10/15/2012 21 : 57

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FEC FORM 3

FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Autho	orized Com	mittee	Of	fice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing, typ er the lines.	e 12FE4M5	
Bev Slough for Congr	ess				
	3501 N. Ponce de L	eon Blvd.			
ADDRESS (number and street)					
Check if different	Suite B, #368				
than previously reported. (ACC)	St. Augustine			FL 320	¹⁸⁴
2. FEC IDENTIFICATION N	NUMBER ▼	CITY A		STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00517979	3	. IS THIS REPORT	× NEW (N) OF	AMENDED (A)	FL 06
4. TYPE OF REPORT (C	Choose One)				
(a) Quarterly Reports:	(b)	12-Day PRE	-Election Report for	the:	_
April 15 Quarterly	Report (O1)	Ш	Primary (12P)	General (12G) Runoff (12R)
			Convention (12C)	Special (12S)	
July 15 Quarterly	Report (Q2)		M " M / D "	D / Y Y Y Y	in the
X October 15 Quart	erly Report (Q3)	Election on			State of
January 31 Year-E	End Report (YE) (c)	30-Day POS	T-Election Report fo	r the:	
			General (30G)	Runoff (30R)	Special (30S)
Termination Report	rt (TER)	Election on	M M / D	D / Y Y Y Y	in the State of
5. Covering Period	07	Y Y Y 2012	through	M M / D D / Y	2012
I certify that I have examined t	this Report and to the	best of my kr	nowledge and belief	it is true, correct and co	omplete.
Type or Print Name of Treasure	rer Deborah A. Johnson	on			
Signature of Treasurer De	eborah A. Johnson		[Electronically Filed]	Date 10	15 / 2012
NOTE: Submission of false, erro	neous, or incomplete in	formation may	subject the person si	gning this Report to the p	penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

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

PAGE 2 / 21

Write or Type Committee Name

_	sev	Slough for Congress		
R	eport	t Covering the Period: From:	07 / 26 / Y Y Y Y Y Y TO:	M M 7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
3.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	4820.00	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))	4820.00	65109.86
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	40639.88	88873.69
	(b)	Total Offsets to Operating Expenditures (from Line 14)	50.00	50.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	40589.88	88823.69
8.		sh on Hand at Close of porting Period (from Line 27)	86.17	
9.	the	ots and Obligations Owed TO Committee (Itemize all on needule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	23800.00	

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 PAGE 3 / 21

Write or Type Committee Name

FEC Form 3 (Revised 12/2003)

Bev Slough for Congress

Report Covering the Period: From: 07 26 2012 To: 09 30 2012

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. (CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	2650.00	49011.46
	(ii) Unitemized	2170.00	16098.40
	(iii) TOTAL of contributions from individuals	4820.00	65109.86
,	b) Political Party Committees	0.00	0.00
((such as PACs)	0.00	0.00
`	d) The Candidatee) TOTAL CONTRIBUTIONS (other than loans)	0.00	0.00
	(add Lines 11(a)(iii), (b), (c), and (d))	4820.00	65109.86
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
	OANS: a) Made or Guaranteed by the		
(a) Made or Guaranteed by the Candidate	3800.00	23800.00
,	b) All Other Loans	0.00	0.00
((add Lines 13(a) and (b))	3800.00	23800.00
	DFFSETS TO OPERATING EXPENDITURES		
	Refunds, Rebates, etc.)	50.00	50.00
	DTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
- 1	TOTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	8670.00	88959.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 21

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	40639.88	88873.69
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 Than Political Committees	0.00	0.00
		200	
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(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)	40639.88	88873.69
	III. CASH SU	IMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	32056.05
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	8670.00
25.	SUBTOTAL (add Line 23 and Line 24)		40726.05
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	40639.88
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	86.17

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

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

FOR LINE NUMBER:					PAGE	:	5	OF	21
(check only one)									
X	11a		11b		11c		11	d	_
	12		13a		13b		14	ļ	15

		Statements may not be sold or used by any per e name and address of any political committee	
	NAME OF COMMITTEE (In Full) Bev Slough for Congress		
Α.	Full Name (Last, First, Middle Initial) Arthur Allen Mailing Address 4980 Julington Creek Road	Date of Receipt	
	4900 Juliigton Greek Noad		08 08 2012
	City Jacksonville	State Zip Code FL 32258	Transaction ID : SA11AI.4772
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer AWA Contracting	Occupation Owner	500.00
	Receipt For: 2012 Primary General Other (specify)	Election Cycle-to-Date 500.00	
В.	Full Name (Last, First, Middle Initial) Tim Allen		Date of Receipt
٠.	Mailing Address 129 Linda Lake Lane		08
	City St. Augustine	State Zip Code FL 32095	Transaction ID : SA11AI.4741
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer	Occupation	250.00
	PBI/Gordon Corporation Receipt For: 2012	Sales	
	Primary General Other (specify)	Election Cycle-to-Date 250.00	
_	Full Name (Last, First, Middle Initial) Ann Breidenstein		Date of Receipt
C.	Mailing Address 14 Perkins Lane		08 08 2012
	City Palm Coast	State Zip Code FL 32164	Transaction ID : SA11AI.4743
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer United Way of St. Johns County	Occupation Executive Director	50.00
	Receipt For: 2012	Election Cycle-to-Date	
	Primary General Other (specify)	300.00	
Г	SUBTOTAL of Receipts This Page (optional)		800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:				PAGE	:	ь	OF		21	
(check only one)										
	11a		11b		11c		11	d		_
	12		13a		13b		14			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)

	NAME OF COMMITTEE (In Full) Bev Slough for Congress		
Α.	Full Name (Last, First, Middle Initial) Michael Brown Mailing Address 1321 Wedgewood Road		Date of Receipt
	City St. Johns	08 08 2012 Transaction ID : SA11AI.4744	
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Wakefield, Beasley & Assoc.	Occupation Architect	230.00
	Receipt For: 2012 Primary General Other (specify)	Election Cycle-to-Date 250.00	
В.	Full Name (Last, First, Middle Initial) Christine Cothron		Date of Receipt
υ.	Mailing Address 228 Redfish Creek Drive		08
	City St. Augustine	State Zip Code FL 32095	Transaction ID : SA11AI.4750
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer First Coast Technical College	Occupation President	100.00
	Receipt For: 2012 Primary General Other (specify)	Election Cycle-to-Date 350.00	
— С.	Full Name (Last, First, Middle Initial) Susan Martin		Date of Receipt
U.	Mailing Address 12464 Blueberry Woods Circle	e W.	08 14 2012
	City Jacksonville	State Zip Code FL 32258	Transaction ID : SA11AI.4755
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer LPS		Occupation Program/Project Manager	500.00
	Receipt For: 2012 Primary General Other (specify)	Election Cycle-to-Date	
s	SUBTOTAL of Receipts This Page (optional)		850.00
Т	OTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 7 OF 21 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS 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) **Bev Slough for Congress** Full Name (Last, First, Middle Initial) Juhan Mixon Date of Receipt Mailing Address 2630 Noble Drive 2012 30 City State Zip Code Transaction ID: SA11AI.4762 FL 32308 Tallahassee FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation Mixon and Associates Owner Receipt For: 2012 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Janice Torbett Date of Receipt Mailing Address 971 Satsuma Circle 09 2012 City State Zip Code Transaction ID: SA11AI.4776 St. Johns FL 32259 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Owner Switzerland Dance School Receipt For: 2012 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Marshall Wolfe Date of Receipt Mailing Address 6277 County Road 16A 2012 12 City State Zip Code Transaction ID: SA11AI.4753 FL St. Augustine 32092 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Wolfe Lone Ranch Partner Receipt For: 2012 Election Cycle-to-Date | Yrimary General Other (specify) 250.00 1000.00 SUBTOTAL of Receipts This Page (optional)..... 2650.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOR LINE NUME	BER: PAGE	8 OF	21
Use separate schedule(s)	(check only one)			
for each category of the	11a1	1b 11c	11d	
Detailed Summary Page	12 X 13	3a 13b	14	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) **Bev Slough for Congress** Full Name (Last, First, Middle Initial) **BEVERLY ANN SLOUGH** Date of Receipt Mailing Address 341 W ADELAIDE DR 2012 09 City State Zip Code Transaction ID: SA13A.4784 FL 32259 ST JOHNS FEC ID number of contributing Amount of Each Receipt this Period H2FL06141 federal political committee. 3700.00 Name of Employer Occupation St. Johns County School Board **Board Chairman** Receipt For: 2012 Election Cycle-to-Date | Primary General 23700.00 Other (specify) Full Name (Last, First, Middle Initial) **BEVERLY ANN SLOUGH** Date of Receipt Mailing Address 341 W ADELAIDE DR 10 2012 City State Zip Code Transaction ID: SA13A.4786 ST JOHNS FL 32259 FEC ID number of contributing H2FL06141 Amount of Each Receipt this Period С federal political committee. 100.00 Name of Employer Occupation **Board Chairman** St. Johns County School Board Receipt For: 2012 Election Cycle-to-Date | Primary General 23800.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 3800.00 SUBTOTAL of Receipts This Page (optional)..... 3800.00 TOTAL This Period (last page this line number only).....

	CHEDULE B (EMIZED DISB	-	-	Use separate sch for each category Detailed Summar	nedule(s) y of the	FOR LINE NUMBER: PAGE 9 OF 21 (check only one) X 17		
						erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
	NAME OF COMMITTE Bev Slough fo							
Α.	Full Name (Last, First Al's Pizza	t, Middle Initial)				Date of Disbursement		
	Mailing Address 111	90 San Jose Blvd.				08 30 2012		
	City Jacksonville		State FL	Zip Code 32223		Amount of Each Disbursement this Period		
	Purpose of Disburser Reimbursement to S	ment immons for food fo	or election night venue	e		661.39 Transaction ID: SB17.4811		
	Candidate Name				Category/ Type	[MEMO ITEM]		
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General				
_	State: Dis Full Name (Last, First	strict: t. Middle Initial)						
В.	William Arnold Mailing Address 373	d	ue			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City		State	Zip Code		Amount of Each Disbursement this Period		
	Jacksonville		FL	32207		201.98		
	Purpose of Disburser Reimbursement to v	olunteer for mileag	e reimbursement			Transaction ID : SB17.4825		
					Category/ Type			
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General				
	State: Dis	strict:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Full Name (Last, First	t, Middle Initial)				Date of Disbursement		
C.	Costco					M M / D D / Y Y Y Y		
	Mailing Address 490	1 Gate Parkway				08 30 2012		
	City Jacksonville		'	p Code 2246		Amount of Each Disbursement this Period		
Purpose of Disbursement Reimbursement to Nelson for canvassing supplies				2240		45.16		
Candidate Name				Category/ Type	Transaction ID : SB17.4820			
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General	турс	[MEMO ITEM]		
	State: Dis	strict:		· · · · · · · · · · · · · · · · · · ·				
						201.98		

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

	· ·						
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 10 OF 21 (check only one) X 17		
	ny information copied from such Reports and Star for commercial purposes, other than using the				person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Bev Slough for Congress						
Α.	Full Name (Last, First, Middle Initial) Dixie Strategies, LLC				Date of Disbursement		
	Mailing Address 128 River Cove Circle				07 26 2012		
	City St. Augustine	State FL	Zip Code 32086		Amount of Each Disbursement this Period		
	Purpose of Disbursement Database Services - Data Purchase				549.90 Transaction ID : SB17.4789		
	Candidate Name			Category/ Type			
	Office Sought: House Senate President	sement For: Primary Other (s	General	,,			
	State: District:						
В.	Full Name (Last, First, Middle Initial) Dixie Strategies, LLC Mailing Address 128 River Cove Circle				Date of Disbursement M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y		
	City	State	Zip Code		Associated Freeh Diehousenseut this Deviced		
	St. Augustine	FL	32086		Amount of Each Disbursement this Period		
	Purpose of Disbursement Brochures and related mailing/postage costs				5402.21 Transaction ID : SB17.4790		
	Candidate Name			Category/ Type			
		Sement For: Primary Other (s	General				
	State: District:						
C.	Full Name (Last, First, Middle Initial) Dixie Strategies, LLC				Date of Disbursement		
	Mailing Address 128 River Cove Circle				08 / D D / Y Y Y Y Y Y D 08 08 2012		
	City Sta St. Augustine Fi	Amount of Each Disbursement this Period					
	Purpose of Disbursement Advertising - radio				12021.00		
	Candidate Name			Category/ Type	Transaction ID : SB17.4796		
	Office Sought: House Disburs Senate President	Sement For: Primary Other (s	General				
	State: District:						
					17973.11		

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

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 21 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Bev Slough for Congress		
Full Name (Last, First, Middle Initial) A. Dixie Strategies, LLC		Date of Disbursement
Mailing Address 128 River Cove Circle		08 09 2012
City State St. Augustine FL Purpose of Disbursement Advertising - radio Candidate Name Office Sought: House Disbursement F Senate Primar	ry General	Amount of Each Disbursement this Period 5000.00 Transaction ID: SB17.4799
State: District: Full Name (Last, First, Middle Initial) Dixie Strategies, LLC Mailing Address 128 River Cove Circle	(specify)	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State St. Augustine FL Purpose of Disbursement Strategy Consulting Candidate Name Office Sought: House Senate President State: District:	Zip Code 32086 Category Type for: 2012 ry General (specify)	Amount of Each Disbursement this Period 3500.00 Transaction ID: SB17.4802
Full Name (Last, First, Middle Initial) Dixie Strategies, LLC Mailing Address 128 River Cove Circle		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State St. Augustine FL Purpose of Disbursement Postcard - mailing and postage Candidate Name Office Sought: House Disbursement F Senate Primal		Amount of Each Disbursement this Period 6865.82 Transaction ID : SB17.4803
SUBTOTAL of Disbursements This Page (optional)		15365.82

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schr for each category Detailed Summary	edule(s) of the	FOR LINE NUMBER: PAGE 12 OF 21 (check only one) X 17
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a			
\rangle	NAME OF COMMITTEE (In Full) Bev Slough for Congress			
۱.	Full Name (Last, First, Middle Initial) Dixie Strategies, LLC	Date of Disbursement		
	Mailing Address 128 River Cove Circle			08 30 2012
	City State St. Augustine FL	Zip Code 32086		Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping costs for brochures			118.99 Transaction ID : SB17.4804
	Candidate Name		Category/ Type	Transaction is . OST7.4004
	Office Sought: House Senate President Disbursement For Primary Other (s	General	.,,,,,	
_	State: District: Full Name (Last, First, Middle Initial)			
3.	Dixie Strategies, LLC			Date of Disbursement
	Mailing Address 128 River Cove Circle			08 30 2012
	City State	Zip Code		Amount of Each Disbursement this Period
	St. Augustine FL 32086 Purpose of Disbursement			1711.15
	Ròbo phone calls Candidate Name Categor			Transaction ID : SB17.4805
	Office Sought: House Disbursement For	: 2012	Type	_
	Senate Primary Other (s			
	State: District: Full Name (Last, First, Middle Initial)			
).	Dixie Strategies, LLC			Date of Disbursement
	Mailing Address 128 River Cove Circle			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code			Amount of Each Disbursement this Period
	St. Augustine FL 32086 Purpose of Disbursement Robo phone calls			1711.15
	Candidate Name		Category/ Type	Transaction ID : SB17.4806
	Office Sought: House Senate President Disbursement For Primary Other (s	General		
	State: District:			
				0544.00

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

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: (check only one) X 17		
	ly information copied from such Reports and Statement for commercial purposes, other than using the name a					
	NAME OF COMMITTEE (In Full) Bev Slough for Congress					
Α.	Full Name (Last, First, Middle Initial) Dollar Tree			Date of Disbursement		
	Mailing Address 861 Amelia Plaza	08 30 2012				
	City State Fernandina Beach FL	Zip Code 32034		Amount of Each Disbursement this Period		
	Purpose of Disbursement Reimbursement to Simmons for supplies for election nig	ht venue	T::	70.62 Transaction ID : SB17.4814		
	Candidate Name		Category/ Type	[MEMO ITEM]		
	Office Sought: House Senate President Disbursement Prim Othe			[
	State: District:					
В.	Full Name (Last, First, Middle Initial) Deborah A. Johnson Mailing Address 5310 Hampton Gable Court W.			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City State	Amount of Fook Diskumpers at this Davied				
	Jacksonville FL	32257		Amount of Each Disbursement this Period		
	Purpose of Disbursement Reimbursement - see detail described as "memo item"			450.00 Transaction ID : SB17.4791		
	Candidate Name					
	Office Sought: House Senate President Disbursement Prim Other					
	State: District:					
C.	Full Name (Last, First, Middle Initial) Deborah A. Johnson			Date of Disbursement		
	Mailing Address 5310 Hampton Gable Court W.			08		
	City State Zip Code Jacksonville FL 32257			Amount of Each Disbursement this Period		
	Purpose of Disbursement Reimbursement - see detail described as "memo item"			450.00		
	Candidate Name		Category/ Type	Transaction ID : SB17.4797		
	Office Sought: House Senate President Disbursement Prim Othe					
_	State: District:					
				900.00		

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

	J						
ITEMIZED DISBURSEMENTS for e			Use separate sch for each category Detailed Summar	y of the	FOR LINE NUMBER: PAGE 14 OF 21 check only one) X 17		
						person for the purpose of soliciting contributions e to solicit contributions from such committee.	
	NAME OF COMM Bev Slough	MITTEE (In Full) n for Congress					
Α.	Full Name (Last, First, Middle Initial) Prosperity Bank				Date of Disbursement		
	Mailing Address 12689 San Jose Boulevard				09 30 2012		
	City Jacksonville		State FL	Zip Code 32223		Amount of Each Disbursement this Period	
	Purpose of Disbu Credit card fees	ursement and merchant fees				808.96 Transaction ID : SB17.4827	
	Candidate Name				Category/ Type		
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General			
	State:	District:					
В.	Full Name (Last, First, Middle Initial) Publix Mailing Address 450 SR 13, North			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Suite 109						
	CityStateZip CodeSt. JohnsFL32259				Amount of Each Disbursement this Period		
	Purpose of Disbursement Reimbursement to Simmons for food and beverages for election night venue			506.05 Transaction ID : SB17.4815			
	Candidate Name			Category/ Type	[MEMO ITEM]		
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General			
	State:	District:					
c.	Full Name (Last, Publix	First, Middle Initial)				Date of Disbursement	
	Mailing Address 450 SR 13, North Suite 109					08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State Zip Code St. Johns FL 32259				Amount of Each Disbursement this Period		
	Purpose of Disbursement Reimbursement to Nelson for fundraising supplies			38.70			
	Candidate Name				Category/ Type	Transaction ID : SB17.4822 [MEMO ITEM]	
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General			
	State:	District:					
						808.96	

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

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

							45			
Use separate schedule(s)	FOR LINE (check onl		R:		PAG	GE_	15	<u>OF</u>	2′	_
for each category of the Detailed Summary Page	×	17		18			19a	L	19	∂b
Detailed Suffiffiary 1 age		20a		20b			20c		21	1
ay not be sold or used by any person for the purpose of soliciting contributions address of any political committee to solicit contributions from such committee.										

- '		Detailed Summary	/ Page	20a 20b 20c 21			
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
\rangle	NAME OF COMMITTEE (In Full) Bev Slough for Congress						
۸.	Full Name (Last, First, Middle Initial) Julie Simmons Mailing Address 96056 Piney Island Drive			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City State	Zip Code		Amount of Each Disbursement this Period			
	Fernandina Beach FL Purpose of Disbursement Reimbursement - see detail described as "memo item"	32034		1238.06 Transaction ID : SB17.4807			
	Candidate Name		Category/ Type	Transaction ib . 3517.4007			
	Office Sought: House Senate President Disbursement For: Primary Other (sp	General					
3.	Full Name (Last, First, Middle Initial) Staples			Date of Disbursement			
	Mailing Address 11111 San Jose Boulevard Suite 56 City State		08 30 2012				
	Jacksonville FL Purpose of Disbursement Reimbursement to Nelson for copy of congressional map	Zip Code 32223		Amount of Each Disbursement this Period 37.40			
	Candidate Name	Category/ Type	Transaction ID : SB17.4818 [MEMO ITEM]				
	Office Sought: House Disbursement For: Senate President Other (sp. State: District:	2012 General ecify)					
Э.	Full Name (Last, First, Middle Initial) Switzerland Community Church			Date of Disbursement			
	Mailing Address 2179 State Road 13		08 / D D / Y Y Y Y Y Y 16 16 2012				
	City State Zip St. Johns FL 32 Purpose of Disbursement		Amount of Each Disbursement this Period 300.00				
	Facility rental Candidate Name	Category/ Type	Transaction ID : SB17.4800				
	Office Sought: House Senate President State: Disbursement For: Primary Other (sp	General	туре				
s	SUBTOTAL of Disbursements This Page (optional)						
т	TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3)

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ITEMIZED DISBURSEMENTS 19b 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) Bev Slough for Congress Full Name (Last, First, Middle Initial) Date of Disbursement U.S. Postal Service Jacksonville 2012 Mailing Address 4411 Sunbeam Road 30 City State Zip Code Amount of Each Disbursement this Period FΙ Jacksonville 32257 Purpose of Disbursement 450.00 Reimbursement to Johnson for stamps Transaction ID: SB17.4792 Candidate Name Category/ Type [MEMO ITEM] Disbursement For: 2012 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) U.S. Postal Service Jacksonville Date of Disbursement Mailing Address 4411 Sunbeam Road 80 80 2012 City State Zip Code Amount of Each Disbursement this Period FL 32257 Jacksonville 450.00 Purpose of Disbursement Reimbursement to Johnson for stamps Transaction ID: SB17.4798 Candidate Name Category/ [MEMO ITEM] Type Disbursement For: Office Sought: House 2012 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: 0.00 SUBTOTAL of Disbursements This Page (optional)..... 40329.22

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4107 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 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 ^M 04^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)..... 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4165 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 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D25 ^M 05^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)..... 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.

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for each category of the (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 10000.00 **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)..... 10000.00 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.

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LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4784 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 3700.00 0.00 3700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M 09 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)..... 3700.00 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4786 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 100.00 0.00 100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ^D10^D Ž012 0.00 On Demand % (apr) 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 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)..... 100.00 TOTALS This Period (last page in this line only) 23800.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.