PAGE 1 / 10

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Autl	horized Committe	е	Offic	Office Use Only	
NAME OF     COMMITTEE (in full)	TYPE OR PRINT	Example over the	e: If typing, type lines.	12FE4M5		
Sam Gaskins For Co	ongress					
ADDRESS (number and street)	PO Box 251					
Chook if different						
Check if different than previously reported. (ACC)				KY 4224	11	
		CITY ▲		STATE ▲	ZIP CODE ▲	
2. FEC IDENTIFICATION	NUMBER ▼				OTATE W DIOTRIOT	
C C00565663		3. IS THIS REPORT	NEW (N) <b>OR</b>	AMENDED (A)	STATE ▼ DISTRICT	
	1					
I. TYPE OF REPORT	(Choose One) (b	) 12-Day <b>PRE</b> -Elect	ion Report for the	:		
(a) Quarterly Reports:		Drive	nary (12P)	General (12G)	Runoff (12R)	
April 15 Quarter	rly Report (Q1)	LI PIIII	ary (12P)	General (12G)	Hulloll (12h)	
July 15 Quarter	ly Report (O2)	Con	vention (12C)	Special (12S)		
	arterly Report (Q3)	Election on	M M / D D	/ Y Y Y Y	in the State of	
January 31 Yea	r-End Report (YE) (c	30-Day <b>POST</b> -Elec	ction Report for th	ne:		
_		<b>G</b> en	eral (30G)	Runoff (30R)	Special (30S)	
Termination Rep	port (TER)	Election on	M 11 / 08	/ Y Y Y Y 2016	in the State of	
5. Covering Period	M M / D D / Y	, y y y y 2016 t	hrough 1	M / D D / Y 1 28	2016	
certify that I have examined			dge and belief it is	true, correct and con	nplete.	
Type or Print Name of Treas	Gaskins, Samuel urer	, Lewis, ,				
Signature of Treasurer	Gaskins, Samuel, Lewis, ,	[Eleci	tronically Filed]	Date 11	D D / Y Y Y Y Y Y 2016	
-				a lista Barra da da		
NOTE: Submission of false, er	roneous, or incomplete i	ntormation may subject	t the person signin	g this Report to the pe	naities of 52 U.S.C. §30109	
Office Use Only					EC FORM 3 (Revised 05/2016)	

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 10

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Sam Gaskins For Congress

2016 10 2016 11 28 20 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 50.00 200.00 (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) 50.00 200.00 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 1354.43 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1354.43 0.00 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 167.16 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 05/2016)

PAGE 3 / 10

Write or Type Committee Name

10 20 2016 28 2016 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(iii) TOTAL of contributions	50.00	200.00	
	from individuals	50.00	200.00	
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00	
	(such as PACs)	0.00	0.00	
	(d) The Candidate	0.00	0.00	
	(add Lines 11(a)(iii), (b), (c), and (d))	50.00	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(c) TOTAL LOANS	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	1354.43	
1.	OFFSETS TO OPERATING			
EXPENDITURES (Refunds, Rebates, etc.)		0.00	0.00	
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
6. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)		50.00	1554.43	

**DETAILED SUMMARY PAGE** 

FEC Form 3 (Revised 05/2016)

of Disbursements

**COLUMN A COLUMN B** II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 0.00 1354.43 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans ..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) ..... TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS ...... 22. TOTAL DISBURSEMENTS 0.00 1354.43 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 117.16 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 50.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 167.16 25. SUBTOTAL (add Line 23 and Line 24)..... 0.00 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 167.16 (subtract Line 26 from Line 25).....

PAGE 4 / 10

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

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

10

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

10

13b Transaction ID: SC/10.4132 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 1369.38 0.00 1369.38 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10<sup>M</sup> 0.00 D04D ž014 <sup>Y</sup> 11/2/2016 <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)..... 1369.38 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 7 OF
FOR LINE NUMBER:
(check only one)

**X** 13a 13b

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Transaction ID: SC/10.4134 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 1046.35 0.00 1046.35 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10<sup>M</sup> 0.00 D06D 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)..... 1046.35 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** OF FOR LINE NUMBER: **x** 13a (check only one)

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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)

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OF

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		130							
NAME OF COMMITTEE (In Full) Sam Gaskins For Congress		Transaction ID : SC/10.4173							
LOAN SOURCE Full Name (Last, First, M	liddle 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 Pa	yment To Date Balance Outstanding at Close of This Period							
427.31		0.00 427.31							
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)							
M01M / D02D / Y Ž01Š Y	M M / D D	/ <sup>Y</sup> 11/ŏ4/2ŏ16 <sup>Y</sup> 0.00							
List All Endorsers or Guarantors (if any)	List All Endorsers or Guarantors (if any) to 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)	'	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							
	I	Amount							
City	ZIP Code	Guaranteed Outstanding:							
SURTOTALS This Period This Page (optional									
SUBTOTALS This Period This Page (optional) 427.31									
TOTALS This Period (last page in this line only)									
Carry outstanding balance only to LINE 3, S	chedule D, for thi	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** 10 OF FOR LINE NUMBER: **X** 13a (check only one)

10

13b Transaction ID: SC/10.4227 NAME OF COMMITTEE (In Full) Sam Gaskins For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Sam Gaskins For Congress General Mailing Address PO Box 251 Other (specify)  $\blacktriangledown$ City State ZIP Code Personal Funds of the Candidate KY 42241 Hopkinsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 489.65 0.00 489.65 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 D31 D Ž015 05 Nov 2016 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)..... 489.65 TOTALS This Period (last page in this line only) ..... 5681.59 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.