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CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) BRADFORD CHMBLIN Name	OFFICE USE ONLY						
(2) 5401 ALMAR DR Address (number and street) PUNTA COMPA, FL 33950 City, State, Zip Code	08-19-16P02:51 RCVD						
Check here if address has changed	(3) ID Number:						
(4) Check appropriate box(es): Candidate Office Sought: PUNTA CORDA CITY COUNCIL Political Committee (PC) Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded Party Executive Committee (PTY) Check here if PTY has disbanded Independent Expenditure (IE) (also covers an individual making electioneering communications)							
(5) Report Identifiers							
Cover Period: From 8 / 6 / 2016 To 8 / 12 / 2016 Report Type: P6							
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,	Monetary Expenditures \$,						
Loans \$,,	Transfers to Office Account \$, , .						
Total Monetary \$, ,	Total Monetary \$,,						
, , ,	(8) Other Distributions \$,,						
(9) TOTAL Monetary Contributions To Date \$,, 102.76	(10) TOTAL Monetary Expenditures To Date \$,,						
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete:							
(Type name) REX KOCH ☐ Individual (only for IE or electioneering comm.) X Signature	(Type name) BRADFORD CAMISLIN Candidate Chairperson (only for PC and PTY) **Brace Jacobs Signature						
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BRODFORD CAMBLIN (2) I.D. Number								
(3) Cover Period 8 / 6 / 2016 through 8 / 12 / 2016 (4) Page / of /								
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8)		(9)	(10)	(11)	(12)	
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount	
816116	· NA·	-					-0-	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name BRINDFORD CHMISWIN (2) I.D. Number _____ (3) Cover Period 8 / 6 / 2016 through 8. / 12 / 2016 (4) Page (7) (9) (10) (11) (5) Date Full Name Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment Amount Number 8/6/16 · NA ·