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FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized Co	ommittee	Offi	ce Use Only
NAME OF COMMITTEE (in	TYPE OR PRI	NT ▼	Example: If typing, typ over the lines.	e 12FE4M5	
Sam Gaskins	For Congress				
	PO Box 251				
ADDRESS (number an	nd street)				
Check if dif than previous reported. (A	usly   Hopkinsville			KY 4224	11
2. <b>FEC IDENTIFIC</b>	CATION NUMBER ▼	CITY	<b>\</b>	STATE A	ZIP CODE
C C0056566	63	3. IS THIS REPORT	NEW (N) OF	AMENDED (A)	STATE ▼ DISTRICT  KY 01
4. TYPE OF RE	PORT (Choose One)	(b) 12-Day <b>F</b>	PRE-Election Report for	the:	
(a) Quarterly R	eports:	>	Y Primary (12P)	General (12G)	Runoff (12R)
April 15	Quarterly Report (Q1)		Convention (12C)	Special (12S)	_
July 15	Quarterly Report (Q2)			D / Y Y Y Y	
Octobe	r 15 Quarterly Report (Q3)	Election	05 1		in the KY State of
January	/ 31 Year-End Report (YE)	(c) 30-Day <b>F</b>	POST-Election Report for	or the:	
			General (30G)	Runoff (30R)	Special (30S)
Termina	ation Report (TER)	Election	on M M / D	D / Y Y Y Y	in the State of
5. Covering Period	M M M / D D D D D D D D D D D D D D D D	/ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	M M / D D / Y 05	2016
I certify that I have e	examined this Report and	to the best of my	y knowledge and belief	it is true, correct and co	mplete.
Type or Print Name	of Treasurer Samuel Lev	wis Gaskins			
Signature of Treasure	er Samuel Lewis Gaskin:	s	[Electronically Filed]	Date 05 /	05 / Y Y Y Y Y 2016
	false, erroneous, or incomp	olete information m	nay subject the person si	gning this Report to the p	enalties 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

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Write or Type Committee Name

### Sam Gaskins For Congress

05 05 2016 01 2016 Report Covering the Period: From: To: **COLUMN B COLUMN A** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 1660.00 200.00 (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) 1660.00 200.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 660.57 1354.43 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 660.57 1354.43 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 1032.67 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 5681.59 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

FEC Form 3 (Revised 12/2003)

PAGE 3 / 13

Write or Type Committee Name

### Sam Gaskins For Congress

Report Covering the Period: From: 04 01 2016 To: 05 05 2016

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)	1300.00	0.00	
	(ii) Unitemized	360.00	200.00	
	(iii) TOTAL of contributions from individuals	1660.00	200.00	
	(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	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1660.00	200.00	
2.	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	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	1354.43	
4.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	1660.00	1554.43	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

ursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	660.57	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
	(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
		0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	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)	660.57	1354.43
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	33.24
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	1660.00
25.	SUBTOTAL (add Line 23 and Line 24)		1693.24
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	660.57
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	IG PERIOD	1032.67

FOR LINE NUMBER: PAGE 5 OF 13 (check only one) 11a 11b 11d 11c 12 13a 13b

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page 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) Sam Gaskins For Congress Full Name (Last, First, Middle Initial) **IBEW Local 816** Date of Receipt Mailing Address 4515 Clarks River Rd 2016 06 City State Zip Code Transaction ID: SA11AI.4245 ΚY 42003 Paducah FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1000.00 Name of Employer Occupation Memo Item Receipt For: 2016 Election Cycle-to-Date Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Ben Wood Date of Receipt Mailing Address 2525 Cadiz Rd 27 2016 City State Zip Code Transaction ID: SA11AI.4247 Hopkinsville ΚY 42240 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 300.00 Name of Employer Occupation **Business Owner** Memo Item Self Receipt For: 2016 Election Cycle-to-Date | Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... 1300.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 13 (check only one)	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X   17   18   19a   19b   20a   20b   20c   21	
Any information copied from such Reports and Statements nor for commercial purposes, other than using the name and			
NAME OF COMMITTEE (In Full) Sam Gaskins For Congress			
Full Name (Last, First, Middle Initial)  A. Facebook, Inc.  Mailing Address 1601 Willow Road		Date of Disbursement  O4 06 2016	
City State Menio Park CA Purpose of Disbursement	Zip Code 94025-1452	Amount of Each Disbursement this Period  176.92  Memo Item	
Candidate Name Sam Gaskins For Congress  Office Sought:  House Senate President State:  KY District:  Other (s	General	Transaction ID : SB17.4257	
Full Name (Last, First, Middle Initial)  Facebook, Inc.  Mailing Address 1601 Willow Road		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City State  Menio Park CA  Purpose of Disbursement  Candidate Name  Sam Gaskins For Congress  Office Sought: House Disbursement Fo	Zip Code 94025-1452 004 Category. Type	Amount of Each Disbursement this Period  58.40  Memo Item  Transaction ID : SB17.4258	
Senate President State: KY District: 01	General		
Full Name (Last, First, Middle Initial)  Facebook, Inc.  Mailing Address 1601 Willow Road		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City State Z Menio Park CA S Purpose of Disbursement  Candidate Name	ip Code 94025-1452 004 Category.	Amount of Each Disbursement this Period  76.20  Memo Item	
Sam Gaskins For Congress  Office Sought:  Senate President  State: KY  District: 01  Disbursement Fo Primary Other (s	r: 2016 General	Transaction ID : SB17.4259	
SUBTOTAL of Disbursements This Page (optional)		311.52	

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

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 13 (check only one)    X   17
	ny information copied from such Reports and Statements n for commercial purposes, other than using the name and		ny person for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) Sam Gaskins For Congress		
۸.	Full Name (Last, First, Middle Initial)  Facebook, Inc.  Mailing Address 1601 Willow Road  City State Menio Park CA  Purpose of Disbursement  Candidate Name Sam Gaskins For Congress  Office Sought: House Senate President President Other (s	General	Date of Disbursement  M M M
3.	Full Name (Last, First, Middle Initial)  Host Gator  Mailing Address  11251 NW Freeway STE 400  City State Houston TX  Purpose of Disbursement  Candidate Name Sam Gaskins For Congress  Office Sought:  House Senate President President State: KY District: 01  Full Name (Last, First, Middle Initial)	General	Date of Disbursement  M M M / D D / Y Y Y Y  Amount of Each Disbursement this Period  16.95  Memo Item  Transaction ID: SB17.4264
Э.	Unlimited Graphics  Mailing Address 40 Olive Street		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	· ·	General	Amount of Each Disbursement this Period  114.37  Memo Item  Transaction ID : SB17.4262
S	SUBTOTAL of Disbursements This Page (optional)		215.08

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

526.60

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13b

OF

DAN5		Detailed Summary Page	(check only one) 13a
AME OF COMMITTEE (In Full) Sam Gaskins For Congress		Transaction	ID : SC/10.4137
LOAN SOURCE Full Name (Last, Fi	rst, Middle Initial) <b>PERSONAL F</b>		ection: 2016 Primary General
Mailing Address PO Box 251			Other (specify)
City Hopkinsville	State ZIP Co		
Original Amount of Loan	Cumulative Payment To		Outstanding at Close of This Period
1354.4		0.00	1354.43
Date Incurred  M 09 / D29 / Y 2014	Date Due	Interest Rate 0.00	Secured:  % (apr)  Yes  No
List All Endorsers or Guarantors (if		Name of Employer	
1. Full Name (Last, First, Middle Init	ıaı)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City 5	State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (op	tional)		1354.43
TOTALS This Period (last page in this I			, , , , , , , ,
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

FOR LINE NUMBER:

PAGE

×	13a
	13b

OF

DAN5		Detailed Summary Page	(crieck only one) 13a
AME OF COMMITTEE (In Full) Sam Gaskins For Congress		Transaction	ID : SC/10.4132
LOAN SOURCE Full Name (Last, Fir Samuel Lewis Gaskins	st, Middle Initial) 'PERSONAL F		ection: 2016 Primary General
Mailing Address PO Box 251			Other (specify) ▼
City Hopkinsville	State ZIP Co	ode	
<u> </u>			
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period 1369.38
TERMS  Date Incurred	Date Due	Interest Rate	Secured:
M 10 M / D 04 D / Y Ž01 Ž	M M / D D / Y	11/2/2016 Y 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City Si	tate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	,
3. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City Si	tate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (opt	ional)	<u> </u>	1369.38
TOTALS This Period (last page in this lin	ne only)	······ <b>L</b>	, , , , , ,
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	no Schedule D, carry forward	I to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13b

JAN5		Detailed Summary Page	(crieck only one) 13a
ame of committee (in Full) sam Gaskins For Congress		Transactio	on ID : SC/10.4134
LOAN SOURCE Full Name (Last, First, Middle Samuel Lewis Gaskins	e Initial) 'PERSONAL FUN		Election: 2016  Primary  General
Mailing Address PO Box 251			Other (specify)
City S Hopkinsville	tate ZIP Code		
	Cumulative Payment To D	ate Balanc	e Outstanding at Close of This Period
1046.35		0.00	1046.35
TERMS  Date Incurred  M 10 M / D 06 D / Y 2014 M		Interest Rate  2/2016 0.00	Secured:  % (apr)  Yes  No
List All Endorsers or Guarantors (if any) to  1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Dutstanding:	
2. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(	Occupation	
City State	ZIP Code	Amount Guaranteed Dutstanding:	,
3. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(	Occupation	
City State	ZIP Code	Amount Guaranteed Dutstanding:	y
4. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(	Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	,
UBTOTALS This Period This Page (optional)		······	1046.35
OTALS This Period (last page in this line only).			7

## SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

PAGE 11

13a |

DANG		Detailed Summary Page	ge (onesit only one)
AME OF COMMITTEE (In Full) Sam Gaskins For Congress		Transac	ction ID : SC/10.4155
LOAN SOURCE Full Name (Last, First, Mid Samuel Lewis Gaskins	ddle Initial) 'PERSONAL FUI	NDS] Memo Item	Election: 2016  Primary
Mailing Address PO Box 251			General Other (specify) ▼
City	State ZIP Code KY 42241	e	
Hopkinsville			
Original Amount of Loan 994.47	Cumulative Payment To D	Oate Bala	ance Outstanding at Close of This Perio
TERMS  Date Incurred  M 12 Y 2014 Y	Date Due	Interest Rate 02/2016 0.	
List All Endorsers or Guarantors (if any) t			
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (optional).  COTALS This Period (last page in this line only			994.47

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13h

OANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full)		Transac	etion ID : SC/10.4173
Sam Gaskins For Congress			
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item	Election: 2016
Sam Gaskins For Congress			Primary General
Mailing Address PO Box 251			Other (specify)
City	State ZIP Co	ode	
Hopkinsville	KY 42241		
Original Amount of Loan	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
427.31		0.00	427.31
TERMS  Date Incurred	Date Due	Interest Rate	e Secured:
M01 <sup>M</sup> / D02 <sup>D</sup> / Y Y 2015 Y	M M / D D / Y1	1/Ŏ4/2Ŏ16 O.G	% (apr)
List All Endorsers or Guarantors (if an	y) to Loan Source		Yes No
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed Outstanding:	7 7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed Outstanding:	9 9
SUBTOTALS This Period This Page (option	nai)	<u> </u>	427.31
TOTALS This Period (last page in this line	only)	······	9 9
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry forv	vard to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

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LOANS				for each categ Detailed Sumr		(check only one)	×	13a 13b
NAME OF COMMITTEE (In Fu Sam Gaskins For Coi			'		Transaction	n ID : SC/10.4227		
Sam Gaskins For C		ldle Initial)		Memo Ite		ection: 2016 Primary General		
Mailing Address PO Box 251						Other (specify) ▼		
City		State Z	ZIP Code					
Hopkinsville		KY 4	42241					
Original Amount of Loan		Cumulative Paym	nent To Date		Balance	Outstanding at Close of	_	
,,	489.65			0.00	l L.		189.65	5
TERMS  Date Incurr  12 31 7	red Y Ž015	Date	te Due 05 Nov		rest Rate 0.00	Secur	red: /es	X
List All Endorsers or Gua	arantors (if any) to	Loan Source						
1. Full Name (Last, First,	Middle Initial)		Na	me of Employe	er			
Mailing Address			Oc	cupation				
City	State	ZIP Code	Gu	ount aranteed standing:	,	,		
2. Full Name (Last, First,	Middle Initial)		Na	me of Employe	er			
Mailing Address			Oc	cupation				
City	State	ZIP Code	Gu	ount aranteed tstanding:	,			
3. Full Name (Last, First,	Middle Initial)		Na	me of Employe	er			
Mailing Address			Oc	cupation				
City	State	ZIP Code	Gu	ount aranteed tstanding:	,			
4. Full Name (Last, First,	Middle Initial)		Na	me of Employe	er			
Mailing Address			Oc	cupation				
City	State	ZIP Code	Gu	ount aranteed astanding:	7			
SUBTOTALS This Period Thi	s Page (optional)						189.65	5
TOTALS This Period (last pa	ge in this line only	)		·····		56	81.59	,
Carry outstanding balance of	enly to LINE 3, Sch	edule D, for this li	line. If no S	chedule D, ca	arry forward	I to appropriate line of	Sumr	mary.