CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) J. BRADFORD CAMBLIN Name (2) 5401 ALMAR OR Address (number and street) PUNTA CORDA, FL 33950 City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	OFFICE USE ONLY (7-15-16P (3:34 RCVD) (3) ID Number: Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed				
(5) Repor	t Identifiers				
Cover Period: From 6 / 25 / 2016 To 2 / 8 / 2016 Report Type: P2 Programmed Amendment Special Election Report					
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,, <u>15</u> . <u>00</u>	Monetary Expenditures \$, , , 42.80				
Loans \$,,	Transfers to Office Account \$,,				
Total Monetary \$,,	Total Monetary \$,				
In-Kind \$, ,	(8) Other Distributions				
(9) TOTAL Monetary Contributions To Date \$	(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)	(Type name)				
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)				
X Signature	X Blanking Signature				
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS				

(1) Name BRADFORD CAMPLIN (2) I.D. Number								
(3) Cover Peri	od 6,25,2016through 1	18 12016	(4) Page	of	1			
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)			
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendmen	Amount			
6 128/16	BRADFORD LAMBLIN 5401 ALMAR DR PUNTA GARDAJFL 53950	CANIDATE BADGES COUNCIL, CITY	CAN		12.80			
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BRADFORD CAMBLIN (2) I.D. Number								
(3) Cover Period 6 / 25/2016 through 7 / 8 / 2016 (4) Page 1 of 1								
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date (6)	Full Name (Last, Suffix, First, Middle)			sacrania de la companya de la compan			74	
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
6 13 16	BRADEMAN							
6,13,16	GAMBLIN 5401 HL	CA3	- Total				80.00	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES