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Image# 13940974201

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3 For A	n Authorized (Committee			Office Use Only
NAME OF TYPE OR P COMMITTEE (in full)	RINT ▼	Example: If typin over the lines.	g, type	12FE4M5	
Bev Slough for Congress					
1					
. 044 W A	alaida Daire				
ADDRESS (number and street)	elaide Drive				
Check if different					
than previously reported. (ACC)				FL :	32259
2. FEC IDENTIFICATION NUMBER ▼	CITY	A		STATE A	ZIP CODE
C C00517979	3. IS THIS		OR	AMEND (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose One)					
(a) Quarterly Reports:	(b) 12-Day	PRE-Election Repo	ort for the:		
		Primary (12P		General (1	2G) Runoff (12R)
April 15 Quarterly Report (Q1)		Convention (12C)	Special (12	2S)
X July 15 Quarterly Report (Q2)					
October 15 Quarterly Report (QC	Blectio	n on	D D /	Y - Y - Y - Y	in the State of
January 31 Year-End Report (YE) (c) 30-Day	POST-Election Rep	oort for the:		
		General (30G)	Runoff (30	Special (30S)
Termination Report (TER)	Electio	n on	D D /	Y	in the State of
5. Covering Period 04 01	/ Y Y Y Y 2013	through	M M M 06	/ 30 /	2013
I certify that I have examined this Report an	d to the best of r	my knowledge and	belief it is t	rue, correct and	l complete.
Type or Print Name of Treasurer Deborah	A. Johnson				
Signature of Treasurer Deborah A. Johnson	n	[Electronically I	Filed]	Date 07	/ D D / Y Y Y Y 1
NOTE: Submission of false, erroneous, or inco	mplete information	may subject the per	son signing	this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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Write or Type Committee Name

Bev Slough for Congress

2013 06 30 01 2013 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 65109.86 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 65109.86 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 88863.69 (from Line 17) (b) Total Offsets to Operating 0.00 50.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 88813.69 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 23712.88 Schedule C and/or Schedule D).....

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 PAGE 3 / 9 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Bev Slough for Congress

04 01 2013 06 30 2013 Report Covering the Period: From: To:

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than		
	Political Committees (i) Itemized (use Schedule A)	0.00	49011.46
	(ii) Unitemized	0.00	16098.40
	(iii) TOTAL of contributions from individuals	0.00	65109.86
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	65109.86
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	23800.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	23800.00
4.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	50.00
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	88959.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	88863.69
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	88863.69
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	G PERIOD	0.00

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

X	13a
	13b

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OANS			for each category of the Detailed Summary Page (check only one) X 13a
AME OF COMMITTEE (In Full Bev Slough for Congre	•		Transaction ID : SC/10.4107
LOAN SOURCE Full Name BEVERLY ANN SLO	•	dle Initial)	Election: 2012 Primary
Mailing Address 341 W ADELAIDE DR			General Other (specify) ▼
City		State ZIF	Code
ST JOHNS		FL 32	259
Original Amount of Loan	5000.00	Cumulative Paymer	Balance Outstanding at Close of This Period 0.00 5000.00
TERMS Date Incurre	ž01ž ^Y	Date	Due Interest Rate Secured: On Ďemand 0.00 % (apr)
List All Endorsers or Guar 1. Full Name (Last, First, N	, ,,	Loan Source	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, N	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)		5000.00
TOTALS This Period (last pag	e in this line only)	
——————————————————————————————————————	ly to LINE 3, Sch	edule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

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	13b

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OANS			for each category of the Detailed Summary Page (check only one) X 13a
AME OF COMMITTEE (In Full Bev Slough for Congre			Transaction ID : SC/10.4165
LOAN SOURCE Full Name BEVERLY ANN SLC	•	dle Initial)	Election: 2012 Primary
Mailing Address 341 W ADELAIDE DR			General Other (specify) ▼
City		State ZIP	² Code
ST JOHNS		FL 32	259
Original Amount of Loan	5000.00	Cumulative Paymen	Balance Outstanding at Close of This Period 0.00 5000.00
TERMS Date Incurred M 05 M / D 25 D / Y	ž01ž ^Y	Date I	Due Interest Rate Secured: On Ďemand 0.00 % (apr) Yes No
List All Endorsers or Guar 1. Full Name (Last, First, N		Loan Source	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)		5000.00
TOTALS This Period (last page	e in this line only)	• • • • • • • • • • • • • • • • • • •
	ly to LINE 3, Sch	edule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

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OF

DANS			Detailed Summary Pa	
AME OF COMMITTEE (In Full)			Transa	action ID : SC/10.4654
Bev Slough for Congress				
LOAN SOURCE Full Name (Later BEVERLY ANN SLOUGE)		dle Initial)		Election: 2012 Primary General
Mailing Address 341 W ADELAIDE DR				Other (specify)
City		State ZIP Co	ode	
ST JOHNS		FL 32259		
Original Amount of Loan		Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
10	000.00		0.00	10000.00
Date Incurred Mo7 ^M / D25 ^D / Y 200	1Ž Y	Date Due	Interest Ra	
List All Endorsers or Guaranto	rs (if any) to	Loan Source		res inc
1. Full Name (Last, First, Middl	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9
SUBTOTALS This Period This Page	e (optional)		······	10000.00
TOTALS This Period (last page in	this line only)			
Carry outstanding balance only to	LINE 3. Sche	edule D. for this line If	no Schedule D. carry for	rward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4784 NAME OF COMMITTEE (In Full) **Bev Slough for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary BEVERLY ANN SLOUGH General Mailing Address Other (specify) 341 W ADELAIDE DR State ZIP Code City FL 32259 ST JOHNS Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3700.00 0.00 3700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M 09 Ž012 0.00 On Demand % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3700.00 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

FOR LINE NUMBER:

PAGE

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(check only one) Detailed Summary Page Transaction ID: SC/10.4786 NAME OF COMMITTEE (In Full) **Bev Slough for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary BEVERLY ANN SLOUGH General Mailing Address Other (specify) \blacktriangledown 341 W ADELAIDE DR State ZIP Code City FL 32259 ST JOHNS Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 100.00 87.12 12.88 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ^D10^D Ž012 0.00 On Demand % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 12.88 TOTALS This Period (last page in this line only) 23712.88 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.