

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

Bev Slough for Congress

ADDRESS (number and street)

3501 N. Ponce de Leon Blvd.

Suite B, #368

Check if different than previously reported. (ACC)

St. Augustine

FL

32084

2. FEC IDENTIFICATION NUMBER ▼

C C00517979

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

06

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

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 26 / 2012

through

M M / D D / Y Y Y Y
09 / 30 / 2012

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 Deborah A. Johnson

Signature of Treasurer Deborah A. Johnson

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 15 / 2012

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
Bev Slough for Congress

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

	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))....	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. Cash on Hand at Close of Reporting Period (from Line 27).....	86.17	
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).....	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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Bev Slough for Congress

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

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

DETAILED SUMMARY PAGE
of Disbursements

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
(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) ▶	40639.88	88873.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	32056.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8670.00
25. SUBTOTAL (add Line 23 and Line 24).....	40726.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	40639.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	86.17

**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 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Bev Slough for Congress

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

Mailing Address 4980 Julington Creek Road

City Jacksonville State FL Zip Code 32258

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

Name of Employer AWA Contracting Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4772

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Tim Allen

Mailing Address 129 Linda Lake Lane

City St. Augustine State FL Zip Code 32095

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

Name of Employer PBI/Gordon Corporation Occupation Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2012

Transaction ID : SA11AI.4741

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Ann Breidenstein

Mailing Address 14 Perkins Lane

City Palm Coast State FL Zip Code 32164

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

Name of Employer United Way of St. Johns County Occupation Executive Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4743

Amount of Each Receipt this Period
 50.00

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 6 OF 21
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Bev Slough for Congress

A. Full Name (Last, First, Middle Initial)
Michael Brown

Mailing Address 1321 Wedgewood Road

City State Zip Code
St. Johns FL 32259

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

Name of Employer Occupation
Wakefield, Beasley & Assoc. Architect

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4744

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Christine Cothron

Mailing Address 228 Redfish Creek Drive

City State Zip Code
St. Augustine FL 32095

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

Name of Employer Occupation
First Coast Technical College President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2012

Transaction ID : SA11AI.4750

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Susan Martin

Mailing Address 12464 Blueberry Woods Circle W.

City State Zip Code
Jacksonville FL 32258

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

Name of Employer Occupation
LPS Program/Project Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2012

Transaction ID : SA11AI.4755

Amount of Each Receipt this Period
500.00

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

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

850.00

**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 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Bev Slough for Congress

A. Full Name (Last, First, Middle Initial)
Juhan Mixon

Mailing Address 2630 Noble Drive

City: Tallahassee State: FL Zip Code: 32308

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

Name of Employer: Mixon and Associates Occupation: Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 07 / 30 / 2012

Transaction ID : SA11AI.4762

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Janice Torbett

Mailing Address 971 Satsuma Circle

City: St. Johns State: FL Zip Code: 32259

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

Name of Employer: Switzerland Dance School Occupation: Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 09 / 2012

Transaction ID : SA11AI.4776

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Marshall Wolfe

Mailing Address 6277 County Road 16A

City: St. Augustine State: FL Zip Code: 32092

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

Name of Employer: Wolfe Lone Ranch Occupation: Partner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 12 / 2012

Transaction ID : SA11AI.4753

Amount of Each Receipt this Period: 250.00

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

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

1000.00

2650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Bev Slough for Congress

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

Mailing Address 341 W ADELAIDE DR

City ST JOHNS State FL Zip Code 32259

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 23700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2012

Transaction ID : SA13A.4784

Amount of Each Receipt this Period
 _____ 3700.00

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

Mailing Address 341 W ADELAIDE DR

City ST JOHNS State FL Zip Code 32259

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 23800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2012

Transaction ID : SA13A.4786

Amount of Each Receipt this Period
 _____ 100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

_____ 3800.00

_____ 3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. Al's Pizza		Date of Disbursement MM / DD / YYYY 08 / 30 / 2012
Mailing Address 11190 San Jose Blvd.		Amount of Each Disbursement this Period 661.39
City Jacksonville	State FL Zip Code 32223	
Purpose of Disbursement Reimbursement to Simmons for food for election night venue		Transaction ID : SB17.4811
Candidate Name		
Office Sought:	Disbursement For: 2012	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. William Arnold		Date of Disbursement MM / DD / YYYY 08 / 30 / 2012
Mailing Address 3731 Hendricks Avenue		Amount of Each Disbursement this Period 201.98
City Jacksonville	State FL Zip Code 32207	
Purpose of Disbursement Reimbursement to volunteer for mileage reimbursement		Transaction ID : SB17.4825
Candidate Name		
Office Sought:	Disbursement For: 2012	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Costco		Date of Disbursement MM / DD / YYYY 08 / 30 / 2012
Mailing Address 4901 Gate Parkway		Amount of Each Disbursement this Period 45.16
City Jacksonville	State FL Zip Code 32246	
Purpose of Disbursement Reimbursement to Nelson for canvassing supplies		Transaction ID : SB17.4820
Candidate Name		
Office Sought:	Disbursement For: 2012	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	201.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. Dixie Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 128 River Cove Circle		Amount of Each Disbursement this Period 549.90 Transaction ID : SB17.4789
City St. Augustine	State FL Zip Code 32086	
Purpose of Disbursement Database Services - Data Purchase	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Dixie Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 128 River Cove Circle		Amount of Each Disbursement this Period 5402.21 Transaction ID : SB17.4790
City St. Augustine	State FL Zip Code 32086	
Purpose of Disbursement Brochures and related mailing/postage costs	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Dixie Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address 128 River Cove Circle		Amount of Each Disbursement this Period 12021.00 Transaction ID : SB17.4796
City St. Augustine	State FL Zip Code 32086	
Purpose of Disbursement Advertising - radio	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	17973.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. Dixie Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address 128 River Cove Circle		Amount of Each Disbursement this Period 5000.00
City St. Augustine	State FL	
Zip Code 32086	Purpose of Disbursement Advertising - radio	Transaction ID : SB17.4799
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Dixie Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address 128 River Cove Circle		Amount of Each Disbursement this Period 3500.00
City St. Augustine	State FL	
Zip Code 32086	Purpose of Disbursement Strategy Consulting	Transaction ID : SB17.4802
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Dixie Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address 128 River Cove Circle		Amount of Each Disbursement this Period 6865.82
City St. Augustine	State FL	
Zip Code 32086	Purpose of Disbursement Postcard - mailing and postage	Transaction ID : SB17.4803
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15365.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. Dixie Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address 128 River Cove Circle		Amount of Each Disbursement this Period 118.99
City St. Augustine	State FL	
Zip Code 32086	Purpose of Disbursement Shipping costs for brochures	Transaction ID : SB17.4804
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Dixie Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address 128 River Cove Circle		Amount of Each Disbursement this Period 1711.15
City St. Augustine	State FL	
Zip Code 32086	Purpose of Disbursement Robo phone calls	Transaction ID : SB17.4805
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Dixie Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address 128 River Cove Circle		Amount of Each Disbursement this Period 1711.15
City St. Augustine	State FL	
Zip Code 32086	Purpose of Disbursement Robo phone calls	Transaction ID : SB17.4806
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3541.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. Dollar Tree		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address 861 Amelia Plaza		Amount of Each Disbursement this Period 70.62
City Fernandina Beach	State FL	
Zip Code 32034	Purpose of Disbursement Reimbursement to Simmons for supplies for election night venue	Transaction ID : SB17.4814
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Deborah A. Johnson		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 5310 Hampton Gable Court W.		Amount of Each Disbursement this Period 450.00
City Jacksonville	State FL	
Zip Code 32257	Purpose of Disbursement Reimbursement - see detail described as "memo item"	Transaction ID : SB17.4791
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Deborah A. Johnson		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address 5310 Hampton Gable Court W.		Amount of Each Disbursement this Period 450.00
City Jacksonville	State FL	
Zip Code 32257	Purpose of Disbursement Reimbursement - see detail described as "memo item"	Transaction ID : SB17.4797
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. Prosperity Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2012
Mailing Address 12689 San Jose Boulevard		Amount of Each Disbursement this Period 808.96 Transaction ID : SB17.4827
City Jacksonville	State FL Zip Code 32223	
Purpose of Disbursement Credit card fees and merchant fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Publix		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address 450 SR 13, North Suite 109		Amount of Each Disbursement this Period 506.05 Transaction ID : SB17.4815
City St. Johns	State FL Zip Code 32259	
Purpose of Disbursement Reimbursement to Simmons for food and beverages for election night venue		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Publix		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address 450 SR 13, North Suite 109		Amount of Each Disbursement this Period 38.70 Transaction ID : SB17.4822
City St. Johns	State FL Zip Code 32259	
Purpose of Disbursement Reimbursement to Nelson for fundraising supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	808.96
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 21			
	<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)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. Julie Simmons		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address 96056 Piney Island Drive		Amount of Each Disbursement this Period 1238.06 Transaction ID : SB17.4807
City Fernandina Beach	State FL	
Zip Code 32034	Purpose of Disbursement Reimbursement - see detail described as "memo item"	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2012
Mailing Address 11111 San Jose Boulevard Suite 56		Amount of Each Disbursement this Period 37.40 Transaction ID : SB17.4818 [MEMO ITEM]
City Jacksonville	State FL	
Zip Code 32223	Purpose of Disbursement Reimbursement to Nelson for copy of congressional map	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Switzerland Community Church		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address 2179 State Road 13		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4800
City St. Johns	State FL	
Zip Code 32259	Purpose of Disbursement Facility rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1538.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Bev Slough for Congress

Full Name (Last, First, Middle Initial) A. U.S. Postal Service Jacksonville		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 4411 Sunbeam Road		Amount of Each Disbursement this Period 450.00
City Jacksonville	State FL Zip Code 32257	
Purpose of Disbursement Reimbursement to Johnson for stamps		Transaction ID : SB17.4792
Candidate Name		
Office Sought:	Disbursement For: 2012	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. U.S. Postal Service Jacksonville		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address 4411 Sunbeam Road		Amount of Each Disbursement this Period 450.00
City Jacksonville	State FL Zip Code 32257	
Purpose of Disbursement Reimbursement to Johnson for stamps		Transaction ID : SB17.4798
Candidate Name		
Office Sought:	Disbursement For: 2012	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	40329.22

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Bev Slough for Congress

Transaction ID : SC/10.4107

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

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
341 W ADELAIDE DR

City State ZIP Code
ST JOHNS FL 32259

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

TERMS

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

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

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

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

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Bev Slough for Congress

Transaction ID : SC/10.4165

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

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
341 W ADELAIDE DR

City State ZIP Code
ST JOHNS FL 32259

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

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 25 / Y 2012 M M / D D / On Demand 0.00 % (apr) Yes No

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

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

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

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Bev Slough for Congress

Transaction ID : SC/10.4654

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

Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
341 W ADELAIDE DR

City State ZIP Code
ST JOHNS FL 32259

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Bev Slough for Congress

Transaction ID : SC/10.4784

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

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
341 W ADELAIDE DR

City State ZIP Code
ST JOHNS FL 32259

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
3700.00 0.00 3700.00

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 09 / 2012 M M / D D / On Demand 0.00 % (apr) Yes No

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Bev Slough for Congress** Transaction ID : **SC/10.4786**

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

City	State	ZIP Code
ST JOHNS	FL	32259

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 10 / 2012	On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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