Michigan

CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) BRADFORD CAMBLIN Name	OFFICE USE ONLY					
(2) 5401 HAMPR DR Address (number and street) PUNTA COMOR, FL 33950	08-12-16P03:56 RCVD					
City, State, Zip Code Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):						
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					
	t Identifiers					
Cover Period: From July / 30 / 2016 To Aub / 5 / 2016 Report Type: P5 Original Amendment Special Election Report						
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,	Monetary Expenditures \$					
Loans \$,,	Transfers to Office Account \$,,					
Total Monetary \$,	Total Management					
In-Kind \$, ,	Total Monetary \$,,					
	(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) REX ROCH ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	(Type name) J. BRADFORD CAMBLIW Candidate Chairperson (only for PC and PTY)					
x (e)	* 1B Panelelie					
Signature S-DE 12 (Rev. 11/13)	Signature					
(1000)	SEE REVERSE FOR INSTRUCTIONS					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BR	ADFORD GA	MIBLIN	(2)	I.D. Number		
(3) Cover Period	July 130 12016	through Aub/	5 1201	6 (4) Page		of <u>/</u>
(5)	(7)	(8)	(9)	(10)	(11)	(12)

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	С Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
AUG 5 2016							-0-
1 1							
I I							
I I							
1 1	-						
1 1				-			
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES
(1) Name | SRADFORD GAMBLIN (2) I.D. Number _____ (3) Cover Period July 30 116 through 706 5 2016 (4) Page (7) (8) (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 1945/16