A  Asset and/or Income Source				Va		oc			t				٦			ock	( C 1 <b>CO</b>	me	•								Aı	mo		.oc			me	9							
SP,		А	В	С	D E	F	G	Н	1	J F	( L									y: e.g., me)				Cu	rre	nt	Ye	ar			T			Р	re	cec	din	g	Yea	ar		
JT,										_	2	\$1 000 000	3					_		Pecit	Т	11	III	IV	V	/I VI	Viii	ΙX	Х	ΧI	XII	I	11	HI	IV	VIV	/I V	/ii V	ini D	K X	( XI	ΧI
DC		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$100.001 - \$250.000	\$250,001 - \$500,000	000,0001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,00	Act \$30,000,000	NONE	VIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	IAX-DEFERRED	Other lype of income-(Specity: e.g., Partnership Income or Farm Income)	None	-\$200	\$201 - \$1,000	\$1,001 – \$2,500	\$2,501 - \$5,000	5,001 – \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000*	None	\$1 - \$200	\$201 - \$1,000	\$1,001 – \$2,500	\$2,501 - \$5,000	7,001 - \$15,000	\$15,001 — \$50,000	\$50,001 \$100,000	\$1 000 001 - \$5,000,000	, C	Spouse/DC Income over \$1,000,000*
		ž	₩.	€	₩ £	g 2	\$	\$5	₩	₹ 1	À ć	5 5	ĬŽ	ā	2	Z	ठ		⊈ '	J II	ž	55	\$	€ :	Z 4	8 2	83	€	₽.	Q.	Š	ž	€3	₩	₩	Ş   €	£ 5	- L	€ 2	· 6	ó	Sp
	US Bancorp - Roth IRA - FAEIX - Nuveen Funds			x									1						×		Х										١	x				ı	1					
	Mills Automotive Group Reinsurance, LTD - Self Insurance company				1	-				1			1																													
	related to Mills Auto Group retail			_	_						1	1									L					1										_		4	1	1	$\perp$	1
	sales and service. Minnesota			x									>								X											x										
	Mills Financial Services, Inc.			х															5	S Corp Dist.	x											х										
	The Stewart C. Mills, Jr.,																																									
	* Closely held businesses operated as "Mills Fleet Farm" Retail	T																																								
	Wisconsin, Minnesota, Iowa and North Dakota										1																															ļ
	- Fleet Wholesale Supply Co., Inc.									х			1							S Corp Dist	Ľ	4																		X		1
	- Fleet and Farm of Green Bay, Inc.									X										S Corp Dist																				1	x	1
	- Mills Properties, Inc.										x									S Corp Dist	· ×																				x	1
	*US Bank account				х											×						,	4										x								-	+
		-											+		+						+				-	+														-		-

## SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Stewart Charles Mills, III

Page 5 of 12

	BLOCK A  Asset and/or income Source				Va		oc			t					Тур			ok c		ie									Aı	mo		LOC		D <b>nc</b>	on	ne								
SP,		А	В	С	D E	F	G	Н	1	J	(		N .00.							γ: e.g	me)				Cu	re	nt '	Ye	ar				-			Pr	ec	ed	ing	g \	ea	ar		
JT,		Ш	1 8		1					0 8	3	9	<u>5</u>					<u> -</u>		Specif	o luco	Т	ii	m	IV \	/ V	ı vii	VIII	IX	Х	ΧI	XII	T	11	111	IV	V	VI	VI	IVI	II IX	: x	( XI	. XII
								8	000,	00,0	20	4	5					PUS		ne-(	Farm									Q		0000'0										0	,	2,000,0
DC		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	325,000,000 - 100,000,628	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND 1	TAX-DEFERRED	Other Type of Income-(Specify: e.g.,	Partnership Income or Farm Income)	~	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$5.001 - \$15.000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15.001 - \$50.000	\$50.001 - \$100.000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	1 ~~.	Spouse/DC Income over \$1,000,000
	Stewart C. Mills, III					T	T			T	T		T			-		T			٦				T	T	T	Г					Г	Г	T	T	T	T	T	T		T	T	T
	- Note Receivable,	Н	-	-	+	+	+	-	-	+	+	+	+	+	+	+	+	+	-	-	-			-	+	+	+	-	-	-	-	-		+	+	+	+	+	+	+	+	+	+	-
	The Stewart C. Mills, Jr.											1	1								-																							
	Irrevocable Trust								х	1			1	1		×													x						T		Ī	1	-		x			T
	- US Bank Account			x												x							х											x										
	- Great- West Life & Annuity Insurance Company -																																											
	Whole Life Policies								х				,	K								Х											х											
	Stewart C. Mills, Jr. Irrevocable Insurance																																											
	Trust Agreement												1				map (income)																					T			Ī			
	- Great West Life & Annuity Insurance Company -																																											
	Whole Life Policies								x					x								х											х											
	The Stewart C. Mills, III 2012 Irrevocable Trust																					No.		0.35																				
	* Closely held businesses operated as "Mills																					Series																						
	Fleet Farm" Retail, Wisconsin, Minnesota, Iowa, and North Dakota																					ė.														100								
	- Mills Properties, Inc.									x										S-C Dist	orp	х																			×			

# SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Stewart Charles Mills, III

Page 6 of 12

	BLOCK A  Asset and/or Income Source		,			alue		f A	\ss						Ту		of			ne									Am		nt (		D Inc	om	ıe							
SP,		А	В	С	D E	ĒF	=   G	à H	1 1	J	K		≥ 200							y: e.g.,	me)			C	ur	ren	t Y	'ea	r			Γ		F	e	се	diı	ng	Υє	ar		
IT,											8		0,00	П						pecil	puco -	П	ii i	II IN	/ V	VI	VIII	/III I	X >	( X	ı XI	1	II	Ш	١٧	V	Vi	VII	VIII	IX	X >	ΧΙÞ
ос		None	\$1 - \$1,000	\$1,001 - \$15,000	1 1	\$50,001 - \$100,000 \$100,001 - \$250,000	\$250 001 - \$250,000	#500,001 - #300,000	\$1,000,000 = \$1,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	CAPITAL GAINS	EXCEPTED/BLIND TRUS	TAX-DEFERRED	Other Type of Income-(Specify: e.g.,	Partnership Income or Farm Income)	Ĕ١	S1 - S200 6201 61 000	\$201 - \$1,000 \$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15.001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$5,000.000	Spouse/DC Income over \$1,000,000*		\$1 – \$200	5201 - \$1,000	\$1,001 – \$2,500			\$15,001 - \$50,000		\$100,001 - \$1,000,000		Over \$5,000,000
	The Stewart C. Mills, III							T	T	T					-				-	_	十			+		9,	-		, 0	+	0,	F	09	99	<i>(</i> )	€/9	€>	6/9	69	69 E	Э	7
2	2012 Irrevocable Trust  - Demand Note Receivable, Crow Wing Oil Company					+	+	>	K				4		1	>	<		-		-					х		-	1	-	-	×		-					+	-	+	+
	The Stewart C. Mills, Jr.						T	T						П	1						1	1	1				1	+	1	+		H	$\vdash$				+			+	+	1
	Frandchildren's Trust Agreement  * Closely Held businesses operating as "Mills Fleet						-	+	1												1	1					1		-			<u></u>						1	1		ŀ	+
	Farm" Retail. Wisconsin, Minnesota, lowa and North Dakota																				1							1	T								1			1	1	1
	- Mills Supply, Inc.								×											S-Cor Dist.	р	x										х					Ī		T		T	1
	- Lively Auto Company						x													S-Cor Dist.	rp	x	1	T								×							1	1		1
	- Demand Note Receivable, Crow Wing Oil Company he Stewart C. Mills, IV				>											×	(								x							×										Ì
	rrevocable Trust				4								-		1																											
	- Demand Note Receivable, Crow Wing Oil Company						×								1	×	<		-		1				x			Ī									x	1		1	1	
	he Jade Dalen Mills rrevocable Trust													200 m							l									1										1		1
	- Demand Note Receivable, Crow Wing Oil Company					x									100	×	<								x												x					

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

		Data						Am	ount c	of Lial	oility			
SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001— \$15,000 <b>V</b>	\$15,001— B	50,001— 00,001	100,001— 250,000 <b>U</b>	250,001— 500,000	\$500,001— \$1,000,000	\$1,000,0001— \$5,000,000	\$5,000,001— \$25,000,000	\$25,000,001— \$50,000,000	Over \$50,000,000	Spouse/DC Liability over X \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	9.69	69 69	W W	X	69.69	₩. <del>U</del>	69 69	69 69	69 69	0 #	ഗായക
	The Stewart C. Mills Jr., Irrevocable Trust													
	- Stewart C. Mills, III Irrevocable Trust	April 2003	Stock Purchase Promissory Note							Х				
	- Lively Auto Company	April 2009	Demand Note Payable								Х			
	Stewart C. Mills, III Irrevocable Trust													
	- Crow Wing Oil Company	Sept 2007	Demand Note Payable							Х				

### SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Position	Name of Organization
Vice President	Fleet Wholesale Supply Co., Inc.
Vice President	Mills Fleet Farm, Inc.
Vice President	Mills Properties, Inc.
Vice President	Mills Trucking, LLC
Vice President	Crow Wing Oil Company

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

								Am	ount o	of Lial	oility			
SP,		Date Liability		Α	В	С	D	E	F	G	Н	į L	J	K
DC, JT	Creditor	Incurred mo/year	Type of Liability	\$10,001— \$15,000	\$15,001— \$50,000	\$50.001— \$100.000	\$100,001— \$250,000	\$250,001—	\$500,001—	\$5,000,000	\$5,000,001— \$25,000,000	\$25,000,001-	Over \$50,000,000	Spouse/DC Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE		1	32.44	X	94.42	3,07	02.07	07.07	02.07	0.07	0707
	Stewart C. Mills, Jr. Irrevocable Insurance Trust													
	-Crow Wing Oil Company	Jan 2000	Demand Note Payable					X						
	Stewart C. Mills Jr., Grandchildren's Trust Agreement													
	- Stewart C. Mills, Jr.	May 2012	Stock Purchase Promissory Note						X					

### SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Position	Name of Organization							
Vice President	Fleet and Farm of Alexandria, Inc.							
Vice President	Fleet Wholesale Supply of Fergus Falls, Inc.							
Vice President	Fleet and Farm of Green Bay, Inc.							
Vice President	Fleet and Farm of Manitowoc, Inc.							
Vice President	Fleet and Farm of Menomonie, Inc.							

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., *credit cards*) only if the balance at the close of the previous calendar year exceeded \$10,000.

		D.,						Am	ount (	of Lia	bility			
SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001— \$15,000	\$15,001— \$50,000 Œ	\$50,001— \$100,000	\$100,001— \$250,000 <b>D</b>	\$250,001— \$500,000	\$500,000 \$1,000,000,1	S1,000,000,000 \$5,000,000	\$5,000,001— \$25,000,000 <b>H</b>	\$25,000,001—	Over \$50,000,000	Spouse/DC Liability over <b>X</b> \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	02 02	01: 69	69.69	X	<b>€9</b> €9	₩.	69 64	U) U)	<i>⊌</i> 9 <i>⊌</i> 9	0 69	ω ⊣ <del>ω</del>
2														
						- Colonia de la	- Jacobs and the							

### SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Position	Name of Organization
Vice President	Fleet and Farm of Plymouth, Inc.
Vice President	Fleet and Farm of Waupaca, Inc.
Vice President	Fleet and Farm Supply Company of West Bend, Inc.
Vice President	Mills Supply, Inc.
Vice President	Mills E-Commerce Enterprises, Inc.

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., *credit cards*) only if the balance at the close of the previous calendar year exceeded \$10,000.

		Date						Am	ount o	of Lial	oility		-		
SP, DC, JT		Creditor	Date Liability Incurred mo/year	ity ed Type of Liability		\$15,001— \$50,000 <b>B</b>	\$50,001— \$100.000	\$100,001— \$250,000 <b>D</b>	\$500,000 <b>m</b>	\$500,001— \$1,000,000	\$1,000,001— \$5,000,000	\$5,000,001— \$25,000,000	\$25,000,001— \$50,000,000	Over \$50,000,000	Spouse/DC Liability over <b>X</b> \$1 000.000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	67.03	O3 63	69 69	X	69 69	62.65	69 69	69 69 	69 69	O 69	0) _1 +9
-								-		-	-	-		-	
					-										

### SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Position	Name of Organization
Vice President	Lively Auto Company
Director/Secretary/Vice President	Mills Automotive Group Reinsurance Limited
President	Mills Financial Services, Inc.
Plan Administrator	Mills Supply, Inc. Deferred Compensation Plan
Trustee/Administrator/Fiduciary	Mills Companies Employee Welfare Benefit Plan Trust

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

		Date		Date		Amount of Liability										-
SP, DC,		Creditor	Liability		A	В	С	D	E	F	G	Н	١	J	К	
JT		Creditor	Incurred mo/year	mo/year					\$250,001—	\$500.001— \$1,000,000	\$1,000,001— \$5,000,000	\$5,000,001— \$25.000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Spouse/DC Liability over	
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	49.49	\$15,001-	\$50,001	X \$250,000	69 69	<u>69</u> €9	69 69	\$ 63	69 69	Ó S	<u> </u>	

### SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Position	Name of Organization						
Trustee	Fleet Wholesale Supply Profit Sharing 401(K) Plan and Trust						
Trustee	Mills Auto Group Profit Sharing 401(K) Plan and Trust						
Plan Administrator	Mills Companies Premium Payment Plan						
Plan Administrator	Mills Companies Cafeteria Plan						
Plan Administrator	Fleet Wholesale Supply Co., Inc. Deferred Compensation Plan						

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., *credit cards*) only if the balance at the close of the previous calendar year exceeded \$10,000.

					-	-	-	Am	ount d	of Lial	bility			
SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001— \$15,000 <b>V</b>	\$15,001— \$50,000	\$50.001— \$100.000	\$100,001— \$250,000	\$250,001— \$500,000 m	\$500,001— \$1,000,000	\$1,000,000 \$5,000,000	\$5,000,001— \$25,000,000 <b>H</b>	\$25,000,001—	Over \$50,000,000	Spouse/DC Liability over X \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	νο νο -	<i>U</i> 3 <i>U</i> 3	₩ ¥-	X	69 69	€3 69.	69.69	03 b3	69.69	0 %	æ ⊑ ∞
				_		ļ								
						-								

### SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Position	Name of Organization
Director	Minnesota Fraternal Order of Police Foundation