PAGE 1 / 13

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authori	zed Committee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines.		12FE4M5	
Sam Gaskins For 0	Congress				1
ADDRESS (number and stre	et)				
Check if different					
than previously reported. (ACC)	Hopkinsville			LKY L	42241
2. <b>FEC IDENTIFICATIO</b>	ON NUMBER ▼	CITY		STATE A	ZIP CODE
C C00565663	3. 1	S THIS N	≣W	× AMEND	
O MARKET		REPORT (N	) OR	(A)	KY 01
4. TYPE OF REPOR	T (Choose One)				
(a) Quarterly Reports	(b) 1:	2-Day <b>PRE</b> -Election Re	eport for the:		_
April 15 Quar	terly Report (Q1)	X Primary (1	2P)	General (1	12G) Runoff (12R)
		Conventio	n (12C)	Special (1	2S)
July 15 Quar	terly Report (Q2)	M M	/ D D /	Y Y Y Y	in the
October 15 C	Quarterly Report (Q3)	Election on 05	17	2016	State of KY
January 31 Y	ear-End Report (YE) (c) 3	0-Day <b>POST</b> -Election I	Report for the:		
		General (3	0G)	Runoff (30	DR) Special (30S)
Termination F		Election on	/ D D /	Y " Y " Y	in the State of
	M M / D D / Y Y	YY	M <sup>8</sup> M	/ D D /	Y   Y   Y   Y
5. Covering Period	04 01 20	o16 through	n 04	27	2016
I certify that I have examir	ned this Report and to the be	st of my knowledge an	d belief it is tr	ue, correct and	d complete.
Type or Print Name of Tre	asurer Samuel Lewis Gaskins	5			
Signature of Treasurer	Samuel Lewis Gaskins	[Electronical	ly Filed] [	Date 05	/ D D / Y Y Y Y 111 2016
NOTE: Submission of false,	erroneous, or incomplete inform	nation may subject the	person signing t	this Report to the	he penalties of 2 U.S.C. §437g.
Office					FEC FORM 3
Use Only					(Revised 02/2003)

### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 13

Write or Type Committee Name

### Sam Gaskins For Congress

04 27 2016 01 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 1600.00 200.00 (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) 1600.00 200.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 544.89 1354.43 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 544.89 1354.43 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 1088.35 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: 04 27 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	300.00	200.00	
	(iii) TOTAL of contributions from individuals	1600.00	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))	1600.00	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.	<b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	1600.00	1554.43	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 13

		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	544.89	1354.43
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LOA	AN 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.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
	/b\		0.00	0.00
	(b)	Political Party Committees 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.	ОТІ	HER DISBURSEMENTS	0.00	0.00
22.		<b>TAL DISBURSEMENTS</b> d Lines 17, 18, 19(c), 20(d), and 21)	544.89	1354.43
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOF	RTING PERIOD	33.24
:4	то	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	1600.00
5.	SUI	BTOTAL (add Line 23 and Line 24)		1633.24
6.	TO	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	544.89
7.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	1088.35

FOR LINE NUMBER: PAGE 5 OF 13 Use separate schedule(s) (check only one) for each category of the 11a ITEMIZED RECEIPTS 11b 11d 11c Detailed Summary Page 12 13a 13b 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).....

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

1300.00

SCHEDULE B	(FEC	Form	3)
ITEMIZED DISI	BURSI	EMEN.	TS

one) 7
e purpose of soliciting contributions contributions from such committee.
f Disbursement  / 06
f Disbursement  / 20 / 2016  t of Each Disbursement this Period  58.40  mo Item  action ID : SB17.4258
f Disbursement  / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1

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 r for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) Sam Gaskins For Congress		
Α.	Full Name (Last, First, Middle Initial) Unlimited Graphics  Mailing Address 40 Olive Street  City State La Center KY  Purpose of Disbursement  Candidate Name Sam Gaskins For Congress  Office Sought: House Senate President President  State: KY District: 01		Date of Disbursement  04
3.	Full Name (Last, First, Middle Initial)  Mailing Address		Date of Disbursement
	City State  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement Fo Senate Primary Other (state: District:		Amount of Each Disbursement this Period  Memo Item
Э.	Full Name (Last, First, Middle Initial)  Mailing Address		Date of Disbursement
	Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement Fo Senate Primary		Amount of Each Disbursement this Period  Memo Item
S	UBTOTAL of Disbursements This Page (optional)		114.37

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

425.89

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

**X** 13a

JAN5		Detailed Summary	Page	(check only one)	13b
am Gaskins For Congress		Tran	saction	ID : SC/10.4137	
LOAN SOURCE Full Name (Last, First, Middle Samuel Lewis Gaskins	nitial) 'PERSONAL FUN	MDS] Memo Item	Ele	ction: 2016 Primary General	
Mailing Address PO Box 251				Other (specify) ▼	
,	ate ZIP Code	Э			
Original Amount of Loan C	Cumulative Payment To D	Date E	Balance (	Outstanding at Close of	This Perio
1354.43		0.00		135	4.43
Date Incurred  Date Incurred  Date Incurred	Date Due	Interest F 5/2016 <sup>Y</sup>	Rate 0.00	Secure % (apr)	$\times$
List All Endorsers or Guarantors (if any) to L	oan Source			10.	5 14
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State 2	ZIP Code	Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State 2	ZIP Code	Amount Guaranteed Outstanding:	7		
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State 2	ZIP Code	Amount Guaranteed Outstanding:	7		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State 2	ZIP Code	Amount Guaranteed Outstanding:	7		
UBTOTALS This Period This Page (optional)		<b>)</b>		135	4.43
OTALS This Period (last page in this line only)  Carry outstanding balance only to LINE 3, Schedu		,	forward	to appropriate line of S	ummary

## 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 9

13a 13b

OF

	Detailed Summary Page 13b		
AME OF COMMITTEE (In Full)  Transaction ID : SC/10.4132			
Sam Gaskins For Congress			
LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL			
Samuel Lewis Gaskins	Primary General		
Mailing Address PO Box 251	Other (specify)		
City State ZIP C	Code		
Hopkinsville KY 4224	.1		
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 Du	ue Interest Rate Secured:		
M 10 / D 04 / Y 2014 Y M M / D D /	11/2/2016 Yes 0.00 % (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source	1.00		
1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed		
2. Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer		
2. Full Name (Last, First, Midule Initial)	Name of Employer		
Mailing Address	Occupation		
Other State of the	Amount Guaranteed		
City State ZIP Code	Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
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.			

## 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 10

X 13a 13b

OF

Transaction ID : SC/10.4134    Memo Item
Primary General Other (specify) ▼  Balance Outstanding at Close of This Perio
Other (specify) ▼  Balance Outstanding at Close of This Perio
0.00
Interest Rate Secured:  0.00  % (apr)  Yes No
100 110
e of Employer
upation
unt ranteed tanding:
e of Employer
upation
unt ranteed tanding:
e of Employer
upation
unt ranteed tanding:
e of Employer
upation
unt ranteed tanding:

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 11

<b>\</b>	40-
X	13a
	13b

Mailing Address  City State ZIP Code  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  Amo  City State ZIP Code  Amo  Gua  Outs  Amo  Gua  Outs  Amo  Gua  Outs  3. Full Name (Last, First, Middle Initial)	Balance Outstanding at Close of This Period  0.00  994.47  Interest Rate  0.00  % (apr)  Yes  N  Secured:  N  N  Ne of Employer  upation
Samuel Lewis Gaskins  Mailing Address PO Box 251  City State ZIP Code Hopkinsville KY 42241  Original Amount of Loan Cumulative Payment To Date 994.47  TERMS Date Incurred Date Due M12 731 7 2014 7 M M M / D D / 711/02/20  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial) Nam Mailing Address  City State ZIP Code  City State ZIP Code  Amo Gua Outs  City State ZIP Code  City State ZIP Code  Amo Gua Outs  3. Full Name (Last, First, Middle Initial) Nam  Amo Gua Outs  Amo Gua Outs  3. Full Name (Last, First, Middle Initial) Nam  Nam  Amo Gua Outs  Amo Gua Outs  Amo Gua Outs  State ZIP Code  Amo Gua Outs  Am	Balance Outstanding at Close of This Period  0.00  994.47  Interest Rate  0.00  % (apr)  Yes  N  Secured:  N  N  Ne of Employer  upation
City State ZIP Code  Hopkinsville KY 42241  Original Amount of Loan Cumulative Payment To Date  994.47  TERMS  Date Incurred Date Due  12	Balance Outstanding at Close of This Period  0.00  994.47  Interest Rate  0.00  % (apr)  Yes  N  Period  N  Secured:  Yes  N
Hopkinsville  KY 42241  Original Amount of Loan  Cumulative Payment To Date  994.47  TERMS  Date Incurred  M 12 M 2014 Y M M M / D D / Y11/02/20  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occi  City  State  ZIP Code  Amo Gua Outs  City  State  ZIP Code  Amo Gua City  State  ZIP Code  Amo Gua Outs  Amo Gua Outs  3. Full Name (Last, First, Middle Initial)  Nam  Amo Gua Outs  Nam  Amo Gua Outs  Nam  Nam  Nam  Nam  Nam  Nam  Nam  Na	0.00  994.47  Interest Rate 0.00  % (apr)  Yes  N  Secured:  Yes  N
Original Amount of Loan  Cumulative Payment To Date  994.47  TERMS  Date Incurred  Material Payment To Date  Date Due  Material Payment To Date  Payment To Date  Date Due  Material Payment To Date  Date Due  Material Payment To Date  Payment To Date  Date Due  Material Payment To Date  Payment To Date  Date Due  Material Payment To Date  Payment To Date  Date Due  Material Payment To Date  Pa	0.00  994.47  Interest Rate 0.00  % (apr)  Yes  N  Secured:  Yes  N
TERMS  Date Incurred  M 12 M / D D / Y11/02/20  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Outs  Amore  Guarantors  Occi  Amore  Guarantors  City  State  ZIP Code  Outs  Amore  Guarantors  Occi  Amore  Occi  Outs  3. Full Name (Last, First, Middle Initial)  Nam	0.00  994.47  Interest Rate 0.00  % (apr)  Yes  N  Secured:  Yes  N
TERMS  Date Incurred  Date Due  M12	Interest Rate Secured:  0.00 % (apr) Yes N  The of Employer supation
Date Incurred  M 12	0.00 % (apr) Yes N
1. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  City State ZIP Code  Amo Gua Outs  Amo Gua Outs  Amo Gua Outs  3. Full Name (Last, First, Middle Initial)  Name	upation
Mailing Address  City State ZIP Code  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  Amo Gua Outs  Amo Gua Outs  Amo Gua Outs  3. Full Name (Last, First, Middle Initial)  Nam	upation
City State ZIP Code Qua Outs  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code  Amore Gua Outs  Amore Gua Outs  3. Full Name (Last, First, Middle Initial)	
City State ZIP Code Gua Outs  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Amo Gua Outs  3. Full Name (Last, First, Middle Initial)  Name (Last, First, Middle Initial)	
Mailing Address  Occi  Amo  Gua  Outs  3. Full Name (Last, First, Middle Initial)  Name	ranteed standing:
City State ZIP Code Gua Outs  3. Full Name (Last, First, Middle Initial) Nam	ne of Employer
City State ZIP Code Gua Outs  3. Full Name (Last, First, Middle Initial) Nam	upation
	ount ranteed standing:
Mailing Address Occ	ne of Employer
	upation
Oily Olato Zii Oodo	ount ranteed standing:
4. Full Name (Last, First, Middle Initial) Nam	ne of Employer
Mailing Address Occi	upation
	ount ranteed standing:
UBTOTALS This Period This Page (optional)	994.47
OTALS This Period (last page in this line only)	7 7

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 12 OF

×	13a
	13b

OANS		for each category of t Detailed Summary Pa	
IAME OF COMMITTEE (In Fo	•	Transa	ction ID : SC/10.4173
Sam Gaskins For C	ne (Last, First, Middle Initial) Congress	Memo Item	Election: 2016  Primary  General
Mailing Address PO Box 251			Other (specify)
City	State Z	IP Code	
Hopkinsville	KY 4	2241	
Original Amount of Loan	Cumulative Payme	ent To Date Bala	ance Outstanding at Close of This Period
	427.31	0.00	427.31
Date Incur	red Date	Due Interest Rat  11/04/2016  0.	00 % (apr)
List All Endorsers or Gu	arantors (if any) to Loan Source		Yes No
1. Full Name (Last, First,	· • • • • • • • • • • • • • • • • • • •	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9
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:	9 9 9
SUBTOTALS This Period Th	is Page (optional)	<u> </u>	427.31
FOTALS This Period (last pa	ge in this line only)	·····	, , , , , , , , ,
Carry outstanding balance of	only to LINE 3, Schedule D, for this li	ne. If no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

×	13a
	13b

DANS			for each category of Detailed Summary Pa	
AME OF COMMITTEE (In Full Sam Gaskins For Con			Transa	action ID : SC/10.4227
LOAN SOURCE Full Nam Sam Gaskins For Co		e Initial)	Memo Item	Election: 2016  Primary  General
Mailing Address PO Box 251				Other (specify) ▼
City	St	ate ZIP Cod	de	
Hopkinsville	I	KY 42241		
Original Amount of Loan	489.65	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
TERMS		7 7		9 9
Date Incurre	ž01Š <sup>Y</sup>	Date Due	Interest Ra Nov ž016	nte Secured:  0.00 % (apr) Yes No
List All Endorsers or Gua	rantors (if any) to L	oan Source		100 110
1. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9
2. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9
3. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9
4. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9
SUBTOTALS This Period This	Page (optional)		<b>.</b>	489.65
FOTALS This Period (last pag	e in this line only)			5681.59
	nly to LINE 3, Sched	ule D, for this line. If r	no Schedule D, carry fo	rward to appropriate line of Summary.