



**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))....	437.55	27081.60
(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)).....	437.55	27081.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	4190.44	23760.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	119.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4190.44	23640.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3411.77	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	85.00	

**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).....	0.00	5298.91
(ii) Unitemized.....	330.00	9511.10
(iii) TOTAL of contributions from individuals ▶	330.00	14810.01
(b) Political Party Committees.....	0.00	600.00
(c) Other Political Committees (such as PACs).....	0.00	11133.30
(d) The Candidate.....	107.55	538.29
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	437.55	27081.60
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.) .....		
	0.00	119.44
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	123.21	123.21
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	560.76	27324.25

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4190.44	23760.40
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 .....	152.08	152.08
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	4342.52	23912.48

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7193.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	560.76
25. SUBTOTAL (add Line 23 and Line 24).....	7754.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4342.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3411.77

**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 13
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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 M M SLONE**

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**513.24**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2012

**Transaction ID : SA11D.5068**

Amount of Each Receipt this Period  
 2.50

In-kind - turnpike toll - cash

**B.** Full Name (Last, First, Middle Initial)  
**JAMES M M SLONE**

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**515.74**

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

**Transaction ID : SA11D.5071**

Amount of Each Receipt this Period  
 2.50

In-kind - turnpike toll - cash

**C.** Full Name (Last, First, Middle Initial)  
**JAMES M M SLONE**

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**552.24**

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

**Transaction ID : SA11D.5074**

Amount of Each Receipt this Period  
 36.50

In-kind - gasoline purchase

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

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

**41.50**

**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 13
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)  
**JAMES M M SLONE**

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**553.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : SA11D.5079**

Amount of Each Receipt this Period  
**1.75**

In-kind - turnpike fee

**B.** Full Name (Last, First, Middle Initial)  
**JAMES M M SLONE**

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**557.74**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : SA11D.5082**

Amount of Each Receipt this Period  
**3.75**

In-kind - turnpike toll - cash

**C.** Full Name (Last, First, Middle Initial)  
**JAMES M M SLONE**

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C H2OH04131**

Name of Employer n/a Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**613.04**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : SA11D.5085**

Amount of Each Receipt this Period  
**55.30**

In-kind - Gasoline purchase

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

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

**60.80**

**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 13
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)  
**JAMES M M SLONE**

Mailing Address 1504 PARK AVE

City ELYRIA State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C** H2OH04131

Name of Employer n/a Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
613.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : SA11D.5088**

Amount of Each Receipt this Period  
5.25

In-kind - turnpike toll - cash

**B.** 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**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 M / D 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).....

5.25

107.55

**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 8 OF 13			
	<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) <b>A. Chronicle Telegram Newspaper</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 225 East Ave		Amount of Each Disbursement this Period 670.84 <b>Transaction ID : SB17.4905</b>
City Elyria State OH Zip Code 44035	Purpose of Disbursement Newspaper Advertising 004 Category/Type	
Candidate Name <b>Jim Slone 4 Congress Committee</b>		
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>B. Creative Packaging Concepts</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 214 Brace Ave		Amount of Each Disbursement this Period 1203.20 <b>Transaction ID : SB17.4906</b>
City Elyria State OH Zip Code 44035	Purpose of Disbursement Printed poly bags for newspapers 004 Category/Type	
Candidate Name <b>Jim Slone 4 Congress Committee</b>		
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>c. Lake Screen Printing Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 1924 Broadway		Amount of Each Disbursement this Period 557.81 <b>Transaction ID : SB17.4911</b>
City Lorain State OH Zip Code 44052	Purpose of Disbursement Yard Signs 004 Category/Type	
Candidate Name <b>Jim Slone 4 Congress Committee</b>		
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2431.85
<b>TOTAL</b> 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 9 OF 13
	<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)  
**Jim Slone 4 Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. JAMES M M SLONE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 2.50 <b>Transaction ID : SB17.5069</b>
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - turnpike toll - cash	
Candidate Name	Category/Type	
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>B. JAMES M M SLONE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 2.50 <b>Transaction ID : SB17.5072</b>
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - turnpike toll - cash	
Candidate Name	Category/Type	
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>C. JAMES M M SLONE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 36.50 <b>Transaction ID : SB17.5075</b>
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - gasoline purchase	
Candidate Name	Category/Type	
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	41.50
<b>TOTAL</b> 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 13		
	<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) <b>A. JAMES M M SLONE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 1.75 <b>Transaction ID : SB17.5080</b>
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - turnpike fee	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. JAMES M M SLONE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 3.75 <b>Transaction ID : SB17.5083</b>
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - turnpike toll - cash	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. JAMES M M SLONE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period 55.30 <b>Transaction ID : SB17.5086</b>
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement In-kind - Gasoline purchase	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	60.80
<b>TOTAL</b> 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 13			
	<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) <b>A. JAMES M M SLONE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2012</b>
Mailing Address <b>1504 PARK AVE</b>		Amount of Each Disbursement this Period <b>5.25</b>
City <b>ELYRIA</b> State <b>OH</b> Zip Code <b>44035</b>	Category/Type	
Purpose of Disbursement <b>In-kind - turnpike toll - cash</b>		<b>Transaction ID : SB17.5089</b>
Candidate Name		
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: <b>OH</b> District: <b>04</b>		

Full Name (Last, First, Middle Initial) <b>B. WOBL Radio</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 13 / 2012</b>
Mailing Address <b>P O box 277</b>		Amount of Each Disbursement this Period <b>1073.04</b>
City <b>Oberlin</b> State <b>OH</b> Zip Code <b>44074</b>	Category/Type <b>004</b>	
Purpose of Disbursement <b>Radio Ads</b>		<b>Transaction ID : SB17.4904</b>
Candidate Name <b>Jim Slone 4 Congress Committee</b>		
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: <b>OH</b> District: <b>04</b>		

Full Name (Last, First, Middle Initial) <b>c. WOBL Radio</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2012</b>
Mailing Address <b>P O box 277</b>		Amount of Each Disbursement this Period <b>378.00</b>
City <b>Oberlin</b> State <b>OH</b> Zip Code <b>44074</b>	Category/Type <b>004</b>	
Purpose of Disbursement <b>Radio Ads</b>		<b>Transaction ID : SB17.4910</b>
Candidate Name <b>Jim Slone 4 Congress Committee</b>		
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: <b>OH</b> District: <b>04</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1456.29</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>3990.44</b>

**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 13	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. JAMES M M SLONE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 12 / 2012</b>
Mailing Address 1504 PARK AVE		Amount of Each Disbursement this Period <b>152.08</b> Transaction ID : SB21.4902
City ELYRIA State OH Zip Code 44035	Purpose of Disbursement Reimburse parade candy, gas, postage Category/Type <b>004</b>	
Candidate Name <b>Jim Slone 4 Congress Committee</b>	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>B.</b>		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 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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		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 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>152.08</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>152.08</b>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>JAMES M M SLONE</b>	Nature of Debt (Purpose): Reimburse filing fee
Mailing Address 1504 PARK AVE	
City State Zip Code ELYRIA OH 44035	

Outstanding Balance Beginning This Period 85.00	Transaction ID : SD10.5211	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 85.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	85.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	85.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	85.00