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Image# 201507049000055656

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An		ized Comr	nittee			Office	e Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRIN	IT ▼		mple: If typing	g, type	12FE4M	5	
Sam Gaskins	For Co	ngress							1
		PO Box 251							
ADDRESS (number ar	nd street)	1 0 Box 231							
Check if di									
than previoreported. (A		Hopkinsville					ĽY	42241	
2. FEC IDENTIFIC	CATION	NUMBER ▼		CITY			STATE A		ZIP CODE A STATE ▼ DISTRICT
C C005656	63			IS THIS REPORT	× NEW (N)	OR	AMENI (A)	DED	KY 01
4 TVDE OF DE	DODT "		ı						
4. TYPE OF RE(a) Quarterly R		Choose One)	(b) 1	2-Day PRE-	Election Repo	rt for the:			
					Primary (12P)		General (12G)	Runoff (12R)
	Quarterly	y Report (Q1)			Convention (1	12C)	Special (1	12S)	
X July 15	Quarterly	Report (Q2)				D D /			
Octobe	r 15 Quar	terly Report (Q3)		Election on	W W /				in the State of
January	/ 31 Year-	End Report (YE)	(c) 3	30-Day POS1	-Election Rep	ort for the:			
					General (30G		Runoff (3	0R)	Special (30S)
Termina	ation Repo	ort (TER)		Election on	M M /	D D /	Y " Y " Y		in the State of
5. Covering Period	М	04 / D 01		015 Y	through	M M M	/ 30 /		y " y " y 2015
I certify that I have e	examined	this Report and t	o the be	est of my kno	owledge and k	pelief it is tr	ue, correct an	d com	plete.
Type or Print Name	of Treasu	rer Samuel Lew	s Gaskin	S					
Signature of Treasure	er <u>S</u>	amuel Lewis Gaskins		ı	Electronically H	Filed] D	Date 06	1	30 / Y Y Y Y Y Y 2015
NOTE: Submission of	false, erro	oneous, or incomp	ete infori	mation may s	ubject the pers	son signing t	this Report to t	the per	nalties of 2 U.S.C. §437g.
Office Use								FI	EC FORM 3
Only									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

06 30 2015 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 1350.00 200.00 (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) 1350.00 200.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 968.01 1354.43 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 968.01 1354.43 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 381.99 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 5191.94 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 / 11

Write or Type Committee Name

Sam Gaskins For Congress

04 01 2015 06 30 2015 Report Covering the Period: From: To:

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
1. (CONTRIBUTIONS (other than loans) FROM:			
((a) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	850.00	0.00	
	(ii) Unitemized	500.00	200.00	
	(iii) TOTAL of contributions from individuals	1350.00	200.00	
(b) Political Party Committees	0.00	0.00	
((c) Other Political Committees (such as PACs)	0.00	0.00	
,	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1350.00	200.00	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3. I	LOANS:			
((a) Made or Guaranteed by the Candidate	0.00	1354.43	
((b) All Other 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)	1350.00	1554.43	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 11

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPERATING EXPENDITURES	968.01	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	200	
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00	
	(such as PACs)	0.00	0.00	
	(d) TOTAL CONTRIBUTION REFUN (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 2	21) • 968.01	1354.43	
	III. CA	ASH SUMMARY		
23.	CASH ON HAND AT BEGINNING O	F REPORTING PERIOD	0.00	
:4	TOTAL RECEIPTS THIS PERIOD (fro	om Line 16, page 3)	1350.00	
5.	SUBTOTAL (add Line 23 and Line 2	24)	1350.00	
6.	TOTAL DISBURSEMENTS THIS PER	RIOD (from Line 22)	968.01	
	CASH ON HAND AT CLOSE OF RE			

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF Use separate schedule(s) (check only one) 11a 11b 11d 11c 12 13a 13b

11

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) Christian ENT, DR Bill Bosch Date of Receipt Mailing Address 1830 High St 06 2015 04 Suite B City State Zip Code Transaction ID: SA11AI.4185 ΚY 42240 Hopkinsville FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 600.00 Name of Employer Occupation Check Receipt For: 2016 Election Cycle-to-Date Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) Mr. William E Rogers III Date of Receipt Mailing Address 601 South Main Street 04 2015 City State Zip Code Transaction ID: SA11AI.4177 Hoppkinsville ΚY 42240 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation W.E. Rogers Law Attorney Receipt For: 2016 Election Cycle-to-Date | Primary General 250.00 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 Receipt For: Election Cycle-to-Date Primary General Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... 850.00 TOTAL This Period (last page this line number only).....

SCH ITE

lm	nage# 201507049000055661			
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summar	nedule(s) y of the	FOR LINE NUMBER: PAGE 6 OF 11 (check only one) X 17
	ny information copied from such Reports and Statements in for commercial purposes, other than using the name and			
\rangle	NAME OF COMMITTEE (In Full) Sam Gaskins For Congress			
^	Full Name (Last, First, Middle Initial) Facebook, Inc.			Date of Disbursement
٦.				M = M / D = D / Y = Y = Y
	Mailing Address 1601 Willow Road			05 04 2015
	City State	Zip Code		Amount of Each Disbursement this Period
	Menio Park CA	94025-1452	I	201.01
	Purpose of Disbursement		004	201.34
	Candidate Name		Category/	Transaction ID : SB17.4180
	Sam Gaskins For Congress		Type	
	Office Sought: Yes in the content of the content	General		
	Full Name (Last, First, Middle Initial)			
В.	Kentucky Board of Elections			Date of Disbursement
	Mailing Address 140 Walnut St.			06 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code		Assessed of Foods Dielectronous this Deviced
	Frankfort KY	40601		Amount of Each Disbursement this Period
	Purpose of Disbursement Voter Registration List		006	309.66
	Candidate Name		Category/	Transaction ID : SB17.4196
	Sam Gaskins For Congress		Type	
	Office Sought: House Disbursement For	General		
	State: KY District: 01			
C.	Full Name (Last, First, Middle Initial) Unlimited Graphics			Date of Disbursement
	Mailing Address 40 Olive Street			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City State Zi	ip Code		Amount of Each Disbursement this Period
		12056		
	Purpose of Disbursement Mailers		004	190.08
	Candidate Name Sam Gaskins For Congress		Category/ Type	Transaction ID : SB17.4188
	Office Sought: House Disbursement For Senate Primary			

State:

ΚY

President

01

SUBTOTAL of Disbursements This Page (optional).....

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

District:

Other (specify)

701.08

701.08

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

☑ 13:

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DANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full)		Transac	etion ID : SC/10.4137
Sam Gaskins For Congress			
LOAN SOURCE Full Name (Last, Firs	st, Middle Initial)	[PERSONAL FUNDS]	Election: 2016
Samuel Lewis Gaskins	,	[FERGONAL FORDO]	Primary
			General
Mailing Address PO Box 251			Other (specify) ———————————————————————————————————
City	State ZIP C	ode	
Hopkinsville	KY 42241	1	
Original Amount of Loan	Cumulative Payment T	o Date Bala	ance Outstanding at Close of This Period
1354.43		0.00	1354.43
TERMS Date Incurred	Date Due	e Interest Rate	e Secured:
M M / D D / Y Y Y			
09 29 2014		11/5/2016 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if	= -		
1. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City St	ate ZIP Code	Guaranteed	
		Outstanding:	, ,
2. Full Name (Last, First, Middle Initial	l)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City St	ate ZIP Code	Guaranteed	
	0	Outstanding:	7
3. Full Name (Last, First, Middle Initial	1)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City St	ate ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial	()	Name of Employer	
	,		
Mailing Address		Occupation	
		Amount	
City St	ate ZIP Code	Guaranteed Outstanding:	9 9 9
1			
NUDTOTALO TEL D. 1 LTI 1 D. 1 LT	S		1051.15
SUBTOTALS This Period This Page (opti	Ulal)	<u> </u>	1354.43
TOTALS This Period (last page in this lin	ne only)	······	
Carry outstanding balance only to LINE	3, Schedule D. for this line. In	f no Schedule D. carry for	vard to appropriate line of Summary.
- · · · · · · · · · · · · · · · · · · ·			

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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OF

Detailed Summary Page Transaction ID: SC/10.4132 NAME OF COMMITTEE (In Full) Sam Gaskins For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary Samuel Lewis Gaskins General Mailing Address Other (specify) \blacktriangledown PO Box 251 City State ZIP Code 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: 04 ^M 10^M ž014 11/2/2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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JAN5		Detailed Summary Pa	ge (Crieck only one)
am Gaskins For Congress		Transa	ction ID : SC/10.4134
LOAN SOURCE Full Name (Last, First, Samuel Lewis Gaskins	Middle Initial)	[PERSONAL FUNDS]	Election: 2016 Primary General
Mailing Address PO Box 251			Other (specify)
City Hopkinsville	State ZIP (KY 4224		
Original Amount of Loan	Cumulative Payment	To Date Bala	ance Outstanding at Close of This Per
1046.35		0.00	1046.35
Date Incurred M 10 D 06 D / Y 2014	Date Du	le Interest Rat 11/02/2016 0.00	
List All Endorsers or Guarantors (if any	/) to Loan Source		100
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	z ZIP Code	Amount Guaranteed Outstanding:	, ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	z ZIP Code	Amount Guaranteed Outstanding:	, ,
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	z ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	z ZIP Code	Amount Guaranteed Outstanding:	2
JBTOTALS This Period This Page (option	al)		1046.35
OTALS This Period (last page in this line of			ward to appropriate line of Summar

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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Detailed Summary Page Transaction ID: SC/10.4155 NAME OF COMMITTEE (In Full) Sam Gaskins For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary Samuel Lewis Gaskins General Mailing Address Other (specify) \blacktriangledown PO Box 251 City State ZIP Code 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: ^D31 ^M 12^M ž014 0.00 11/02/2016 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

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	13b

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DANS		for each category of the Detailed Summary Page	
AME OF COMMITTEE (In Fu	•	Transact	ion ID : SC/10.4173
Sam Gaskins For Cor	igress		
LOAN SOURCE Full Nam	ne (Last, First, Middle Initial)		Election: 2016
Sam Gaskins For C	ongress		Primary General
Mailing Address PO Box 251			Other (specify)
City	State Z	ZIP Code	
Hopkinsville	KY	42241	
Original Amount of Loan	Cumulative Paym	ent To Date Balan	ce Outstanding at Close of This Period
	427.31	0.00	427.31
TERMS Date Incurr		e Due Interest Rate	Secured:
M01 ^M / D02 ^D / D	Z015 Y M M / D D	/ 11/04/2016 0.00	% (apr) Yes No
	arantors (if any) to Loan Source		
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, I	- Middle Initial)	Name of Employer	
Mailing Address		Occupation	
		Amount Guaranteed	
City	State ZIP Code	Outstanding:	9
3. Full Name (Last, First, I	vliddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	
Oity	State ZIF Gode	Outstanding:	9 9
4. Full Name (Last, First, I	vliddle Initial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	9
SUBTOTALS This Period Thi	s Page (optional)	<u> </u>	427.31
FOTALS This Period (last page	ge in this line only)	······	5191.94
Carry outstanding balance o	nly to LINE 3, Schedule D, for this li	ine. If no Schedule D, carry forwa	ard to appropriate line of Summary.