

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Jim Slone 4 Congress Committee

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))....	18467.70	21117.70
(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)).....	18467.70	21117.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8602.89	9294.89
(b) Total Offsets to Operating Expenditures (from Line 14).....	19.44	19.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8583.45	9275.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11842.25	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Jim Slone 4 Congress Committee

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1845.00	4345.00
(ii) Unitemized.....	5998.10	6048.10
(iii) TOTAL of contributions from individuals ▶	7843.10	10393.10
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10624.60	10724.60
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18467.70	21117.70
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	19.44	19.44
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)..... ▶	18487.14	21137.14

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8602.89	9294.89
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) ►	8602.89	9294.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1958.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18487.14
25. SUBTOTAL (add Line 23 and Line 24).....	20445.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8602.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11842.25

**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 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
James A Deery

Mailing Address 300 4th Street

City Elyria State OH Zip Code 44035

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

Name of Employer Self Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : SA11AI.4376

Amount of Each Receipt this Period
225.00

Fund Raiser - brunch - cash

B. Full Name (Last, First, Middle Initial)
Friends of John D Hunter

Mailing Address 359 California Avenue

City Lorain State OH Zip Code 44052

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period
200.00

Fund Raiser

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

Mailing Address 209 West Marina Parkway

City Lorain State OH Zip Code 44052

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

Name of Employer Self Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : SA11AI.4298

Amount of Each Receipt this Period
250.00

Fund Raiser - brunch

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

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

675.00

**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 6 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 5047 Shady Moss Lane

City North Ridgeville State OH Zip Code 44039

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

Name of Employer Retired Occupation Postal worker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
215.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.4303

Amount of Each Receipt this Period
100.00

Fund Raiser - Pancake Breakfast

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

Mailing Address 5047 Shady Moss Lane

City North Ridgeville State OH Zip Code 44039

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

Name of Employer Retired Occupation Postal worker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Marvin L M Kay

Mailing Address 98 Kendal Drive

City Oberlin State OH Zip Code 44074

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

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
410.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2012

Transaction ID : SA11AI.4296

Amount of Each Receipt this Period
160.00

Fund Raiser - brunch

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

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

360.00

**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 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
John Robert Miraldi

Mailing Address 229 Overbrook Road

City Elyria State OH Zip Code 44035

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

Name of Employer self-employed Occupation attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : SA11AI.4246

Amount of Each Receipt this Period
75.00
 Fund Raiser - brunch

B. Full Name (Last, First, Middle Initial)
Evalee Slone-Holt

Mailing Address 8945 West Ridge Road - Apt A

City Elyria State OH Zip Code 44035

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

Name of Employer n/a Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2075.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : SA11AI.4385

Amount of Each Receipt this Period
75.00
 Fund Raiser - brunch - cash

C. Full Name (Last, First, Middle Initial)
Kevin S Watkinson

Mailing Address 4155 Berkeley Drive

City Sheffield Village State OH Zip Code 44054

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

Name of Employer Retired Occupation Auto worker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : SA11AI.4263

Amount of Each Receipt this Period
500.00
 Contribution

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

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

650.00

**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 18
	<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)
Jim Slone 4 Congress Committee

Full Name (Last, First, Middle Initial) A. Kevin S Watkinson		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 10 / 2012	
Mailing Address 4155 Berkeley Drive		Transaction ID : SA11AI.4539	
City Sheffield Village	State OH	Zip Code 44054	Amount of Each Receipt this Period _____ 16.00 Fund Raiser - Pancake Breakfast - cash
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Retired	Occupation Auto worker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 516.00		

Full Name (Last, First, Middle Initial) B. Dennis P Will		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 08 / 2012	
Mailing Address 5213 Parkhurst Drive		Transaction ID : SA11AI.4302	
City Sheffield Village	State OH	Zip Code 44054	Amount of Each Receipt this Period _____ 144.00 Fund Raiser - Pancake Breakfast
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Lorain County (Ohio)	Occupation Prosecutor		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 294.00		

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee.		C _____	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		

SUBTOTAL of Receipts This Page (optional).....	_____ 160.00
TOTAL This Period (last page this line number only).....	_____ 1845.00

**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 9 OF 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Kim A Ach

Mailing Address 132 Loyala Drive

City Elyria State OH Zip Code 44035

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11C.4350

Amount of Each Receipt this Period
 50.00

Fund Raiser - Gyros for Jim

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P O BOX 382110

City CAMBRIDGE State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11C.4339

Amount of Each Receipt this Period
 9.60

Contribution

C. Full Name (Last, First, Middle Initial)
Citizens to Elect Holly Brinda

Mailing Address 263 Windward Drive

City Elyria State OH Zip Code 44035

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2012

Transaction ID : SA11C.4571

Amount of Each Receipt this Period
 75.00

Fund Raiser - brunch

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

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

134.60

**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 10 OF 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Friends of John D Hunter

Mailing Address 359 California Avenue

City Lorain State OH Zip Code 44052

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11C.4347

Amount of Each Receipt this Period
 _____ 100.00

Fund Raiser - Gyros for Jim

B. Full Name (Last, First, Middle Initial)
Friends of Ted Kalo - Ted Kalo

Mailing Address 668 Broadway Ave

City Lorain State OH Zip Code 44052

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2012

Transaction ID : SA11C.4290

Amount of Each Receipt this Period
 _____ 100.00

Fund Raiser - brunch

C. Full Name (Last, First, Middle Initial)
IBEW - COPE

Mailing Address 900 Seventh St, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2012

Transaction ID : SA11C.4327

Amount of Each Receipt this Period
 _____ 5000.00

Contribution

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

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

_____ 5200.00

**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 12 OF 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
UAW V CAP

Mailing Address 8000 East Jefferson Avenue

City State Zip Code
Detroit MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : SA11C.4316

Amount of Each Receipt this Period
Contribution
5000.00

B. Full Name (Last, First, Middle Initial)
Dennis P Will

Mailing Address 5213 Parkhurst Drive

City State Zip Code
Sheffield Village OH 44054

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

Name of Employer Occupation
Lorain County (Ohio) Prosecutor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : SA11C.4292

Amount of Each Receipt this Period
Fund Raiser - brunch
150.00

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).....

5150.00

10624.60

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

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

Full Name (Last, First, Middle Initial) A. Campus Grill		Date of Disbursement MM / DD / YYYY 06 / 24 / 2012
Mailing Address 5324 Abbe Road		Amount of Each Disbursement this Period 999,999.99 194.56
City Elyria	State OH	
Purpose of Disbursement Fund Raiser - Gyros for Jim (supplies-paid cash)		Transaction ID : SB17.4338
Candidate Name Jim Slone 4 Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 007
State: OH	District: 04	

Full Name (Last, First, Middle Initial) B. Lake Screen Printing Inc		Date of Disbursement MM / DD / YYYY 04 / 03 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 999,999.99 200.00
City Lorain	State OH	
Purpose of Disbursement Deposit for bumper stickers		Transaction ID : SB17.4122
Candidate Name Jim Slone 4 Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 004
State: OH	District: 04	

Full Name (Last, First, Middle Initial) c. Lake Screen Printing Inc		Date of Disbursement MM / DD / YYYY 04 / 19 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 999,999.99 260.11
City Lorain	State OH	
Purpose of Disbursement Balance of bumper stickers - 8961		Transaction ID : SB17.4127
Candidate Name Jim Slone 4 Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 004
State: OH	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	999,999.99 654.67
TOTAL This Period (last page this line number only).....	999,999.99

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

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

Full Name (Last, First, Middle Initial) A. Lake Screen Printing Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 57.38
City Lorain	State OH	
Purpose of Disbursement Car Magnets	Category/ Type 004	
Candidate Name Jim Slone 4 Congress Committee		Transaction ID : SB17.4151
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 04	

Full Name (Last, First, Middle Initial) B. Lake Screen Printing Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 551.75
City Lorain	State OH	
Purpose of Disbursement T shirts	Category/ Type 004	
Candidate Name Jim Slone 4 Congress Committee		Transaction ID : SB17.4165
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 04	

Full Name (Last, First, Middle Initial) c. Lake Screen Printing Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 1184.07
City Lorain	State OH	
Purpose of Disbursement T Shirts	Category/ Type 004	
Candidate Name Jim Slone 4 Congress Committee		Transaction ID : SB17.4574
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	1793.20
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 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Lake Screen Printing Inc		Date of Disbursement MM / DD / YYYY 06 / 13 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 620.72 Transaction ID : SB17.4168
City Lorain	State OH	
Purpose of Disbursement T Shirts	Category/ Type 004	
Candidate Name Jim Slone 4 Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 04	

Full Name (Last, First, Middle Initial) B. Lake Screen Printing Inc		Date of Disbursement MM / DD / YYYY 06 / 16 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 82.88 Transaction ID : SB17.4336
City Lorain	State OH	
Purpose of Disbursement 5 x 4 sign	Category/ Type 004	
Candidate Name Jim Slone 4 Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH	District: 04	

Full Name (Last, First, Middle Initial) c. Lake Screen Printing Inc		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 1285.88 Transaction ID : SB17.4575
City Lorain	State OH	
Purpose of Disbursement Football Schedules	Category/ Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1989.48
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 18			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Oberlin Inn		Date of Disbursement MM / DD / YYYY 04 / 18 / 2012
Mailing Address 7 North Main Street		Amount of Each Disbursement this Period 774.24 Transaction ID : SB17.4125
City Oberlin	State OH Zip Code 44074	
Purpose of Disbursement Fundraiser	Category/Type 007	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

Full Name (Last, First, Middle Initial) B. Oberlin Inn		Date of Disbursement MM / DD / YYYY 04 / 22 / 2012
Mailing Address 7 North Main Street		Amount of Each Disbursement this Period 825.12 Transaction ID : SB17.4130
City Oberlin	State OH Zip Code 44074	
Purpose of Disbursement Balance of Fundraiser Event	Category/Type 003	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

Full Name (Last, First, Middle Initial) c. Revol Wireless		Date of Disbursement MM / DD / YYYY 05 / 23 / 2012
Mailing Address 1533 West River Road		Amount of Each Disbursement this Period 222.35 Transaction ID : SB17.4163
City Elyria	State OH Zip Code 44035	
Purpose of Disbursement Wireless Cell Phones	Category/Type 003	
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

SUBTOTAL of Disbursements This Page (optional).....	1821.71
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 17 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Rosewood Place		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address 4493 Oberllin Ave		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4156
City Lorain	State OH	
Zip Code 44053	Purpose of Disbursement Hall Rental - Pancake Breakfast 5/6/12	Category/ Type 003
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

Full Name (Last, First, Middle Initial) B. Superprinter Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 859.28 Transaction ID : SB17.4128
City Lorain	State OH	
Zip Code 44055	Purpose of Disbursement Campaign palm cards-49243/49244	Category/ Type 004
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

Full Name (Last, First, Middle Initial) c. Superprinter Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2012
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 72.08 Transaction ID : SB17.4142
City Lorain	State OH	
Zip Code 44055	Purpose of Disbursement letters and cards	Category/ Type 006
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

SUBTOTAL of Disbursements This Page (optional).....	1231.36
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 18 OF 18
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Superprinter Inc		Date of Disbursement MM / DD / YYYY 06 / 05 / 2012
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 42.50 Transaction ID : SB17.4166
City Lorain	State OH	
Zip Code 44055	Purpose of Disbursement Fundraiser tickets - Gyros for Jim	Category/ Type 003
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

Full Name (Last, First, Middle Initial) B. Superprinter Inc		Date of Disbursement MM / DD / YYYY 06 / 20 / 2012
Mailing Address 1925 North Ridge Road		Amount of Each Disbursement this Period 297.50 Transaction ID : SB17.4337
City Lorain	State OH	
Zip Code 44055	Purpose of Disbursement Business Cards	Category/ Type 004
Candidate Name Jim Slone 4 Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OH District: 04	

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

SUBTOTAL of Disbursements This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	7830.42