

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
Sam Gaskins For Congress

ADDRESS (number and street) PO Box 251  
Hopkinsville KY 42241  
CITY ▲ STATE ▲ ZIP CODE ▲

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼ C C00565663  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
STATE ▼ DISTRICT KY 01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
  
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)
  
- Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)
  
- Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2016 through M M / D D / Y Y Y Y 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gaskins, Samuel, Lewis, ,

Signature of Treasurer Gaskins, Samuel, Lewis, , [Electronically Filed] Date M M / D D / Y Y Y Y 10 / 24 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Sam Gaskins For Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	6700.00	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)).....	6700.00	200.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	2954.43	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)).....	2954.43	1354.43
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	2915.88	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	5681.59	

**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)

Write or Type Committee Name

**Sam Gaskins For Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5050.00	0.00
(ii) Unitemized .....	400.00	200.00
(iii) TOTAL of contributions from individuals .....	5450.00	200.00
(b) Political Party Committees.....	700.00	0.00
(c) Other Political Committees (such as PACs).....	550.00	0.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6700.00	200.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	6700.00	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.....	2954.43	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
(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 .....	994.47	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	3948.90	1354.43

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	164.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6700.00
25. SUBTOTAL (add Line 23 and Line 24).....	6864.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3948.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2915.88

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 19	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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**

**A.** Full Name (Last, First, Middle Initial)  
**Deatherage, William, , ,**

Mailing Address 701 S Main Str

City Hopkinsville	State KY	Zip Code 42240
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Attorney
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 09 / 2016

**Transaction ID : SA11AI.4325**

Amount of Each Receipt this Period  
300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Hawes, Lucius, P, ,**

Mailing Address 1001 Pin Oak

City Hopkinsville	State KY	Zip Code 42240
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Lawyer
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.4296**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**International Brotherhood of Boilermakers**

Mailing Address 753 State Ave  
Ste 565

City Kansas City	State KS	Zip Code 66101-2511
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FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer	Occupation
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 08 / 2016

**Transaction ID : SA11AI.4323**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 19	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Sam Gaskins For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**International Brotherhood of Electrical Workers**

Mailing Address 900 7th Street NW

City Washington	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer	Occupation
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 02 / 2016

**Transaction ID : SA11AI.4329**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**McCormick, Thomasina, , ,**

Mailing Address 36 South Alvasia Street

City Henderson	State KY	Zip Code 42420
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FEC ID number of contributing federal political committee. **C**

Name of Employer Henderson	Occupation Clerk
-------------------------------	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 01 / 2016

**Transaction ID : SA11AI.4347**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Rogers, William, E, Mr., III**

Mailing Address 601 South Main Street

City Hopkinsville	State KY	Zip Code 42240
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FEC ID number of contributing federal political committee. **C**

Name of Employer W.E. Rogers Law	Occupation Attorney
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.4295**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 19  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Sam Gaskins For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Watkins, David, , ,**

Mailing Address 1280 Taransay Dr

City Henderson    State KY    Zip Code 42420-2546

FEC ID number of contributing federal political committee. **C**

Name of Employer Henderson    Occupation Judge Executive

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09    01    2016

**Transaction ID : SA11AI.4349**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City \_\_\_\_\_    State \_\_\_\_\_    Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_    Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 \_\_\_\_\_

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City \_\_\_\_\_    State \_\_\_\_\_    Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_    Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 \_\_\_\_\_

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____ 5050.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 19	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Sam Gaskins For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marshall County Democratic Exectutive Committee**

Mailing Address 1205 Popular Street

City Benton	State KY	Zip Code 42025
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 05 / 2016

**Transaction ID : SA11B.4294**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Sam Gaskins For Congress**

Mailing Address PO Box 251

City Hopkinsville	State KY	Zip Code 42241
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FEC ID number of contributing federal political committee. **C** C00565663

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1116.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA11B.4337**

Amount of Each Receipt this Period  
200.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	700.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 19  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Sam Gaskins For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Reproductive Rights For Kentucky**  
 Mailing Address PO Box 33071  
 City: Louisville State: KY Zip Code: 40232  
 FEC ID number of contributing federal political committee: **C** C00542704  
 Name of Employer: Occupation:  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 250.00

Date of Receipt: 09 / 25 / 2016  
**Transaction ID : SA11C.4335**  
 Amount of Each Receipt this Period: 250.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Simpson County Democratic Women's Club**  
 Mailing Address 210 College Street  
 City: Franklin State: KY Zip Code: 42134  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: Occupation:  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 100.00

Date of Receipt: 09 / 30 / 2016  
**Transaction ID : SA11C.4339**  
 Amount of Each Receipt this Period: 100.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Trigg County Democratic Women's Club**  
 Mailing Address 59 Main Street  
 City: Cadiz State: KY Zip Code: 42211  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: Occupation:  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 200.00

Date of Receipt: 09 / 12 / 2016  
**Transaction ID : SA11C.4351**  
 Amount of Each Receipt this Period: 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	550.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Sam Gaskins For Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2016
Mailing Address Akard St		FEC Identification Number C C00565663
City Dallas	State TX	Zip Code 75202
Purpose of Disbursement	Category/Type 001	Amount of Each Disbursement this Period 533.71
Candidate Name <b>Sam Gaskins For Congress</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4315
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Drake, Joseph, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2016
Mailing Address PO Box 101		FEC Identification Number C C00565663
City Clifty	State KY	Zip Code 42216
Purpose of Disbursement	Category/Type 001	Amount of Each Disbursement this Period 250.00
Candidate Name <b>Sam Gaskins For Congress</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4319
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>c. Facebook, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016
Mailing Address 1601 Willow Road		FEC Identification Number C C00565663
City Menio Park	State CA	Zip Code 94025-1452
Purpose of Disbursement	Category/Type 004	Amount of Each Disbursement this Period 49.97
Candidate Name <b>Sam Gaskins For Congress</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4304
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 01	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	833.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Sam Gaskins For Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2016
Mailing Address 1601 Willow Road		FEC Identification Number C C00565663
City Menio Park	State CA	Zip Code 94025-1452
Purpose of Disbursement	Category/Type 004	
Candidate Name <b>Sam Gaskins For Congress</b>		Amount of Each Disbursement this Period 209.99
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 01	Transaction ID : SB17.4305 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Host Gator</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 11251 NW Freeway STE 400		FEC Identification Number C C00565663
City Houston	State TX	Zip Code 77092
Purpose of Disbursement Website	Category/Type 001	
Candidate Name <b>Sam Gaskins For Congress</b>		Amount of Each Disbursement this Period 16.95
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 01	Transaction ID : SB17.4306 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. NationBuilder</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2016
Mailing Address 520 S. Grand Ave., 2nd Floor		FEC Identification Number C C00565663
City Los Angeles	State CA	Zip Code 90071
Purpose of Disbursement Website	Category/Type 004	
Candidate Name <b>Sam Gaskins For Congress</b>		Amount of Each Disbursement this Period 115.03
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 01	Transaction ID : SB17.4299 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	341.97
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Sam Gaskins For Congress**

Full Name (Last, First, Middle Initial) <b>A. Pennyrile Technologies</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2016
Mailing Address 110 Marietta Dr.		FEC Identification Number C C00565663
City Hopkinsville	State KY	Zip Code 42240
Purpose of Disbursement Website	Category/ Type 004	Amount of Each Disbursement this Period 305.00
Candidate Name <b>Sam Gaskins For Congress</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4297
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Pennyrile Technologies</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2016
Mailing Address 110 Marietta Dr.		FEC Identification Number C C00565663
City Hopkinsville	State KY	Zip Code 42240
Purpose of Disbursement Website	Category/ Type 004	Amount of Each Disbursement this Period 250.00
Candidate Name <b>Sam Gaskins For Congress</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4298
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>c. Unlimited Graphics</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2016
Mailing Address 40 Olive Street		FEC Identification Number C C00565663
City La Center	State KY	Zip Code 42056
Purpose of Disbursement	Category/ Type 006	Amount of Each Disbursement this Period 496.13
Candidate Name <b>Sam Gaskins For Congress</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4326
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 01	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1051.13
<b>TOTAL</b> This Period (last page this line number only).....▶	2226.78

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 19	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Sam Gaskins For Congress**

Full Name (Last, First, Middle Initial) <b>A. Gaskins, Samuel, Lewis, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016	
Mailing Address PO Box 251			FEC Identification Number C C00565663	
City Hopkinsville	State KY	Zip Code 42241	Amount of Each Disbursement this Period 994.47	
Purpose of Disbursement Loan Repayment		Category/ Type 009	Transaction ID : SB21.4333	
Candidate Name <b>Sam Gaskins For Congress</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: KY District: 01				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	994.47
<b>TOTAL</b> This Period (last page this line number only).....▶	994.47

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

NAME OF COMMITTEE (In Full) **Sam Gaskins For Congress** Transaction ID : **SC/10.4137**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Gaskins, Samuel, Lewis, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 251			
City Hopkinsville	State KY	ZIP Code 42241	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1354.43	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1354.43
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<b>TERMS</b>	Date Incurred M 09 / D 29 / Y 2014	Date Due M M / D D / Y 11/5/2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (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:
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
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1354.43
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **Sam Gaskins For Congress** Transaction ID : **SC/10.4132**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Gaskins, Samuel, Lewis, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 251			
City Hopkinsville	State KY	ZIP Code 42241	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1369.38	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1369.38
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<b>TERMS</b>	Date Incurred M 10 / D 04 / Y 2014	Date Due M M / D D / Y 11/2/2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (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:
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
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1369.38
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **Sam Gaskins For Congress** Transaction ID : **SC/10.4134**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Gaskins, Samuel, Lewis, ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 251			
City Hopkinsville	State KY	ZIP Code 42241	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1046.35	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1046.35
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<b>TERMS</b>	Date Incurred M 10 / D 06 / Y 2014	Date Due M M / D D / Y 11/02/2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (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:
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
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1046.35
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4155  
**Sam Gaskins For Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2016
Gaskins, Samuel, Lewis, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 251			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Hopkinsville	KY	42241	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
994.47	0.00	994.47

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 12 / D 31 / Y 2014	M / D / Y 11/02/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	

<b>SUBTOTALS</b> This Period This Page (optional).....▶	994.47
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **Sam Gaskins For Congress** Transaction ID : **SC/10.4173**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Sam Gaskins For Congress		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 251			
City Hopkinsville	State KY	ZIP Code 42241	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 427.31	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 427.31
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<b>TERMS</b>	Date Incurred M 01 / D 02 / Y 2015	Date Due M M / D D / Y 11/04/2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (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:
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
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	427.31
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **Sam Gaskins For Congress** Transaction ID : **SC/10.4227**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Sam Gaskins For Congress		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 251			
City Hopkinsville	State KY	ZIP Code 42241	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 489.65	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 489.65
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<b>TERMS</b>	Date Incurred M 12 / D 31 / Y 2015	Date Due M M / D D / 05 Nov 2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (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:
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
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	489.65
<b>TOTALS</b> 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.