

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Bev Slough for Congress

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 07 / 25 / 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))....	5836.00	60289.86
(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)).....	5836.00	60289.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21664.81	48233.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21664.81	48233.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	32056.05	
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).....	20000.00	

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

Bev Slough for Congress

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).....	2500.00	46361.46
(ii) Unitemized.....	3336.00	13928.40
(iii) TOTAL of contributions from individuals ▶	5836.00	60289.86
(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
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5836.00	60289.86
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	10000.00	20000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	20000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
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)..... ▶	15836.00	80289.86

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21664.81	48233.81
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) ▶	21664.81	48233.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	37884.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15836.00
25. SUBTOTAL (add Line 23 and Line 24).....	53720.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21664.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	32056.05

**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 20
	<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)
Bev Slough for Congress

A. Full Name (Last, First, Middle Initial)
Patricia Allen

Mailing Address 9520 N. County Road 13

City St. Augustine State FL Zip Code 32092

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

Name of Employer Switzerland Community Church Occupation Office Administrator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2012

Transaction ID : SA11AI.4626

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Lance Courtermanche

Mailing Address 10296 Sandy Run

City Jupiter State FL Zip Code 33478

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

Name of Employer Tercilla Courtermanche Architec Occupation Partner/Architect

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 / 06 / 2012

Transaction ID : SA11AI.4671

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Deborah Croft

Mailing Address 6793 Sabel Palm Drive

City St. Augustine State FL Zip Code 32086

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

Name of Employer The Bailey Group Occupation Office Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2012

Transaction ID : SA11AI.4692

Amount of Each Receipt this Period
250.00

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

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

950.00

**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 20
	<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)
Bev Slough for Congress

A. Full Name (Last, First, Middle Initial)
Candace Lankford

Mailing Address 330 Lake Winnemissett Drive

City State Zip Code
DeLand FL 32724

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

Name of Employer Occupation
Volusia County Schools School board member

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 08 / 2012

Transaction ID : SA11AI.4673

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Lorri Lassiter

Mailing Address 320 Redwing Lane

City State Zip Code
St. Augustine FL 32080

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

Name of Employer Occupation
Self-employed Property manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11AI.4650

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Patricia Owens

Mailing Address 1913 Village Glen Drive

City State Zip Code
St. Johns FL 32259

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

Name of Employer Occupation
None Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period
300.00

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

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

800.00

**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 20
	<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)
Bev Slough for Congress

A. Full Name (Last, First, Middle Initial)
Terry Sharkey

Mailing Address 690 Nottingham Forest Circle

City St. Johns State FL Zip Code 32259

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

Name of Employer Bank of America Occupation Systems Analyst

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2012

Transaction ID : SA11AI.4691

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mike Wroten

Mailing Address 2828 SR 13, North

City St. Johns State FL Zip Code 32259

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

Name of Employer Self-employed Occupation Financial advisor

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 / 21 / 2012

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period
500.00

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).....

750.00

2500.00

**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 20
	<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)
Bev Slough for Congress

A. Full Name (Last, First, Middle Initial)
BEVERLY ANN SLOUGH

Mailing Address **341 W ADELAIDE DR**

City **ST JOHNS** State **FL** Zip Code **32259**

FEC ID number of contributing federal political committee. **C H2FL06141**

Name of Employer **St. Johns County School Board** Occupation **Board Chairman**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
20000.00

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

Transaction ID : SA13A.4654

Amount of Each Receipt this Period
10000.00

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

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

Amount of Each Receipt this Period

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

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

10000.00

10000.00

**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 9 OF 20	
	<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)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. Arc and SCC		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 1050 N. Davis Street		Amount of Each Disbursement this Period 114.00
City Jacksonville	State FL Zip Code 32209	
Purpose of Disbursement Reimbursement to Johnson for copying charges		Transaction ID : SB17.4620
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. AWA Contracting		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 4980 Julington Creek Road		Amount of Each Disbursement this Period 1332.91
City Jacksonville	State FL Zip Code 32258	
Purpose of Disbursement Lumber for signs		Transaction ID : SB17.4593
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Brucci's		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address 540 State Road 13 Suite 10		Amount of Each Disbursement this Period 126.14
City St. Johns	State FL Zip Code 32259	
Purpose of Disbursement Reimbursement to Dunbar for food for volunteers		Transaction ID : SB17.4591
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1332.91
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 10 OF 20			
	<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)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. Deborah Dunbar		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address 1518 Mallard Landing Blvd.		Amount of Each Disbursement this Period 364.94 Transaction ID : SB17.4583
City St. Johns State FL Zip Code 32259	Purpose of Disbursement Reimbursement - See detail described as "memo item"	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Dixie Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 128 River Cove Circle		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4605
City St. Augustine State FL Zip Code 32086	Purpose of Disbursement Strategy consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Dixie Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 128 River Cove Circle		Amount of Each Disbursement this Period 1711.15 Transaction ID : SB17.4606
City St. Augustine State FL Zip Code 32086	Purpose of Disbursement Automated phone calls	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4576.09
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 11 OF 20			
	<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)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. Dixie Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 128 River Cove Circle		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4607
City St. Augustine	State FL	
Purpose of Disbursement Strategy consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Dixie Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 128 River Cove Circle		Amount of Each Disbursement this Period 4371.61 Transaction ID : SB17.4608
City St. Augustine	State FL	
Purpose of Disbursement Brochure mailers and postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Dixie Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 128 River Cove Circle		Amount of Each Disbursement this Period 3439.11 Transaction ID : SB17.4609
City St. Augustine	State FL	
Purpose of Disbursement Brochures		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	10810.72
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 12 OF 20	
	<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)
Bev Slough for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Fast Signs		M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 2141 St. Johns Bluff Road		Amount of Each Disbursement this Period
City Jacksonville State FL Zip Code 32246		194.21
Purpose of Disbursement Reimbursement to Johnson for vinyl signs		Transaction ID : SB17.4618
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2012	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Federal Election Committee		M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 999 E. Street, N.W.		Amount of Each Disbursement this Period
City Washington State DC Zip Code 20463		15.00
Purpose of Disbursement Reimbursement to Johnson for webinar registration fee		Transaction ID : SB17.4612
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2012	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Historic City News		M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address P.O. Box 970		Amount of Each Disbursement this Period
City St. Augustine State FL Zip Code 32085		300.00
Purpose of Disbursement Newspaper Advertising		Transaction ID : SB17.4581
Candidate Name		
Office Sought:	Disbursement For: 2012	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 20	
	<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)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. Deborah A. Johnson		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 5310 Hampton Gable Court W.		Amount of Each Disbursement this Period 986.04 Transaction ID : SB17.4610
City Jacksonville	State FL	
Zip Code 32257	Purpose of Disbursement Reimbursement - see detail described as "memo item"	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. L. Werninck & Sons		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2012
Mailing Address 32 Louise Street		Amount of Each Disbursement this Period 1122.33 Transaction ID : SB17.4603
City St. Augustine	State FL	
Zip Code 32084	Purpose of Disbursement Lumber for signs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Lake Street Publishing Co.		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 330 North Summit Street		Amount of Each Disbursement this Period 448.89 Transaction ID : SB17.4622
City Crescent City	State FL	
Zip Code 32112	Purpose of Disbursement Newspaper advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2557.26
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 14 OF 20	
	<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)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 10601 San Jose Blvd. Suite 200		Amount of Each Disbursement this Period 466.56
City Jacksonville	State FL Zip Code 32257	
Purpose of Disbursement Reimbursement to Johnson for canvassing supplies		Transaction ID : SB17.4614
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Palm Coast Observer		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address P.O. Box 353850		Amount of Each Disbursement this Period 466.56
City Palm Coast	State FL Zip Code 32135	
Purpose of Disbursement Newspaper advertising		Transaction ID : SB17.4597
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Papa Johns		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 2750 Racetrack Road		Amount of Each Disbursement this Period 42.40
City St. Johns	State FL Zip Code 32259	
Purpose of Disbursement Reimbursement to Johnson for food and beverages for volunteers		Transaction ID : SB17.4616
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	466.56
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 15 OF 20			
	<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)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. Party City		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address 11112-12 San Jose Blvd.		Amount of Each Disbursement this Period 88.44
City Jacksonville State FL Zip Code 32223	Purpose of Disbursement Reimbursement to Dunbar for fundraising supplies	
Candidate Name	Category/Type	Transaction ID : SB17.4587
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Ponte Vedra Recorder		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address P.O. Box 501		Amount of Each Disbursement this Period 312.00
City Ponte Vedra Beach State FL Zip Code 32004	Purpose of Disbursement Newspaper advertising	
Candidate Name	Category/Type	Transaction ID : SB17.4599
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Publix		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address 450 SR 13, North Suite 109		Amount of Each Disbursement this Period 105.36
City St. Johns State FL Zip Code 32259	Purpose of Disbursement Reimbursement to Dunbar for food and beverages for volunteers	
Candidate Name	Category/Type	Transaction ID : SB17.4585
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	312.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20			
	<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)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. RT Publishing		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 12443 San Jose Blvd. Suite 403		Amount of Each Disbursement this Period 675.00 Transaction ID : SB17.4575
City Jacksonville State FL Zip Code 32223	Purpose of Disbursement Newspaper Advertising	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The West Volusia Beacon		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 110 W. New York Avenue		Amount of Each Disbursement this Period 513.00 Transaction ID : SB17.4595
City DeLand State FL Zip Code 32720	Purpose of Disbursement Newspaper advertising	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. U.S. Postal Service Jacksonville		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address 4411 Sunbeam Road		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.4589 [MEMO ITEM]
City Jacksonville State FL Zip Code 32257	Purpose of Disbursement Reimbursement to Dunbar for postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1188.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 20			
	<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)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. U.S. Postal Service Jacksonville		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 4411 Sunbeam Road		Amount of Each Disbursement this Period 564.85
City Jacksonville	State FL Zip Code 32257	
Purpose of Disbursement Reimbursement to Johnson for postage and stamps		Transaction ID : SB17.4611
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	[MEMO ITEM]
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	21543.54

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Bev Slough for Congress

Transaction ID : **SC/10.4107**

LOAN SOURCE Full Name (Last, First, Middle Initial)
BEVERLY ANN SLOUGH

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
341 W ADELAIDE DR

City State ZIP Code
ST JOHNS FL 32259

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5000.00 0.00 5000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 04 / Y 2012 M M / D D / On Demand 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 5000.00

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

NAME OF COMMITTEE (In Full) **Bev Slough for Congress** Transaction ID : **SC/10.4165**

LOAN SOURCE Full Name (Last, First, Middle Initial) BEVERLY ANN SLOUGH	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 341 W ADELAIDE DR	

City	State	ZIP Code
ST JOHNS	FL	32259

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 25 / Y 2012	M / D / Y On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	5000.00
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Bev Slough for Congress

Transaction ID : **SC/10.4654**

LOAN SOURCE Full Name (Last, First, Middle Initial)
BEVERLY ANN SLOUGH

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
341 W ADELAIDE DR

City State ZIP Code
ST JOHNS FL 32259

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000.00 0.00 10000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 25 / Y 2012 M M / D D / Y On demand 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00
TOTALS This Period (last page in this line only)..... ▶ 20000.00

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