

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2012 FEB 21 AM 11:48

FEDERAL MAIL CENTER

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

12FE4M5

JIM SLOANE 4 CONGRESS COMMITTEE

ADDRESS (number and street)

42075 OBERLIN ELYRIA ROAD

Check if different than previously reported. (ACC)

ELYRIA

OH

44035-7409

2. FEC IDENTIFICATION NUMBER

C00510321

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OH

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

Termination Report (TER)

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

- Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on

03 06 2012

in the State of

OH

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

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

Election on

M M D D Y Y Y Y

in the State of

5. Covering Period

12 30 2011

through

02 15 2012

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

Type or Print Name of Treasurer ARGENA PATOUHAS

Signature of Treasurer Argena Patouhas

Date

02 16 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Jim SLONE 4 CONGRESS COMMITTEE - C00510321

Report Covering the Period: From:

MM ' DD ' YYYY
12 ' 30 ' 2011

To:

MM ' DD ' YYYY
02 ' 15 ' 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))

2,300.00

2,300.00

(b) Total Contribution Refunds
(from Line 20(d))

00

00

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

2,300.00

2,300.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

00

00

(b) Total Offsets to Operating
Expenditures (from Line 14)

00

00

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

00

00

8. Cash on Hand at Close of
Reporting Period (from Line 27)

2,300.00

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

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

12030744304

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

JIM SLONE 4 CONGRESS COMMITTEE - C 00510321

Report Covering the Period: From:

MM / DD / YYYY
12 / 30 / 2011

To:

MM / DD / YYYY
02 / 15 / 2012

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).....

1,500.00

1,500.00

(ii) Unitemized.....

700.00

700.00

(iii) TOTAL of contributions from individuals ▶

22,000.00

22,000.00

(b) Political Party Committees.....

100.00

100.00

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

00

00

(d) The Candidate.....

00

00

(e) TOTAL CONTRIBUTIONS

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

23,000.00

23,000.00

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

00

00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

8500

8500

(b) All Other Loans.....

00

00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

8500

8500

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

00

00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

00

00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

23,850.00

23,850.00

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

00

00

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES.....

00

00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

00

00

(b) Of All Other Loans.....

00

00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

00

00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees.....

00

00

(b) Political Party Committees.....

00

00

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

00

00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

00

00

21. OTHER DISBURSEMENTS.....

8500

8500

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

8500

8500

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

8500

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

2300.00

25. SUBTOTAL (add Line 23 and Line 24).....

2385.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

8500

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

2300.00

12030744306

**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 / OF /

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 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 SLOVE 4 CONGRESS COMMITTEE - C00510321

Full Name (Last, First, Middle Initial)

A. *GIARDINI, ANTHONY B*

Mailing Address

209 WEST MARINA PARKWAY

City

LORAIN

State

OH

Zip Code

44052

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

1,000.00

Date of Receipt

01 / *21* / *2012*

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. *SMITH, THOMAS J*

Mailing Address

193 WINDBROOK G

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:

Primary General
 Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

01 / *21* / *2012*

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

1,500.00

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

1,500.00

12030744307

**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 / OF /

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

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NAME OF COMMITTEE (In Full)

JIM SLOVE 4 CONGRESS COMMITTEE - C00510321

Full Name (Last, First, Middle Initial)

A. *FRIENDS OF KOKOSKI*

Mailing Address

5905 OAK POINT ROAD

City

LORAIN

State

OH

Zip Code

44053

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

10000

Date of Receipt

02 / *09* / *2012*

Amount of Each Receipt this Period

10000

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

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

10000

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

10000

12030744308

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

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NAME OF COMMITTEE (In Full)
JIM SLONE 4 CONGRESS COMMITTEE - C00510321

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

Mailing Address
1504 PARK AVE

City
ELYRIA State
OH Zip Code
44035

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
8500

Date of Receipt
12 / 30 / 2011

Amount of Each Receipt this Period
8500

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **8500**

TOTAL This Period (last page this line number only)..... **8500**

12030744309

**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 / OF /

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

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

NAME OF COMMITTEE (In Full)

JIM SLOVE 4 CONGRESS COMMITTEE - C00510321

Full Name (Last, First, Middle Initial)

A. *LORAIN COUNTY BOARD OF ELECTIONS*

Mailing Address

City State Zip Code

Purpose of Disbursement

FILING FEE

Candidate Name

JAMES SLOVE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 / 30 / 2011

Amount of Each Disbursement this Period

85.00

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

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

85.00

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

85.00

1203074310

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

JIM SLOANE 4 CONGRESS COMMITTEE C00510321

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

SLOANE, JAMES N

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

1504 PARK AVE

City

ELYRIA

State

OH

ZIP Code

44035

Original Amount of Loan

8500

Cumulative Payment To Date

00

Balance Outstanding at Close of This Period

8500

TERMS

Date Incurred

12 / 30 / 2011

Date Due

MM / DD / NONE

Interest Rate

NONE % (apr)

Secured:

Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶

8500

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

8500

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

12030744311

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
JIM SLONE 4 CONGRESS COMMITTEE - C00510321

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SLONE JAMES N	Nature of Debt (Purpose): FILING FEE PAID BY LOAN
Mailing Address 1504 PARK AVE	
City State Zip Code ELYRIA OH 44035	

Outstanding Balance Beginning This Period 8500	Amount Incurred This Period 00	Payment This Period 00	Outstanding Balance at Close of This Period 8500
--	--	----------------------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

1) SUBTOTALS This Period This Page (optional)	8500
2) TOTALS This Period (last page this line number only)	8500
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	8500

12030744312

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

12030744313

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 2/16/12
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER
 (3/2005)

2/21/12
 DATE PREPARED