PAGE 1 / 9

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3 For An	Authorized Com	nmittee			Office Use Only
NAME OF TYPE OR PRIME COMMITTEE (in full)		xample: If typing ver the lines.	, type	12FE4M5	
Bev Slough for Congress					1
ADDRESS (number and street)	ide Drive				
Check if different					
than previously reported. (ACC)		32259			
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00517979	3. IS THIS REPORT	× NEW (N)	OR	AMEND (A)	
4. TYPE OF REPORT (Choose One)					
(a) Quarterly Reports:	(b) 12-Day PRE	E-Election Report	t for the:		
		Primary (12P)		General (1	2G) Runoff (12R)
X April 15 Quarterly Report (Q1)		Convention (12	2C)	Special (12	2S)
July 15 Quarterly Report (Q2)					
October 15 Quarterly Report (Q3)	Election on	M = M /	D D /	Y " Y " Y " Y	in the State of
January 31 Year-End Report (YE)	(c) 30-Day POS	ST-Election Repo	ort for the:		
		General (30G)		Runoff (30	R) Special (30S)
Termination Report (TER)	Election on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period 01 01 01	/ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	M M M	/ 31 /	2013
I certify that I have examined this Report and	o the best of my k	nowledge and be	elief it is tr	rue, correct and	l complete.
Type or Print Name of Treasurer Deborah A.	Johnson				
Signature of Treasurer Deborah A. Johnson		[Electronically Fi	<i>led]</i> [Date 04	/ D
NOTE: Submission of false, erroneous, or incomp	lete information may	subject the person	on signing	this Report to th	ne 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 / 9

Write or Type Committee Name

2013 01 03 31 01 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 65109.86 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 65109.86 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 88863.69 (from Line 17) (b) Total Offsets to Operating 0.00 50.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 88813.69 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 23712.88 Schedule C and/or Schedule D).....

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 3/9

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Bev Slough for Congress

Report Covering the Period: From: 01 01 2013 To: 03 31 2013

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	0.00	49011.46	
	(i) Itemized (use Schedule A)	0.00		
	(ii) Unitemized(iii) TOTAL of contributions		16098.40	
	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(e) TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	65109.86	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
	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	
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
	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)

irsements

PAGE 4 / 9

	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
	(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
	(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 SU	IMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING 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 (from	m Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		0.00

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

5

×	13a
	13b

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 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: 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.

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

X	13a
	13h

(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 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: ^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.

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

×	13a
	13b

(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.

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

9

DANS		Detailed Summary Page	
AME OF COMMITTEE (In Full)		Transacti	on ID : SC/10.4784
Bev Slough for Congress			
LOAN SOURCE Full Name (Last, BEVERLY ANN SLOUGH	First, Middle Initial)		Election: 2012 Primary General
Mailing Address 341 W ADELAIDE DR			Other (specify)
City	State ZIP C	ode	
ST JOHNS	FL 32259)	
Original Amount of Loan	Cumulative Payment T	o Date Balan	ce Outstanding at Close of This Period
3700	0.00	0.00	3700.00
TERMS Date Incurred Mo9M / Do9D / Y 2012		Interest Rate On Ďemand 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle II	· • • • • • • • • • • • • • • • • • • •	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	g
2. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	g
3. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 1 1
SUBTOTALS This Period This Page (optional)		3700.00
FOTALS This Period (last page in this	line only)		7
Carry outstanding balance only to LII	NE 3. Schedule D. for this line. If	f no Schedule D. carry forwa	rd to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

9

DANS		Detailed Summary Page	
AME OF COMMITTEE (In Full)		Transaction	on ID : SC/10.4786
Bev Slough for Congress			
LOAN SOURCE Full Name (Last, BEVERLY ANN SLOUGH	First, Middle Initial)		Election: 2012 Primary Connection
Mailing Address 341 W ADELAIDE DR			General Other (specify) ▼
City	State ZIP C	ode	
ST JOHNS	FL 32259)	
Original Amount of Loan	Cumulative Payment T	o Date Baland	ce Outstanding at Close of This Period
100	.00	87.12	12.88
TERMS Date Incurred M09 / D10 / Y 2012	Date Due	e Interest Rate On Ďemand 0.00	Secured: % (apr)
List All Endorsers or Guarantors	(if any) to Loan Source		Yes No
1. Full Name (Last, First, Middle In	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	y 1 1 y 1 1 w 1
2. Full Name (Last, First, Middle In	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9
3. Full Name (Last, First, Middle In	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 8
SUBTOTALS This Period This Page (o	optional)		12.88
FOTALS This Period (last page in this	line only)		23712.88
Carry outstanding balance only to LIN	NE 3. Schedule D. for this line. It	f no Schedule D. carry forwa	rd to appropriate line of Summary.