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REPORT OF RECEIPTS **AND DISBURSEMENTS**

FORIVI 3	For An Author	ized Comr	nittee	C	Office Use Only
NAME OF TOOMMITTEE (in full)	YPE OR PRINT ▼		mple: If typing, type r the lines.	12FE4M5	
Sam Gaskins For Congr	ess				ı
ADDRESS (number and street)	PO Box 251				
▼					
Check if different than previously reported. (ACC)	Hopkinsville			KY 4	2241
2. FEC IDENTIFICATION NUM	MRER ▼	CITY A		STATE ▲	ZIP CODE ▲
z. Teo identili loation non					STATE ▼ DISTRICT
C C00565663		IS THIS REPORT	NEW (N) OR	AMENDE (A)	
4. TYPE OF REPORT (Choo	se One)	10.0.	Florefice D		
(a) Quarterly Reports:	(b)	12-Day PRE-	Election Report for t	ne:	
A : (1.45 Q : .4.4 - P.	(04)		Primary (12P)	General (12	G) Runoff (12R)
April 15 Quarterly Rep	port (Q1)	П	Convention (12C)	Special (129	5)
July 15 Quarterly Rep	port (Q2)	_			,
October 15 Quarterly	Report (Q3)	Election on	M M / D I) / Y Y Y Y	in the State of
January 31 Year-End	Report (YE) (c)	30-Day POS1	-Election Report for	the:	
			General (30G)	Runoff (30R	Special (30S)
X Termination Report (T		Election on	M M / D I	7 Y Y Y Y Y	in the State of
5. Covering Period 10	/ D 01 / Y	y y y y 2017	through	03 / 05 /	Y
I certify that I have examined this Type or Print Name of Treasurer	Report and to the be Gaskins, Samuel, Le		owledge and belief it	is true, correct and o	complete.
	s, Samuel, Lewis, ,		[Electronically Filed]	Date 03	/ D D / Y Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z
NOTE: Submission of false, erroneou	us, or incomplete infor	mation may s	ubject the person sia	ning this Report to the	penalties of 52 U.S.C. §30109
Office	<u> </u>			<u> </u>	
Use Only					FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 14 FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Sam Gaskins For Congress

т 10 M 03 M 2017 2018 01 Report Covering the Period: From: To:

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	750.00	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))	750.00	200.00
	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	500.00	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))	500.00	1354.43
	Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	8681.59	

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)

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200.00

0.00

Write or Type Committee Name

Sam Gaskins For Congress

10 03 05 2018 01 2017 Report Covering the Period: From: To: **COLUMN B COLUMN A** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 700.00 0.00 (i) Itemized (use Schedule A)..... 200.00 50.00 (ii) Unitemized (iii) TOTAL of contributions 750.00 200.00 from individuals 0.00 Political Party Committees..... 0.00 Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate

750.00

353.00

1103.00

12.	TRANSFERS FROM OTHER
	AUTHORIZED COMMITTEES

1

TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

AUTHORIZED COMMITTEES	_	_	7	_	_	7	_	0.00	
2 LOANO									

10.	LUF	MNO.									
	(a)	Made or Guaranteed by the			7		_	_	_		0.0
		Candidate	-		7			7	+	÷	- 10
	(b)	All Other Loans	1:	i		i	i		i	Ĭ.	0.0
	(c)	TOTAL LOANS	_		,	Ŧ		,		7	
		(add Lines 13(a) and (b))		-	7	-	_	7	_	_	0.0

(b) All Other Loans		7	_		7			0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	Ţ	-	Τ	Ţ	-	Ţ	Ţ	0.00
4. OFFSETS TO OPERATING								
EXPENDITURES (Refunds, Rebates, etc.)	Ι	7	Ι	Ι	7	Ι	Ι	0.00

16.	TOTAL RECEIPTS (add Lines					
	(Dividends, Interest, etc.)					
15.	OTHER RECEIPTS					

16.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)
	(carry rotal to _mo _ i, page //iiiiiiiiii

0.00 1354.43	, 1354.43 0.00	0.00		7			7		L.
0.00 1354.43	0.00 1354.43								
0.00	0.00		+	-	÷	÷	÷	-	
0.00	0.00			7		-	7	_	
1354.43	1354.43								
1354.43	1354.43		-			-		-	
	9 9								





DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 14

	II. DISBURSEMENTS	II. DISBURSEMENTS COLUMN A Total This Period							
17.	OPERATING EXPENDITURES	500.00	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						
	(b) Political Party Committees	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)	500.00	1354.43						
	III. CASH SUI	MMARY							
23.	CASH ON HAND AT BEGINNING OF REPOR	TING PERIOD	- 603.00						
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	1103.00						
25.	SUBTOTAL (add Line 23 and Line 24)		500.00						
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	n Line 22)	500.00						
7	CASH ON HAND AT CLOSE OF REPORTING	i PERIOD	0.00						

SCHEDULE A (FEC Form 3)

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER:	PAGE	 ວ	OF	 14	
(c	he	ck only	or	ne)					
	X	11a		11b	11c	11	d		
		12		13a	13b	14	. [15	

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) Hawes, Lucius, P, , Date of Receipt Mailing Address 1001 Pin Oak 07 City State Zip Code Transaction ID: SA11AI.4389 ΚY 42240 Hopkinsville FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 500.00 Name of Employer Occupation Self Employed Lawyer Memo Item Receipt For: 2018 Election Cycle-to-Date check **x** Primary General 950.00 Other (specify) Full Name (Last, First, Middle Initial) Rogers, William, E, Mr., III Date of Receipt Mailing Address 601 South Main Street 2017 07 City State Zip Code Transaction ID: SA11AI.4390 Hoppkinsville KY 42240 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 200.00 Name of Employer Occupation W.E. Rogers Law Attorney Memo Item Receipt For: 2018 Election Cycle-to-Date check x Primary General 950.00 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) 700.00 SUBTOTAL of Receipts This Page (optional)..... 700.00

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

Receipt For:

Primary

Other (specify) ▼

General

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

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

SC IT

lma	ge# 201803059095644837			
	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s for each category of the Detailed Summary Page	112 115 116 116
				any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Sam Gaskins For Congress			
Α.	Full Name (Last, First, Middle Initial) Gaskins, Samuel, Lewis, ,			Date of Receipt
	Mailing Address PO Box 251			03 05 2018
	City Hopkinsville	State KY	Zip Code 42241	Transaction ID : SA15.4397
	FEC ID number of contributing federal political committee.	С	KY01073	Amount of Each Receipt this Period
	Name of Employer Retired	Occupation Retired	1	353.00
	Receipt For: 2018 ✓ Primary General Other (specify) ▼	Election Cy	ycle-to-Date ▼ 6763.20	Memo Item Loan Forgiveness
В.	Full Name (Last, First, Middle Initial)	Date of Receipt		
	Mailing Address			M M / D D / Y Y Y Y
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	Election Cy	ycle-to-Date ▼	Memo Item
_	Full Name (Last, First, Middle Initial)	Date of Receipt		
C.	Mailing Address City	State	Zip Code	M M / D D / Y Y Y Y
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	

Election Cycle-to-Date

353.00

353.00

Memo Item

SCHEDULE B (FEC Form 3)

PAGE 14 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 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) Date of Disbursement Kentucky Board of Elections 2017 08 Mailing Address 140 Walnut St. City State Zip Code **FEC Identification Number** KY Frankfort 40601 Purpose of Disbursement Ballot Access C00565663 001 Candidate Name Amount of Each Disbursement this Period Category/ Sam Gaskins For Congress Type Disbursement For: 2018 500.00 Office Sought: House Senate Primary General Transaction ID: SB17.4391 Other (specify) President Memo Item ΚY State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 500.00 TOTAL This Period (last page this line number only)..... 500.00

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

FOR LINE NUMBER: (check only one)

PAGE

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13a

OF

						130	
	MMITTEE (In Full) kins For Congress				Trans	action ID : SC/10.4137	
	LOAN SOURCE Full Name (Lost First Middle Initial)				☐ Memo Iter	Primary General	
Mailing Address PO Box 251					Other (specify) ———————————————————————————————————		
City Hopkinsville			State ZIP Co. KY 42241		de	X Personal Funds of the Candidate	
					Data Da	ance Outstanding at Close of This Period	
Original A	Original Amount of Loan Cumulative Payment To 1354.43 TERMS Date Incurred Date Due			yment 10	0.00	1354.43	
TERMS				ate Due	Interest Rate Secured:		
^M 09 ^M	[′] □29□ [′] ¥ Ž01¾	Y	M M / D D	/ Y1	11/5/2016 Y 0.00 % (apr) Yes X No		
List All Er	ndorsers or Guarantors	(if any) to	o Loan Source				
1. Full Na	ame (Last, First, Middle I	Initial)			Name of Employer		
Mailing	Mailing Address				Occupation		
City		State	ZIP Code		Amount Guaranteed Outstanding:	, , , , , , , , ,	
2. Full Na	2. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation			
City	City State 2				Amount Guaranteed		
	me (Last, First, Middle Ir				Outstanding: Name of Employer	7 7	
3. Full Ival	me (Last, First, Middle II	iitiai)			name of Employer		
Mailing	Mailing Address				Occupation		
City		State	ZIP Code		Amount Guaranteed Outstanding:	7	
4. Full Na	4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address					Occupation		
City		State	ZIP Code		Amount Guaranteed Outstanding:	, , ,	
SUBTOTALS	This Period This Page (optional)				1051.40	
	s Period (last page in this					1354.43	
Carry outsta	nding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry fo	rward 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)

13a

OF

		100		
NAME OF COMMITTEE (In Full) Sam Gaskins For Congress		Transaction ID : SC/10.4132		
LOAN SOURCE Full Name (Last, First, Mid Gaskins, Samuel, Lewis, ,	Memo Item Election: 2016 X Primary General			
Mailing Address PO Box 251		Other (specify) ▼		
City Hopkinsville	State KY	ZIP Code 42241 Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa	ment To Date Balance Outstanding at Close of This Period		
1369.38		0.00 1369.38		
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)		
M10M / D04D / Y Z014 Y	M M / D D	/		
List All Endorsers or Guarantors (if any) t	o Loan Source	I November 1		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	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		
	710.0	Amount Guaranteed		
City	ZIP Code	Outstanding:		
SUBTOTALS This Period This Page (optional).				
TOTALS This Period (last page in this line only	/)			
Carry outstanding balance only to LINE 3, Sci	nedule 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 10 OF
FOR LINE NUMBER:
(check only one)

13a

				130		
NAME OF COMMITTEE (II Sam Gaskins For (Tr	ansaction ID : SC/10.4134		
LOAN SOURCE Full Gaskins, Samue	•	Item Election: 2016 x Primary General				
Mailing Address PO Box 251			Other (specify) ▼			
City Hopkinsville		State KY	ZIP Code 42241	Personal Funds of the Candidate		
Original Amount of Lo	oan	Cumulative Pa	vment To Date	Balance Outstanding at Close of This Period		
Original 7 ariodate of Ed	1046.35	Cumulative 1 a	0.00			
TERMS Date In	curred	С		(If none, enter 0)		
M10 ^M / D06 ^D	ŽO1Ž	M M / D D	[/] 11/02/2016 ^Y			
List All Endorsers or	Guarantors (if any) t	o Loan Source				
1. Full Name (Last, F	irst, Middle Initial)		Name of Employer			
Mailing Address	Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,		
2. Full Name (Last, Fir	2. Full Name (Last, First, Middle Initial)			Name of Employer Occupation		
Mailing Address			Occupation			
			Amount Guaranteed			
City	State	ZIP Code	Outstanding:			
Full Name (Last, First, Middle Initial) Mailing Address			Name of Employer	Occupation		
			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		
4. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address			Occupation	Occupation		
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7		
SUBTOTALS This Period	This Page (optional)		·····	1046.35		
TOTALS This Period (last	t page in this line only	·) ·······	·····	7 7 7		
Carry outstanding balance	ce only to LINE 3. Sch	nedule D. for this	s line. If no Schedule D. carr	y forward to appropriate line of Summary.		
,, . a.c.aamig walum		,		,		

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

PAGE 11 FOR LINE NUMBER: **x** 13a (check only one)

OF

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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

FOR LINE NUMBER: (check only one)

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OF

		100					
NAME OF COMMITTEE (In Full) Sam Gaskins For Congress		Transaction ID : SC/10.4386					
LOAN SOURCE Full Name (Last, First,	LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2018						
Gaskins, Samuel, Lewis, ,		x Primary					
Mailing Address PO Box 251		General 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					
3000.00		0.00 3000.00					
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)					
^M 06 ^M / ^D 29 ^D / ^Y Ž017 ^Y	M M / D D	/ ^Y 11/ŏ7/2ŏ18 ^Y 0.00					
List All Endorsers or Guarantors (if any	r) to Loan Source						
1. 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 Guaranteed					
City	ZIP Code	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					
		Amount					
City	ZIP Code	Guaranteed Outstanding:					
SUBTOTALS This Period This Page (option	al)	3000.00					
		, , , , ,					
TOTALS This Period (last page in this line of	only)	······································					
Carry outstanding balance only to LINE 3,	Schedule 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

FOR LINE NUMBER: (check only one)

PAGE 13

13a

OF

		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	_ Wichio Ref			
Mailing Address PO Box 251	General 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	/ ^Y 11/ŏ4/2ŏ16 ^Y 0.00		
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:		
SUBTOTALS This Period This Page (optional				
		7		
TOTALS This Period (last page in this line or	nly)	· · · · · · · · · · · · · · · · · · ·		
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 14 OF
FOR LINE NUMBER:
(check only one)

13a

						130	
	ME OF COMMITTEE (In Full) am Gaskins For Congress				Trans	saction ID : SC/10.4227	
<u> </u>						1 =	
	LOAN SOURCE Full Name (Last, Sam Gaskins For Congres		ldle Initial)	☐ Memo Item Election: 2016 ▼ Primary General Other (specify) ▼			
	Mailing Address						
	PO Box 251			l === 0			
City Hopkinsville			State ZIP Code KY 42241		de	Personal Funds of the Candidate	
	Original Amount of Loan Cumulative Payment To				Date B	alance Outstanding at Close of This Period	
		0.65	Cumulative 1 a	yment 10	0.00 489.65 Interest Rate (If none, enter 0)		
	7 7		7	Date Due			
		v					
	M12M / D31D / Y 2015		M " M / D " D	05	Nov 2016	0.00 % (apr) Yes X No	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer Occupation Amount		
	Mailing Address						
	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7	
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer Occupation Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	4. Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer		
					Occupation		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
			-1		_		
SI	SUBTOTALS This Period This Page (optional)						
T	TOTALS This Period (last page in this line only)▶ 8681.59						
_ c	Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	prward to appropriate line of Summary.	
	——————————————————————————————————————		•				