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Image# 13941673597

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Co	mmittee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		Example: If typin over the lines.	g, type	12FE4M5	
Bev Slough for Co	ongress					1
ADDRESS (number and stre	eet) 341 W. Adelai	de Drive				
Check if differen						
than previously reported. (ACC)	St. Johns				FL S	32259
2. FEC IDENTIFICATI	ON NUMBER ▼	CITY			STATE	ZIP CODE
C C00517979		3. IS THIS REPORT	NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT PED FL
	T (2)	I				
4. TYPE OF REPOR	· ·	(b) 12-Day PR	E-Election Repo	ort for the:		
(a) Quarterly Report	.5.		Primary (12P)	General (1	2G) Runoff (12R)
April 15 Qua	arterly Report (Q1)		Convention (120)	Special (12	26)
July 15 Qua	rterly Report (Q2)	_	Convention (120)	Special (12	20)
October 15	Quarterly Report (Q3)	Election o	n M M /	D D /	Y Y Y Y	in the State of
January 31	Year-End Report (YE)	(c) 30-Day PC	ST-Election Rep	oort for the:		
			General (30G	G)	Runoff (30	R) Special (30S)
X Termination	Report (TER)	Election o	n M M /	D D /	Y " Y " Y	in the State of
5. Covering Period	M M / D D D 01	/ Y Y Y Y Y 2013	through	M M M 09	30	2013
I certify that I have exami	ined this Report and t	o the best of my	knowledge and	belief it is tr	ue, correct and	l complete.
Type or Print Name of Tre	easurer Deborah A. C	Johnson				
Signature of Treasurer	Deborah A. Johnson		[Electronically I	Filed] [Date 09	30 / 2013
NOTE: Submission of false	, erroneous, or incompl	ete information ma	y subject the per	son_signing	this Report to th	ne penalties of 2 U.S.C. §437g.
Office Use						FEC FORM 3
Only						(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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88813.69

Write or Type Committee Name
Bev Slough for Congress

R	leport		07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 09 30 / Y 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))	0.00	65109.86
	(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))	0.00	65109.86
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	88863.69
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	50.00

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

(c) Net Operating Expenditures

(subtract Line 7(b) from Line 7(a))......

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

	7			7			
	7	_	_	7	_	_	0.00
_						_	0.00

0.00

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

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Bev Slough for Congress

	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)	0.00	49011.46
	(ii) Unitemized	0.00	16098.40
	(iii) TOTAL of contributions from individuals	0.00	65109.86
	(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
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	65109.86
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	23800.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	23800.00
4.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	50.00
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	88959.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	88863.69
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	0.00	0.00
	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)	0.00	88863.69
	III. CASH S	UMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	DRTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	NG PERIOD	0.00

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

5

×	13a
	13b

OANS		for each category of the Detailed Summary Page	(check only one) X 13a
IAME OF COMMITTEE (In Full) Bev Slough for Congress		Transaction	n ID : SC/10.4107
LOAN SOURCE Full Name (Last, First, Mid BEVERLY ANN SLOUGH	ddle Initial)		lection: 2012
Mailing Address 341 W ADELAIDE DR			General Other (specify) ▼
City	State ZIP Cod	de	
ST JOHNS	FL 32259		
Original Amount of Loan 5000.00	Cumulative Payment To I	Date Balance	e Outstanding at Close of This Period 0.00
Date Incurred MO4 / DO4 / Y Ž01Ž Y		Interest Rate Demand 0.00	Secured: % (apr) Secured: Yes No
List All Endorsers or Guarantors (if any) t 1. Full Name (Last, First, Middle Initial)	to Loan Source	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:	7
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). FOTALS This Period (last page in this line only			0.00
Carry outstanding balance only to LINE 3, Sc	hedule D, for this line. If n	no Schedule D, carry forward	d to appropriate line of Summary.

1mage# 13941673602 PAGE 6 / 13

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4107

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

×	13a
	13b

OANS			for each category of the Detailed Summary Page (check only one)	13a 13b
AME OF COMMITTEE (In Full Bev Slough for Congre	•		Transaction ID : SC/10.4165	
LOAN SOURCE Full Name BEVERLY ANN SLC	•	dle Initial)	Election: 2012 Primary	
Mailing Address 341 W ADELAIDE DR			General Other (specify) ▼	
City		State ZII	P Code	
ST JOHNS		FL 32	2259	
Original Amount of Loan	5000.00	Cumulative Payme	ent To Date Balance Outstanding at Close of This 0.00 0.00	
TERMS Date Incurred M 05 M / P 25 D / Y	ž01ž ^Y	Date	Due Interest Rate Secured: On Ďemand 0.00 % (apr)	X No
List All Endorsers or Guar 1. Full Name (Last, First, N		Loan Source	Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, M	iddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, M	iddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, M	iddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This	Page (optional)			00
TOTALS This Period (last page	e in this line only)		
Carry outstanding balance on	ly to LINE 3, Sch	edule D, for this lin	ne. If no Schedule D, carry forward to appropriate line of Sumi	mary.

1mage# 13941673604 PAGE 8 / 13

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4165

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

×	13a
	13h

13

OF

(check only one) Detailed Summary Page Transaction ID: SC/10.4654 NAME OF COMMITTEE (In Full) **Bev Slough for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary BEVERLY ANN SLOUGH General Mailing Address Other (specify) 341 W ADELAIDE DR State ZIP Code City FL 32259 ST JOHNS Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D25 ^M 07^M Ž012 0.00 On demand % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 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.

1mage# 13941673606 PAGE 10 / 13

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4654

(Current loan amount of 10000.00 from a balance of 10000.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11

×	13a
	13b

OANS			for each category of the Detailed Summary Page (check only one)
AME OF COMMITTEE (In Full	,		Transaction ID : SC/10.4784
LOAN SOURCE Full Name BEVERLY ANN SLO	•	ddle Initial)	Election: 2012 Primary
Mailing Address 341 W ADELAIDE DR			General Other (specify) ▼
City		State ZIF	² Code
ST JOHNS		FL 32	2259
Original Amount of Loan	3700.00	Cumulative Paymen	Date Balance Outstanding at Close of This Perio 0.00 0.00
TERMS Date Incurred M 09 M / D 09 D / Y	ž01ž ^Y	Date	Due Interest Rate Secured: On Ďemand 0.00 % (apr)
List All Endorsers or Guar 1. Full Name (Last, First, N		o Loan Source	Name of Employer
, , ,	madio initial)		
Mailing Address			Occupation Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)		0.00
FOTALS This Period (last page	e in this line only	·)	······································
Carry outstanding balance on	ly to LINE 3, Sch	nedule D, for this lin	e. If no Schedule D, carry forward to appropriate line of Summary.

1mage# 13941673608 PAGE 12 / 13

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4784

(Current loan amount of 3700.00 from a balance of 3700.00 has been forgiven)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

13

×	13a
	13b

OANS		for each category of the Detailed Summary Page	(check only one) X 13a
IAME OF COMMITTEE (In Fu	,	Transaction	on ID : SC/10.4786
Bev Slough for Congr	ess		
LOAN SOURCE Full Nam BEVERLY ANN SLO		Election: 2012 Primary General	
Mailing Address 341 W ADELAIDE DR			Other (specify) ▼
City	State ZIF	Code	
ST JOHNS	FL 32	2259	
Original Amount of Loan	Cumulative Paymer	nt To Date Balance	ce Outstanding at Close of This Period
	100.00	67.12	0.00
TERMS Date Incurred M 09 / D 10 / D	ed Date	Due Interest Rate On Ďemand 0.00	Secured: % (apr)
List All Endorsers or Gua	arantors (if any) to Loan Source		Yes No
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, I	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, I	viiddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	p 1 m
4. Full Name (Last, First, I	vliddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This	s Page (optional)	······	0.00
FOTALS This Period (last page	ge in this line only)		0.00
Carry outstanding balance o	nly to LINE 3, Schedule D, for this line	e. If no Schedule D, carry forwa	rd to appropriate line of Summary.