


**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) BRADFORD GAMBLIN
Name

(2) 5401 ALMAR DR
Address (number and street)
PUNTA GORDA, FL, 33950
City, State, Zip Code

OFFICE USE ONLY

AUG 29 2016

CITY CLERK'S OFFICE 

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): CITY COUNCIL

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 8 / 13 / 2016 To 8 / 25 / 2016 Report Type P7

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 25.00

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ 250.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ -0-

Transfers to Office Account \$ -0-

Total Monetary \$ -0-

(8) Other Distributions \$ -0-

(9) TOTAL Monetary Contributions To Date
\$ 977.76

(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) REX KOCH
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) BRADFORD GAMBLIN
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Bradford Gambelin
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 8, 13, 2016 through 8, 125, 2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
8, 22, '16	DEBRA A. CHARBONNET LIVING TRUST DEBRA CHARBONNET TRUSTEE P.O. BOX 332132 MIAMI, FL 33233	I		CHE			25.00
8, 20, '16	JOHN & LINDA SUPAKOFF 1353 SAN MATEO, RD PONTA LONDA, FL 35950	I	RETIRED	INK	RECEPTION		250.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

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

(3) Cover Period 8 / 13 / 2016 through 8 / 25 / 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
(6) Sequence Number					
8/13/16	w/a	N/A	N/A	-	-0-
/ /					
/ /					
/ /					
/ /					
/ /					
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