

**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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 09 / 30 / 2013

	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))....	2250.00	33931.26
(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)).....	2250.00	33931.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3969.57	31630.76
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	181.10
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3969.57	31449.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2213.01	
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).....	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: / /

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).....	1700.00	7373.91
(ii) Unitemized.....	550.00	10321.10
(iii) TOTAL of contributions from individuals ▶	2250.00	17695.01
(b) Political Party Committees.....	0.00	3600.00
(c) Other Political Committees (such as PACs).....	0.00	11983.30
(d) The Candidate.....	0.00	652.95
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2250.00	33931.26
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	181.10
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	256.02
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	2250.00	34368.38

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3969.57	31630.76
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	307.53	524.61
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4277.10	32155.37

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4240.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2250.00
25. SUBTOTAL (add Line 23 and Line 24).....	6490.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4277.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2213.01

**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 9
	<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

A. Full Name (Last, First, Middle Initial)
Paul Adams

Mailing Address 3180 Parkside Circle West

City Lorain State OH Zip Code 44053

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

Name of Employer Lorain Count (Ohio) Occupation Director, Board of Elections

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
232.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SA11AI.5256

Amount of Each Receipt this Period
100.00

correct date of personal check is 1/21/12

B. Full Name (Last, First, Middle Initial)
Anthony B Giardini

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 Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SA11AI.5255

Amount of Each Receipt this Period
1000.00

correct date of personal check is 1/20/12

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

Mailing Address 5047 Shady Moss Lane

City North Ridgeville State OH Zip Code 44039

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

Name of Employer Retired Occupation Postal worker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SA11AI.5254

Amount of Each Receipt this Period
100.00

correct date of personal check is 1/16/12

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

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

1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 9
(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)
Thomsas Smith

Mailing Address 193 Windbrook Court

City Elyria State OH Zip Code 44035

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : SA11A1.5263

Amount of Each Receipt this Period
500.00

correct date of personal check is 1/30/12

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 M / D 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 M / D 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).....

500.00

1700.00

**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 7 OF 9			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Jim Slone 4 Congress Committee		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 42075 Oberlin Elyria Road		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.5234
City Elyria State OH Zip Code 44035	Purpose of Disbursement newspaper ads - correct date of check is 10/19/12 Category/Type 004	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 04		

Full Name (Last, First, Middle Initial) B. Lake Screen Printing Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 692.00 Transaction ID : SB17.5227
City Lorain State OH Zip Code 44052	Purpose of Disbursement 50% 0442 (hats/shirts) dated 3/15/12 Category/Type 004	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 04		

Full Name (Last, First, Middle Initial) c. Lake Screen Printing Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 57.38 Transaction ID : SB17.5229
City Lorain State OH Zip Code 44052	Purpose of Disbursement car magnets - #9000 - dated 5/8/12 Category/Type 004	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 04		

SUBTOTAL of Disbursements This Page (optional).....	2349.38
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 8 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Maverick Media of Lima		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 1301 North Cable Road		Amount of Each Disbursement this Period 693.00 Transaction ID : SB17.5233
City Lima	State OH	
Zip Code 45805		Category/ Type 004
Purpose of Disbursement radio ads (Pa--212103988) - correct date of check is 10/19/12		
Candidate Name Jim Slone 4 Congress Committee		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 04	

Full Name (Last, First, Middle Initial) B. JAMES M M SLONE		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 69.69 Transaction ID : SB17.5240
City ELYRIA	State OH	
Zip Code 44035		Category/ Type 004
Purpose of Disbursement reimburse gas/candy - correct date of check is 11/13/12		
Candidate Name Jim Slone 4 Congress Committee		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 04	

Full Name (Last, First, Middle Initial) C. JAMES M M SLONE		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 110.00 Transaction ID : SB17.5244
City ELYRIA	State OH	
Zip Code 44035		Category/ Type 004
Purpose of Disbursement reimburse facebook ads- correct date of check is 2/1/13		
Candidate Name Jim Slone 4 Congress Committee		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 04	

SUBTOTAL of Disbursements This Page (optional).....	872.69
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 9 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Superprinter Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 297.50 Transaction ID : SB17.5230
City Lorain	State OH	
Purpose of Disbursement business cards #49551 - dated 6/20/12		Category/ Type 001
Candidate Name Jim Slone 4 Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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. The Morning Journal		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address P O Box 430280		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5237
City Pontiac	State MI	
Purpose of Disbursement Newspaper ads - correct date of check is 10/19/12		Category/ Type 004
Candidate Name Jim Slone 4 Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 04	

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

SUBTOTAL of Disbursements This Page (optional).....	547.50
TOTAL This Period (last page this line number only).....	3769.57