

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) BRADFORD GAMBLLIN
Name

(2) 5401 ALMAR DR
Address (number and street)

PUNTA GORDA, FL 33950
City, State, Zip Code

OFFICE USE ONLY

07-15-16PC3:34 RCVD

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | |
|--|---|
| <p><input type="checkbox"/> Candidate Office Sought: _____</p> <p><input type="checkbox"/> Political Committee (PC)</p> <p><input type="checkbox"/> Electioneering Communications Org. (ECO)</p> <p><input type="checkbox"/> Party Executive Committee (PTY)</p> <p><input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications)</p> | <p><input type="checkbox"/> Check here if PC or ECO has disbanded</p> <p><input type="checkbox"/> Check here if PTY has disbanded</p> <p><input type="checkbox"/> Check here if no other IE or EC reports will be filed</p> |
|--|---|

(5) Report Identifiers

Cover Period: From 01/01/2016 To 01/24/2016 Report Type: PI

- Original
 Amendment
 Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 80.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 0

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 180.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 157.12

(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) _____

- Individual (only for IE or electioneering comm.)
 Treasurer
 Deputy Treasurer

X _____
Signature

(Type name) BRADFORD GAMBLLIN

- Candidate
 Chairperson (only for PC and PTY)

X Bradford Gambllin
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BRADFORD CAMISLIN (2) I.D. Number _____

(3) Cover Period 6/1/2016 through 6/24/2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
61316	BRADFORD CAMISLIN 5401 ALMAR DR PUNTA GORDA, FL 33950						80.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name BRADFORD CAMBLIN (2) I.D. Number _____

(3) Cover Period 6/1/2016 through 6/24/2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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