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### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3	For An Au	thorized Com	mittee		Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT		cample: If typing, rer the lines.	type 12FE4M5	
Sam Gaskins For Con	igress				
ADDRESS (number and street)	PO Box 251				
<b>▼</b>					
Check if different than previously reported. (ACC)	Hopkinsville			L KY	42241
2. <b>FEC IDENTIFICATION N</b>	IIIMRED 🛡	CITY A		STATE ▲	ZIP CODE ▲
	IOMBEN V			_	STATE ▼ DISTRICT
C C00565663		3. IS THIS REPORT	× NEW (N)	OR AMEND (A)	ED KY 01
4. TYPE OF REPORT (CI	noose One)	h) 46.5 ===			
(a) Quarterly Reports:		b) 12-Day <b>PRE</b>	-Election Report	for the:	_
	Daniel (O1)		Primary (12P)	General (12	2G) Runoff (12R)
April 15 Quarterly	Report (Q1)		Convention (120	Special (12	?S)
July 15 Quarterly	Report (Q2)	_		,	
X October 15 Quarte	erly Report (Q3)	Election on	M M /	D D / Y Y Y Y	in the State of
January 31 Year-E	nd Report (YE)	c) 30-Day <b>POS</b>	T-Election Report	for the:	
			General (30G)	Runoff (30	R) Special (30S)
Termination Repor	t (TER)	Election on		Y Y Y Y Y	in the State of
5. Covering Period	07 / 01 /	Y Y 2017	through	M M / D D /	Y Y Y Y Y 2017
I certify that I have examined to Type or Print Name of Treasure	Gaskins, Samue		nowledge and beli	ef it is true, correct and	complete.
Ga	skins, Samuel, Lewis, ,			09	/ D D / Y Y Y Y Y Y 30 2017
Signature of Treasurer			[Electronically File	d] Date	2011
NOTE: Submission of false, error	neous, or incomplete	information may	subject the person	signing this Report to the	e penalties of 52 U.S.C. §30109
Office Use					FEC FORM 3
Only					(Revised 05/2016)

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Sam Gaskins For Congress

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
3.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	0.00	200.00
	(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))	0.00	200.00
	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	0.00	1354.43
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	1354.43
	Cash on Hand at Close of Reporting Period (from Line 27)	- 603.00	
•	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	8681.59	

#### 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 05/2016)

PAGE 3 / 11

Write or Type Committee Name

### Sam Gaskins For Congress

2017 09 30 2017 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	0.00	
	(ii) Unitemized	0.00	200.00	
	(iii) TOTAL of contributions from individuals	0.00	200.00	
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00	
	(such as PACs)	0.00	0.00	
	(d) The Candidate  (e) TOTAL CONTRIBUTIONS  (other than loans)	0.00	0.00	
	(add Lines 11(a)(iii), (b), (c), and (d))	0.00	200.00	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	1354.43	
	(b) All Other Loans(c) TOTAL LOANS	0.00	0.00	
	(add Lines 13(a) and (b))	0.00	1354.43	
	OFFSETS TO OPERATING EXPENDITURES			
	(Refunds, Rebates, etc.)	0.00	0.00	
	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	1554.43	

**DETAILED SUMMARY PAGE** 

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES	0.00	1354.43		
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		
	(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)	0.00	1354.43		
	III. CASH SU	IMMARY			
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	- 603.00		
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00		
25.	SUBTOTAL (add Line 23 and Line 24)		- 603.00		
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)		- 603.00		

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

**PAGE** 5 FOR LINE NUMBER: **X** 13a (check only one)

OF

11

13b Transaction ID: SC/10.4137 NAME OF COMMITTEE (In Full) Sam Gaskins For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Gaskins, Samuel, Lewis, , General Mailing Address PO Box 251 Other (specify) City State ZIP Code X Personal Funds of the Candidate KY 42241 Hopkinsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1354.43 0.00 1354.43 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>29<sup>D</sup> M09M ž014 <sup>Y</sup> 11/5/2016 <sup>Y</sup> x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1354.43 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 6
FOR LINE NUMBER: (check only one)

13a

OF

		100		
NAME OF COMMITTEE (In Full) Sam Gaskins For Congress		Transaction ID : SC/10.4132		
LOAN SOURCE Full Name (Last, First, Mid Gaskins, Samuel, Lewis, ,	Memo Item Election: 2016    X   Primary   General			
Mailing Address PO Box 251		Other (specify) ▼		
City Hopkinsville	State KY	ZIP Code  42241  Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa	ment To Date  Balance Outstanding at Close of This Period		
1369.38		0.00 1369.38		
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)		
M10M / D04D / Y 2014 Y	M M / D D	/		
List All Endorsers or Guarantors (if any) t	o Loan Source	I November 1		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	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		
	710.0	Amount Guaranteed		
City	ZIP Code	Outstanding:		
SUBTOTALS This Period This Page (optional).				
TOTALS This Period (last page in this line only	/)			
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

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

PAGE FOR LINE NUMBER: (check only one)

**x** 13a

						130		
	OF COMMITTEE (In Full)  Gaskins For Congress				Transa	action ID : SC/10.4134		
LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item Election: 2016								
Ga	skins, Samuel, Lewis, ,				Wellio Rei	rimary		
	tokino, Camaon, Lowie, ,					General		
Mai PO	ling Address Box 251				Other (specify)			
City	City State ZIP Co				de			
Нор	kinsville		KY	42241		Personal Funds of the Candidate		
0	original Amount of Loan		Cumulative Pay	ment To	Date Ba	alance Outstanding at Close of This Period		
L	1046	.35			0.00	1046.35		
TER	RMS Date Incurred		D	ate Due	Interest Ra (If none, ent			
	<sup>M</sup> 10 <sup>M</sup> / □06 □ / Y Ž014	Υ	M M / D D	/ Y1	1/02/2016 Y	0.00 % (apr) Yes X No		
List	t All Endorsers or Guarantors	(if anv) t	o Loan Source					
	Full Name (Last, First, Middle In	,			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7		
2. F	2. Full Name (Last, First, Middle Initial)			Name of Employer				
N	Mailing Address				Occupation  Amount Guaranteed Outstanding:  Name of Employer  Occupation			
(	City	State	ZIP Code					
3. F	Full Name (Last, First, Middle Ini	tial)						
N	Mailing Address							
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	9 9		
4. F	Full Name (Last, First, Middle Ini	tial)	•		Name of Employer			
N	Mailing Address			Occupation				
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	9		
OL:D=	OTALO This David LTC D	-1:- 0			Г			
20R1	OTALS This Period This Page (c	ptional)				1046.35		
TOTAL	S This Period (last page in this	line only	r)		······			
Carry	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.							

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

**PAGE** OF FOR LINE NUMBER: **X** 13a (check only one)

11

13b Transaction ID: SC/10.4155 NAME OF COMMITTEE (In Full) Sam Gaskins For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Gaskins, Samuel, Lewis, , General Mailing Address PO Box 251 Other (specify) City State ZIP Code X Personal Funds of the Candidate KY 42241 Hopkinsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 994.47 0.00 994.47 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 D31 D ž014 Y11/02/2016 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 994.47 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 9 (FOR LINE NUMBER: (check only one)

13a

						130	
	ME OF COMMITTEE (In Full) am Gaskins For Congress				Transa	action ID : SC/10.4386	
	LOAN SOURCE Full Name (Last, Gaskins, Samuel, Lewis, ,	First, Mic	ddle Initial)	Memo Item Election: 2018  x Primary  General			
	Mailing Address PO Box 251					Other (specify) ▼	
	City State ZIP Co Hopkinsville KY 42241			de	Personal Funds of the Candidate		
	Original Amount of Loan		Cumulative Pay	Date Ba	lance Outstanding at Close of This Period		
	3000	.00			0.00	3000.00	
Ī	TERMS Date Incurred		D	ate Due	Interest Ra (If none, ent	er 0)	
	<sup>M</sup> 06 <sup>M</sup> / <sup>D</sup> 29 <sup>D</sup> / Y Ž01Ť	Υ	M M / D D	/ Y1	1/01/2010	0.00 % (apr) Yes X No	
	List All Endorsers or Guarantors	(if anv) t	o Loan Source				
	1. Full Name (Last, First, Middle In	` •,			Name of Employer		
	Mailing Address			Occupation			
L					Amount Guaranteed		
	City	State	ZIP Code			7	
	2. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Guaranteed Outstanding:  Name of Employer  Occupation		
	3. Full Name (Last, First, Middle In	itial)					
	Mailing Address						
	City	State	ZIP Code		Amount Guaranteed Outstanding:	9 9	
	4. Full Name (Last, First, Middle Initial)				Name of Employer  Occupation		
	Mailing Address						
	City	State	ZIP Code		Amount Guaranteed Outstanding:	9	
SU	BTOTALS This Period This Page (o	optional).			·····	3000.00	
то	TALS This Period (last page in this	line only	/)				
Ca	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						

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

FOR LINE NUMBER: (check only one)

PAGE 10

13a

OF

		130
NAME OF COMMITTEE (In Full) Sam Gaskins For Congress		Transaction ID : SC/10.4173
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	Memo Item Election: 2016
Sam Gaskins For Congress	Memo Item    Clection: 2016	
Mailing Address PO Box 251	Other (specify)	
City	State	ZIP Code  Personal Funds of the Candidate
Hopkinsville	KY	42241
Original Amount of Loan	Cumulative Pag	yment To Date Balance Outstanding at Close of This Period
427.31	3	0.00 427.31
TERMS Date Incurred	С	Oate Due Interest Rate Secured: (If none, enter 0)
<sup>M</sup> 01 <sup>M</sup> / <sup>D</sup> 02 <sup>D</sup> / <sup>Y</sup> Ž015 <sup>Y</sup>	M M / D D	/ Y11/ŏ4/2ŏ16
List All Endorsers or Guarantors (if any) 1	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
CODIOTALO TIIS I GIOU TIIS Page (optional)		427.31
TOTALS This Period (last page in this line only	y)	······································
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 11 OF FOR LINE NUMBER: (check only one)

**x** 13a

						130			
	IE OF COMMITTEE (In Full) m Gaskins For Congress				Transa	ction ID : SC/10.4227			
L	LOAN SOURCE Full Name (Last, First, Middle Initial)    Memo Item   Election: 2016								
	Sam Gaskins For Congres		.,	□ Memo item	X Primary General				
N F	Mailing Address PO Box 251				Other (specify)				
	City State ZIP Co			de	Personal Funds of the Candidate				
	lopkinsville		KY	42241					
	Original Amount of Loan		Cumulative Pay	yment To	Date Ba	ance Outstanding at Close of This Period			
	489	.65			0.00	489.65			
T	TERMS Date Incurred		D	ate Due	Interest Ra				
	M12 <sup>M</sup> / D31 <sup>D</sup> / Y 2015	Υ	M M / D D	/ Ŏ5	Nov 2016	0.00 % (apr) Yes No			
1	List All Endorsers or Guarantors	(if any) t	o Loan Source						
	I. Full Name (Last, First, Middle In	` •,	C Edan Codioc		Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9			
2	Full Name (Last, First, Middle Initial)  Mailing Address				Name of Employer  Occupation				
					Amount Guaranteed Outstanding:  Name of Employer  Occupation				
	City	State	ZIP Code						
3	B. Full Name (Last, First, Middle In	itial)							
	Mailing Address								
		_	1		Amount Guaranteed				
	City	State	ZIP Code		Outstanding:	9			
4	4. Full Name (Last, First, Middle Initial)				Name of Employer  Occupation				
	Mailing Address								
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9 9			
CI IT	DTOTAL C This David This Day	ntic=="							
SUE	STOTALS This Period This Page (c	ptional).				489.65			
TO1	TALS This Period (last page in this	line only	/)		······	8681.59			
Car	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.								