

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Jim Slone 4 Congress Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5427.65	26644.05
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5427.65	26644.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9825.42	19569.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	100.00	119.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9725.42	19450.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7193.53	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	85.00	

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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Jim Slone 4 Congress Committee

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).....	953.91	5298.91
(ii) Unitemized.....	3133.00	9181.10
(iii) TOTAL of contributions from individuals ▶	4086.91	14480.01
(b) Political Party Committees.....	600.00	600.00
(c) Other Political Committees (such as PACs).....	310.00	11133.30
(d) The Candidate.....	430.74	430.74
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5427.65	26644.05
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	100.00	119.44
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)..... ▶	5527.65	26763.49

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9825.42	19569.96
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) ►	9825.42	19569.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11491.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5527.65
25. SUBTOTAL (add Line 23 and Line 24).....	17018.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9825.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7193.53

**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)	PAGE 5 OF 36			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	12	13a	13b	14	15

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

NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
Joe Gee

Mailing Address 588 Kenilworth

City Sheffield lake State OH Zip Code 44054

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

Name of Employer Self Occupation Photographer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **207.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : SA11Al.4794

Amount of Each Receipt this Period
50.00

Fundraiser - Steak Fry - Cash

B. Full Name (Last, First, Middle Initial)
Carol Ignatz

Mailing Address 5047 Shady Moss Lane

City North Ridgeville State OH Zip Code 44039

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

Name of Employer Retired Occupation Postal worker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **395.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : SA11Al.4610

Amount of Each Receipt this Period
80.00

Fundraiser - Spaghetti Dinner

C. Full Name (Last, First, Middle Initial)
Carol Ignatz

Mailing Address 5047 Shady Moss Lane

City North Ridgeville State OH Zip Code 44039

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

Name of Employer Retired Occupation Postal worker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **520.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : SA11Al.4663

Amount of Each Receipt this Period
125.00

Fundraiser - Steak Fry

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

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

255.00

**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)	PAGE 6 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
Carol Ignatz

Mailing Address 5047 Shady Moss Lane

City North Ridgeville State OH Zip Code 44039

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

Name of Employer Retired Occupation Postal worker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : SA11AI.4836

Amount of Each Receipt this Period
30.00
 Fundraiser - Steak Fry Basket - Cash

B. Full Name (Last, First, Middle Initial)
Marvin L M Kay

Mailing Address 98 Kendal Drive

City Oberlin State OH Zip Code 44074

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

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **420.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : SA11AI.4743

Amount of Each Receipt this Period
10.00
 Fundraiser - Spaghetti Dinner - Cash

C. Full Name (Last, First, Middle Initial)
John Robert Miraldi

Mailing Address 229 Overbrook Road

City Elyria State OH Zip Code 44035

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

Name of Employer self-employed Occupation attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 19 / 2012

Transaction ID : SA11AI.4707

Amount of Each Receipt this Period
125.00
 Fundraiser - Wine Tasting (cancelled)

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

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

165.00

**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)	PAGE 7 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
Argena Patouhas

Mailing Address 42075 Oberlin Elyria Road

City State Zip Code
Elyria OH 44035

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

Name of Employer Occupation
UAW Local 2192 Financial Secretary - Treasure

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : SA11AI.4858

Amount of Each Receipt this Period
20.00

Cash donation

B. Full Name (Last, First, Middle Initial)
Argena Patouhas

Mailing Address 42075 Oberlin Elyria Road

City State Zip Code
Elyria OH 44035

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

Name of Employer Occupation
UAW Local 2192 Financial Secretary - Treasure

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
270.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : SA11AI.4677

Amount of Each Receipt this Period
50.00

Fundraiser - Steak Fry

C. Full Name (Last, First, Middle Initial)
Argena Patouhas

Mailing Address 42075 Oberlin Elyria Road

City State Zip Code
Elyria OH 44035

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

Name of Employer Occupation
UAW Local 2192 Financial Secretary - Treasure

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
280.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : SA11AI.4839

Amount of Each Receipt this Period
10.00

Donation - cash

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

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

80.00

**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)	PAGE 8 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
Jerrold Perch

Mailing Address 800 Valley Drive

City Amherst State OH Zip Code 44001

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

Name of Employer Retired Occupation Teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
212.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012

Transaction ID : SA11AI.4664

Amount of Each Receipt this Period
75.00

Fundraiser - Steak Fry

B. Full Name (Last, First, Middle Initial)
Michelle Ramos

Mailing Address 3760 Martins Run Drive

City Lorain State OH Zip Code 44053

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

Name of Employer LCDJFS Occupation caseworker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
252.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2012

Transaction ID : SA11AI.4765

Amount of Each Receipt this Period
20.00

Fundraiser - Spaghetti Dinner - Cash

C. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C** H2OH04131

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
284.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012

Transaction ID : SA11AI.4673

Amount of Each Receipt this Period
50.00

Fundraiser - Steak Fry

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

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

145.00

**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)	PAGE 9 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City State Zip Code
ELYRIA OH 44035

FEC ID number of contributing federal political committee. **C** H2OH04131

Name of Employer Occupation
n/a retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
291.52

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2012

Transaction ID : SA11AI.4983

Amount of Each Receipt this Period
33.91
In-kind - gasoline purchase

B. Full Name (Last, First, Middle Initial)
Kevin S Watkinson

Mailing Address 4155 Berkeley Drive

City State Zip Code
Sheffield Village OH 44054

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

Name of Employer Occupation
Retired Auto worker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
566.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : SA11AI.4832

Amount of Each Receipt this Period
50.00
Fundraiser - Steak Fry - cash

C. Full Name (Last, First, Middle Initial)
Dennis P Will

Mailing Address 5213 Parkhurst Drive

City State Zip Code
Sheffield Village OH 44054

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

Name of Employer Occupation
Lorain County (Ohio) Prosecutor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
344.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : SA11AI.4634

Amount of Each Receipt this Period
50.00
Spaghetti Dinner Fundraiser

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

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

133.91

**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)	PAGE 10 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. Dennis P Will		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2012	
Mailing Address 5213 Parkhurst Drive		Transaction ID : SA11AI.4680	
City Sheffield Village	State OH	Zip Code 44054	Amount of Each Receipt this Period _____ 25.00 Fundraiser - Steak Fry
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer Lorain County (Ohio)	Occupation Prosecutor		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 369.00		

Full Name (Last, First, Middle Initial) B. Kevin L Zacovic		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2012	
Mailing Address 2729 W 40th Street		Transaction ID : SA11AI.4662	
City Lorain	State OH	Zip Code 44053	Amount of Each Receipt this Period _____ 150.00 Fundraiser - Steak Fry
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer n/a	Occupation Retired		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		

SUBTOTAL of Receipts This Page (optional).....	_____ 175.00
TOTAL This Period (last page this line number only).....	_____ 953.91

**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)	PAGE 11 OF 36
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
Crawford County Democrats Committee

Mailing Address 985 Shearer Road

City Galion State OH Zip Code 44833

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2012

Transaction ID : SA11B.4705

Amount of Each Receipt this Period
 100.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Erie County Democratic Party

Mailing Address Any F Grubbe, Chair
2810 Hull Road #6

City Huron State OH Zip Code 44839

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2012

Transaction ID : SA11B.4699

Amount of Each Receipt this Period
 500.00
 Contribution

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

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

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

600.00

600.00

**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)	PAGE 12 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
Citizens to Elect Holly Brinda

Mailing Address 263 Windward Drive

City Elyria State OH Zip Code 44035

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **125.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : SA11C.4695

Amount of Each Receipt this Period
50.00
 Fundraiser - Steak Fry

B. Full Name (Last, First, Middle Initial)
Committee to Elect Frank Janik

Mailing Address 822 Cherry Valley Drive

City Amherst State OH Zip Code 44001

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **60.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : SA11C.4650

Amount of Each Receipt this Period
20.00
 Fundraiser - Spaghetti Dinner

C. Full Name (Last, First, Middle Initial)
Committee to elect Jim Burge

Mailing Address 329 Overbrook Rd

City Elyria State OH Zip Code 44035

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **20.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : SA11C.4647

Amount of Each Receipt this Period
20.00
 Fudraiser - Spaghetti Dinner

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

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

90.00

**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)	PAGE 13 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
Committ to Elect Joe Miller

Mailing Address 433 North Pointe Blvd

City Amherst State OH Zip Code 44001

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2012

Transaction ID : SA11C.4682

Amount of Each Receipt this Period
25.00

Fundraiser - Steak Fry

B. Full Name (Last, First, Middle Initial)
Families for Lundy - Annette Melish

Mailing Address 338 Olive Street

City Elyria State OH Zip Code 44035

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
65.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2012

Transaction ID : SA11C.4684

Amount of Each Receipt this Period
25.00

Fundraiser - Steak Fry

C. Full Name (Last, First, Middle Initial)
Friends of John D Hunter

Mailing Address 359 California Avenue

City Lorain State OH Zip Code 44052

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2012

Transaction ID : SA11C.4608

Amount of Each Receipt this Period
100.00

Fundraiser - Spaghetti Dinner

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 14 OF 36
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
Friends of Nabakowski - Sally Cornwell

Mailing Address 46885 Middle Ridge Road

City Amherst State OH Zip Code 44001

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **90.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : SA11C.4676

Amount of Each Receipt this Period
50.00
 Fundraiser - Steak Fry

B. Full Name (Last, First, Middle Initial)
Friends of Sheriff Stammitti - Mary Jo Stammitti

Mailing Address 4884 Pheasant Drive

City Lorain State OH Zip Code 44053

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **60.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : SA11C.4649

Amount of Each Receipt this Period
20.00
 Fundraiser - Spaghetti Dinner

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

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

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

70.00

310.00

**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)	PAGE 17 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
291.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 03 / 2012

Transaction ID : SA11D.5009

Amount of Each Receipt this Period
7.50

In-kind - Turnpike fees - cash

B. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
297.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 04 / 2012

Transaction ID : SA11D.5012

Amount of Each Receipt this Period
6.25

In-kind - Turnpike fees - cash

C. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
317.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : SA11D.5017

Amount of Each Receipt this Period
20.00

In-kind - Erie County Farm Bureau - cash

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

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

33.75

**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)	PAGE 18 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
320.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : SA11D.5027

Amount of Each Receipt this Period
3.00
 In-kind - Turnpike tolls - cash

B. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
355.81

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : SA11D.5030

Amount of Each Receipt this Period
35.04
 In-kind - gasoline purchase

C. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
360.31

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 12 / 2012

Transaction ID : SA11D.5033

Amount of Each Receipt this Period
4.50
 In-kind - turnpike tolls - cash

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

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

42.54

**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)	PAGE 19 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **362.06**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2012

Transaction ID : SA11D.5036

Amount of Each Receipt this Period
 _____ 1.75

In-kind - turnpike tolls - cash

B. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **369.56**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2012

Transaction ID : SA11D.5039

Amount of Each Receipt this Period
 _____ 7.50

In-kind - turnpike tolls - cash

C. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **416.56**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2012

Transaction ID : SA11D.5042

Amount of Each Receipt this Period
 _____ 47.00

In-kind - gasoline purchase

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

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

_____ 56.25

**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)	PAGE 20 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
421.56

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : SA11D.5047

Amount of Each Receipt this Period
5.00
 In-kind - turnpike tolls - cash

B. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
428.06

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 22 / 2012

Transaction ID : SA11D.5050

Amount of Each Receipt this Period
6.50
 In-kind - turnpike tolls - cash

C. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
462.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 22 / 2012

Transaction ID : SA11D.5053

Amount of Each Receipt this Period
34.65
 In-kind - gasoline purchase

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

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

46.15

**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)	PAGE 21 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
490.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : SA11D.5056

Amount of Each Receipt this Period
28.01
 In-kind - gasoline purchase

B. Full Name (Last, First, Middle Initial)
JAMES M M SLONE

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
510.74

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11D.5064

Amount of Each Receipt this Period
20.02
 In-kind - gasoline purchase

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

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

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

48.03

430.74

**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)	PAGE 22 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

A. Full Name (Last, First, Middle Initial)
Michelle Ramos

Mailing Address 3760 Martins Run Drive

City Lorain State OH Zip Code 44053

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

Name of Employer LCDJFS Occupation caseworker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
232.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2012

Transaction ID : SA14.4655

Amount of Each Receipt this Period
100.00

Refund on hall rental due to cleaning issues - pancake breakfast

B. 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

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

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

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

100.00

100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. Amherst Eagles #1442		Date of Disbursement MM / DD / YYYY 08 / 19 / 2012
Mailing Address 1161 Milan Ave		Amount of Each Disbursement this Period 267.50 Transaction ID : SB17.4620
City Amherst State OH Zip Code 44001	Purpose of Disbursement Steak Fry Fundraiser - rent, beverages Category/Type 003	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: OH District: 04		

Full Name (Last, First, Middle Initial) B. Chronicle Telegram Newspaper		Date of Disbursement MM / DD / YYYY 09 / 28 / 2012
Mailing Address 225 East Ave		Amount of Each Disbursement this Period 299.25 Transaction ID : SB17.4805
City Elyria State OH Zip Code 44035	Purpose of Disbursement Advertising Category/Type 004	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: OH District: 04		

Full Name (Last, First, Middle Initial) c. Giant Eagle #231		Date of Disbursement MM / DD / YYYY 08 / 19 / 2012
Mailing Address 5231 Detroit Road		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.4618
City Sheffield Village State OH Zip Code 44054	Purpose of Disbursement Steak Fry Fundraiser - steak, salad, dressing, rolls, potatoes Category/Type 003	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: OH District: 04		

SUBTOTAL of Disbursements This Page (optional).....	1666.75
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 Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. Gordon Food Service		Date of Disbursement MM / DD / YYYY 07 / 21 / 2012
Mailing Address 5349 Abbe Road		Amount of Each Disbursement this Period 298.19 Transaction ID : SB17.4585
City Elyria	State OH	
Zip Code 44035	Purpose of Disbursement Supplies for Spaghetti Dinner Fundraiser	Category/ Type 003
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

Full Name (Last, First, Middle Initial) B. Lake Screen Printing Inc		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 459.71 Transaction ID : SB17.4584
City Lorain	State OH	
Zip Code 44052	Purpose of Disbursement automobile decals	Category/ Type 004
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

Full Name (Last, First, Middle Initial) c. Lake Screen Printing Inc		Date of Disbursement MM / DD / YYYY 08 / 06 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4598
City Lorain	State OH	
Zip Code 44052	Purpose of Disbursement T- Shirts, Baseball Caps, Car Magnets	Category/ Type 004
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

SUBTOTAL of Disbursements This Page (optional).....	1057.90
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 Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. Lake Screen Printing Inc		Date of Disbursement MM / DD / YYYY 08 / 21 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 409.88 Transaction ID : SB17.4614
City Lorain	State OH	
Zip Code 44052	Purpose of Disbursement T shirts - order number 4170	Category/ Type 001
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

Full Name (Last, First, Middle Initial) B. Lake Screen Printing Inc		Date of Disbursement MM / DD / YYYY 08 / 21 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 94.44 Transaction ID : SB17.4625
City Lorain	State OH	
Zip Code 44052	Purpose of Disbursement Baseball Caps - order #4171	Category/ Type 004
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

Full Name (Last, First, Middle Initial) c. Lake Screen Printing Inc		Date of Disbursement MM / DD / YYYY 09 / 05 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 264.00 Transaction ID : SB17.4803
City Lorain	State OH	
Zip Code 44052	Purpose of Disbursement Yard Signs	Category/ Type 004
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

SUBTOTAL of Disbursements This Page (optional).....	768.32
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 Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. Lake Screen Printing Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 264.59 Transaction ID : SB17.4814
City Lorain	State OH	
Zip Code 44052	Purpose of Disbursement Yard Signs	Category/ Type 004
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

Full Name (Last, First, Middle Initial) B. Lorain County Organized Labor Festival		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address 2729 West 40th Street		Amount of Each Disbursement this Period 325.00 Transaction ID : SB17.4580
City Lorain	State OH	
Zip Code 44053	Purpose of Disbursement 1/2 page ad in booklet	Category/ Type 004
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

Full Name (Last, First, Middle Initial) c. Maverick Media of Lima		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012
Mailing Address 1301 North Cable Road		Amount of Each Disbursement this Period 252.00 Transaction ID : SB17.4807
City Lima	State OH	
Zip Code 45805	Purpose of Disbursement Advertising	Category/ Type 004
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

SUBTOTAL of Disbursements This Page (optional).....	841.59
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 Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. JAMES M M SLONE		Date of Disbursement MM / DD / YYYY 08 / 08 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 39.00 Transaction ID : SB17.5007
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - gasoline purchase	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 04		

Full Name (Last, First, Middle Initial) B. JAMES M M SLONE		Date of Disbursement MM / DD / YYYY 09 / 03 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 7.50 Transaction ID : SB17.5010
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - Turnpike fees - cash	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 04		

Full Name (Last, First, Middle Initial) C. JAMES M M SLONE		Date of Disbursement MM / DD / YYYY 09 / 04 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 33.91 Transaction ID : SB17.4984
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - gasoline purchase	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 04		

SUBTOTAL of Disbursements This Page (optional).....	80.41
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 Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. JAMES M M SLOANE		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 6.25 Transaction ID : SB17.5013
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - Turnpike fees - cash	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 04		

Full Name (Last, First, Middle Initial) B. JAMES M M SLOANE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.5018
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - Erie County Farm Bureau - cash	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 04		

Full Name (Last, First, Middle Initial) C. JAMES M M SLOANE		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 3.00 Transaction ID : SB17.5028
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - Turnpike tolls - cash	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 04		

SUBTOTAL of Disbursements This Page (optional).....	29.25
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 Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. JAMES M M SLOANE		Date of Disbursement MM / DD / YYYY 09 / 05 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period \$ 35.04 Transaction ID : SB17.5031
City ELYRIA	State OH	
Zip Code 44035	Purpose of Disbursement In-kind - gasoline purchase	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: OH	District: 04	

Full Name (Last, First, Middle Initial) B. JAMES M M SLOANE		Date of Disbursement MM / DD / YYYY 09 / 12 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period \$ 4.50 Transaction ID : SB17.5034
City ELYRIA	State OH	
Zip Code 44035	Purpose of Disbursement In-kind - turnpike tolls - cash	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: OH	District: 04	

Full Name (Last, First, Middle Initial) C. JAMES M M SLOANE		Date of Disbursement MM / DD / YYYY 09 / 15 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period \$ 1.75 Transaction ID : SB17.5037
City ELYRIA	State OH	
Zip Code 44035	Purpose of Disbursement In-kind - turnpike tolls - cash	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: OH	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	\$ 41.29
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 Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. JAMES M M SLONE		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 7.50 Transaction ID : SB17.5040
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - turnpike tolls - cash	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. JAMES M M SLONE		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 47.00 Transaction ID : SB17.5043
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - gasoline purchase	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. JAMES M M SLONE		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 5.00 Transaction ID : SB17.5048
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - turnpike tolls - cash	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	59.50
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 Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 36		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. JAMES M M SLOANE		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 6.50
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - turnpike tolls - cash	
Candidate Name	Category/Type	Transaction ID : SB17.5051
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. JAMES M M SLOANE		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 34.65
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - gasoline purchase	
Candidate Name	Category/Type	Transaction ID : SB17.5054
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. JAMES M M SLOANE		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 28.01
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - gasoline purchase	
Candidate Name	Category/Type	Transaction ID : SB17.5057
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	69.16
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 Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. JAMES M M SLONE		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 20.02
City ELYRIA	State OH	
Zip Code 44035	Purpose of Disbursement In-kind - gasoline purchase	Transaction ID : SB17.5065
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 04	

Full Name (Last, First, Middle Initial) B. Superprinter Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 644.94
City Lorain	State OH	
Zip Code 44055	Purpose of Disbursement Football schedules	Transaction ID : SB17.4593
Candidate Name Jim Slone 4 Congress Committee	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 04	

Full Name (Last, First, Middle Initial) c. Superprinter Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 164.69
City Lorain	State OH	
Zip Code 44055	Purpose of Disbursement 2500 business cards	Transaction ID : SB17.4583
Candidate Name Jim Slone 4 Congress Committee	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	829.65
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 Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. Superprinter Inc		Date of Disbursement MM / DD / YYYY 08 / 03 / 2012
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 995.58 Transaction ID : SB17.4597
City Lorain State OH Zip Code 44055	Purpose of Disbursement Reimburse J. Slone for Cost of Fundraiser Steak Fry Tickets Category/Type 003	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: OH District: 04		

Full Name (Last, First, Middle Initial) B. Superprinter Inc		Date of Disbursement MM / DD / YYYY 08 / 08 / 2012
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 478.13 Transaction ID : SB17.4599
City Lorain State OH Zip Code 44055	Purpose of Disbursement Tri-Fold Football Schedules Category/Type 004	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: OH District: 04		

Full Name (Last, First, Middle Initial) c. Superprinter Inc		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 478.13 Transaction ID : SB17.4633
City Lorain State OH Zip Code 44055	Purpose of Disbursement Football Schedules - 49958 Category/Type 004	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: OH District: 04		

SUBTOTAL of Disbursements This Page (optional).....	995.58
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 Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. Urbana Daily Citizen		Date of Disbursement MM / DD / YYYY 09 / 29 / 2012
Mailing Address P O Box 191		Amount of Each Disbursement this Period 588.00 Transaction ID : SB17.4809
City Urbana	State OH	
Purpose of Disbursement Newspaper Advertising	Category/ Type 004	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: OH	District: 04	

Full Name (Last, First, Middle Initial) B. Vermilion Valley Vineyards		Date of Disbursement MM / DD / YYYY 08 / 28 / 2012
Mailing Address 1105 Gore Orphanage Road		Amount of Each Disbursement this Period 830.40 Transaction ID : SB17.4626
City Amherst	State OH	
Purpose of Disbursement Wine Tasting Fundraiser - rental, wine	Category/ Type 003	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: OH	District: 04	

Full Name (Last, First, Middle Initial) C. WBLL/WPKO		Date of Disbursement MM / DD / YYYY 09 / 29 / 2012
Mailing Address 1501 County Road 235		Amount of Each Disbursement this Period 285.12 Transaction ID : SB17.4811
City Bellefontaine	State OH	
Purpose of Disbursement Radio Advertising	Category/ Type 004	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: OH	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	1703.52
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 Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. WEOL - Elyria-Lorain Broadcasting Co, Inc		Date of Disbursement MM / DD / YYYY 08 / 23 / 2012
Mailing Address P O Box 4006		Amount of Each Disbursement this Period 448.00 Transaction ID : SB17.4641
City Elyria	State OH	
Zip Code 44036-2006	Purpose of Disbursement 10 - 30 second radio spots	Category/ Type 004
Candidate Name Jim Slone 4 Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 04	

Full Name (Last, First, Middle Initial) B. WEOL - Elyria-Lorain Broadcasting Co, Inc		Date of Disbursement MM / DD / YYYY 08 / 30 / 2012
Mailing Address P O Box 4006		Amount of Each Disbursement this Period 204.00 Transaction ID : SB17.4645
City Elyria	State OH	
Zip Code 44036-2006	Purpose of Disbursement Radio spots - WLKR AM & FM	Category/ Type 004
Candidate Name Jim Slone 4 Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 04	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	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:	

SUBTOTAL of Disbursements This Page (optional).....	652.00
TOTAL This Period (last page this line number only).....	8794.92

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Jim Slone 4 Congress Committee

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

Mailing Address 1504 PARK AVE

City State Zip Code
ELYRIA OH 44035

Nature of Debt (Purpose):
Reimburse filing fee

Outstanding Balance Beginning This Period **85.00** Transaction ID : SD10.5211

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **85.00**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	85.00
2) TOTALS This Period (last page this line number only)	85.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	85.00