

**CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) BRADFORD GAMBELIN  
Name

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

PUNTA GORDA, FL 33950  
City, State, Zip Code

Check here if address has changed

**OFFICE USE ONLY**

08-05-16P 04:23 RCVD

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: PUNTA GORDA CITY COUNCIL
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- 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) Report Identifiers**

Cover Period: From July 23, 2016 To July 29, 2016 Report Type: PH

- Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 507.76

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 507.76

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_, \_\_\_\_\_, 702.76

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_, \_\_\_\_\_, 701.68

**(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 GAMBELIN

Candidate  Chairperson (only for PC and PTY)

Bradford Gambelin  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name BRADFORD GAMBLIN (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7, 23, 16 through 7, 29, 16 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
7, 24, 16	BRADFORD GAMBLIN 5401 ALMAR DR PUNTA GORDA, FL			CASH			509.76
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/ /							
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name BRADFORD GAMBLIN

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 7, 23, 16 through 7, 28, 16

(4) Page \_\_\_\_\_ of \_\_\_\_\_

(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
7/24/16	JACKSON SIGNS (JACKSON SIGNS)	1109 TAMMUNAI TRAIL FORT CHARLOTTE FL 33957	SIGNS		500.06
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