

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

Jim Slone 4 Congress Committee

ADDRESS (number and street) ▼

42075 Oberlin Elyria Road

Check if different than previously reported. (ACC)

Elyria

OH

44035

2. **FEC IDENTIFICATION NUMBER** ▼

C 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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

**[Electronically Filed]**

Date

/  /

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									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Jim Slone 4 Congress Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	4963.00	26080.70
(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)).....	4963.00	26080.70
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	9360.77	18655.66
(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)).....	9260.77	18536.22
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	7544.48	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	870.00	5215.00
(ii) Unitemized.....	3183.00	9231.10
(iii) TOTAL of contributions from individuals ▶	4053.00	14446.10
(b) Political Party Committees.....	600.00	600.00
(c) Other Political Committees (such as PACs).....	310.00	11034.60
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4963.00	26080.70
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	100.00	119.44
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	5063.00	26200.14

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9360.77	18655.66
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	9360.77	18655.66

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11842.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5063.00
25. SUBTOTAL (add Line 23 and Line 24).....	16905.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9360.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7544.48

**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 22
	<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	

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**

Full Name (Last, First, Middle Initial) <b>Joe Gee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2012
Mailing Address 588 Kenilworth		<b>Transaction ID : SA11AI.4794</b>
City Sheffield lake	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Photographer	Fundraiser - Steak Fry - Cash
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 207.00	

Full Name (Last, First, Middle Initial) <b>Carol Ignatz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 25 / 2012
Mailing Address 5047 Shady Moss Lane		<b>Transaction ID : SA11AI.4610</b>
City North Ridgeville	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Retired	Occupation Postal worker	Fundraiser - Spaghetti Dinner
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 395.00	

Full Name (Last, First, Middle Initial) <b>Carol Ignatz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2012
Mailing Address 5047 Shady Moss Lane		<b>Transaction ID : SA11AI.4663</b>
City North Ridgeville	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Retired	Occupation Postal worker	Fundraiser - Steak Fry
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 22
	<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 22
	<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) <b>A. Argena Patouhas</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2012
Mailing Address 42075 Oberlin Elyria Road		<b>Transaction ID : SA11AI.4858</b>
City Elyria	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer UAW Local 2192	Occupation Financial Secretary - Treasure	Cash donation
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 220.00	

Full Name (Last, First, Middle Initial) <b>B. Argena Patouhas</b>		Date of Receipt MM / DD / YYYY 08 / 20 / 2012
Mailing Address 42075 Oberlin Elyria Road		<b>Transaction ID : SA11AI.4677</b>
City Elyria	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UAW Local 2192	Occupation Financial Secretary - Treasure	Fundraiser - Steak Fry
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 270.00	

Full Name (Last, First, Middle Initial) <b>C. Argena Patouhas</b>		Date of Receipt MM / DD / YYYY 08 / 20 / 2012
Mailing Address 42075 Oberlin Elyria Road		<b>Transaction ID : SA11AI.4839</b>
City Elyria	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer UAW Local 2192	Occupation Financial Secretary - Treasure	Donation - cash
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 22
	<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)  
**Kevin S Watkinson**

Mailing Address 4155 Berkeley Drive

City Sheffield Village State OH Zip Code 44054

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

Name of Employer Retired Occupation 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

**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 22
	<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) <b>A. Dennis P Will</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 25 / 2012	
Mailing Address 5213 Parkhurst Drive		<b>Transaction ID : SA11Al.4634</b>	
City Sheffield Village	State OH	Zip Code 44054	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 50.00 Spahetti Dinner Fundraiser	
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 _____ 344.00		

Full Name (Last, First, Middle Initial) <b>B. Dennis P Will</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2012	
Mailing Address 5213 Parkhurst Drive		<b>Transaction ID : SA11Al.4680</b>	
City Sheffield Village	State OH	Zip Code 44054	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 25.00 Fundraiser - Steak Fry	
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>C. Kevin L Zacovic</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2012	
Mailing Address 2729 W 40th Street		<b>Transaction ID : SA11Al.4662</b>	
City Lorain	State OH	Zip Code 44053	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 150.00 Fundraiser - Steak Fry	
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		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 225.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ 870.00

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

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

FOR LINE NUMBER: PAGE 10 OF 22  
(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)  
**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 11 OF 22
	<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 12 OF 22
	<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: (check only one)	PAGE 13 OF 22
	<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)  
**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 14 OF 22
	<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 15 OF 22			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Amherst Eagles #1442</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2012
Mailing Address 1161 Milan Ave		Amount of Each Disbursement this Period 267.50 <b>Transaction ID : SB17.4620</b>
City Amherst State OH Zip Code 44001	Purpose of Disbursement Steak Fry Fundraiser - rent, beverages Category/Type 003	
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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>B. Chronicle Telegram Newspaper</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2012
Mailing Address 225 East Ave		Amount of Each Disbursement this Period 299.25 <b>Transaction ID : SB17.4805</b>
City Elyria State OH Zip Code 44035	Purpose of Disbursement Advertising Category/Type 004	
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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>c. Giant Eagle #231</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2012
Mailing Address 5231 Detroit Road		Amount of Each Disbursement this Period 1100.00 <b>Transaction ID : SB17.4618</b>
City Sheffield Village State OH Zip Code 44054	Purpose of Disbursement Steak Fry Fundraiser - steak, salad, dressing, rolls, potatoes Category/Type 003	
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1666.75
<b>TOTAL</b> 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 22			
	<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) <b>A. Gordon Food Service</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2012
Mailing Address 5349 Abbe Road		Amount of Each Disbursement this Period 298.19 <b>Transaction ID : SB17.4585</b>
City Elyria	State OH	
Zip Code 44035	Purpose of Disbursement Supplies for Spaghetti Dinner Fundraiser	Category/ Type 003
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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>B. Lake Screen Printing Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 459.71 <b>Transaction ID : SB17.4584</b>
City Lorain	State OH	
Zip Code 44052	Purpose of Disbursement automobile decals	Category/ Type 004
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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>c. Lake Screen Printing Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4598</b>
City Lorain	State OH	
Zip Code 44052	Purpose of Disbursement T- Shirts, Baseball Caps, Car Magnets	Category/ Type 004
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1057.90
<b>TOTAL</b> 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 22	
	<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) <b>A. Lake Screen Printing Inc</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 409.88 <b>Transaction ID : SB17.4614</b>
City Lorain	State OH	
Zip Code 44052	Purpose of Disbursement T shirts - order number 4170	Category/ Type 001
Candidate Name <b>Jim Slone 4 Congress Committee</b>		
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>B. Lake Screen Printing Inc</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 94.44 <b>Transaction ID : SB17.4625</b>
City Lorain	State OH	
Zip Code 44052	Purpose of Disbursement Baseball Caps - order #4171	Category/ Type 004
Candidate Name <b>Jim Slone 4 Congress Committee</b>		
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>c. Lake Screen Printing Inc</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 264.00 <b>Transaction ID : SB17.4803</b>
City Lorain	State OH	
Zip Code 44052	Purpose of Disbursement Yard Signs	Category/ Type 004
Candidate Name <b>Jim Slone 4 Congress Committee</b>		
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	768.32
<b>TOTAL</b> 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 18 OF 22			
	<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) <b>A. Lake Screen Printing Inc</b>		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 <b>Transaction ID : SB17.4814</b>
City Lorain	State OH	
Zip Code 44052	Purpose of Disbursement Yard Signs	Category/ Type 004
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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>B. Lorain County Organized Labor Festival</b>		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 <b>Transaction ID : SB17.4580</b>
City Lorain	State OH	
Zip Code 44053	Purpose of Disbursement 1/2 page ad in booklet	Category/ Type 004
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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>c. Maverick Media of Lima</b>		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 <b>Transaction ID : SB17.4807</b>
City Lima	State OH	
Zip Code 45805	Purpose of Disbursement Advertising	Category/ Type 004
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	841.59
<b>TOTAL</b> 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 19 OF 22	
	<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) <b>A. Superprinter Inc</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2012
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 644.94 <b>Transaction ID : SB17.4593</b>
City Lorain	State OH	
Purpose of Disbursement Football schedules	Category/ Type 004	
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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>B. Superprinter Inc</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 164.69 <b>Transaction ID : SB17.4583</b>
City Lorain	State OH	
Purpose of Disbursement 2500 business cards	Category/ Type 004	
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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>c. Superprinter Inc</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2012
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 39.32 <b>Transaction ID : SB17.4597</b>
City Lorain	State OH	
Purpose of Disbursement Reimburse J. Slone for Cost of Fundraiser Steak Fry Tickets	Category/ Type 003	
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	848.95
<b>TOTAL</b> 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 20 OF 22	
	<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) <b>A. Superprinter Inc</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2012
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 478.13 <b>Transaction ID : SB17.4599</b>
City Lorain	State OH	
Purpose of Disbursement Tri-Fold Football Schedules	Category/ Type 004	
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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>B. Superprinter Inc</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2012
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 478.13 <b>Transaction ID : SB17.4633</b>
City Lorain	State OH	
Purpose of Disbursement Football Schedules - 49958	Category/ Type 004	
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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>c. Urbana Daily Citizen</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2012
Mailing Address P O Box 191		Amount of Each Disbursement this Period 588.00 <b>Transaction ID : SB17.4809</b>
City Urbana	State OH	
Purpose of Disbursement Newspaper Advertising	Category/ Type 004	
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1544.26
<b>TOTAL</b> 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 21 OF 22			
	<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) <b>A. Vermilion Valley Vineyards</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2012
Mailing Address 1105 Gore Orphanage Road		Amount of Each Disbursement this Period 830.40 <b>Transaction ID : SB17.4626</b>
City Amherst State OH Zip Code 44001	Purpose of Disbursement Wine Tasting Fundraiser - rental, wine 003 Category/Type	
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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>B. WBLL/WPKO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012
Mailing Address 1501 County Road 235		Amount of Each Disbursement this Period 285.12 <b>Transaction ID : SB17.4811</b>
City Bellefontaine State OH Zip Code 43311	Purpose of Disbursement Radio Advertising 004 Category/Type	
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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>c. WEOL - Elyria-Lorain Broadcasting Co, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2012
Mailing Address P O Box 4006		Amount of Each Disbursement this Period 448.00 <b>Transaction ID : SB17.4641</b>
City Elyria State OH Zip Code 44036-2006	Purpose of Disbursement 10 - 30 second radio spots 004 Category/Type	
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1563.52
<b>TOTAL</b> 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 22 OF 22	
	<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) <b>A. WEOL - Elyria-Lorain Broadcasting Co, Inc</b>		Date of Disbursement MM / DD / YYYY <b>08 / 30 / 2012</b>
Mailing Address P O Box 4006		Amount of Each Disbursement this Period 204.00 <b>Transaction ID : SB17.4645</b>
City Elyria State OH Zip Code 44036-2006	Purpose of Disbursement Radio spots - WLKR AM & FM Category/Type 004	
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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>B.</b>		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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	204.00
<b>TOTAL</b> This Period (last page this line number only).....	8495.29