CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Henry Hamlin

Name

(2) 36899 SW State Road 65

Address (number and street)

Bristol, FL 32321

City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number: _____ 116

(4) Check appropriate box(es):

☒ Candidate   Office Sought: Sheriff

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)   ☐ **Check here if PC or ECO has disbanded**

☐ Party Executive Committee (PTY)   ☐ **Check here if PTY has disbanded**

☐ Independent Expenditure (IE) (also covers an   ☐ **Check here if no other IE or EC reports will be filed**
individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 8 / 26 / 2016   To 11 / 28 / 2016   Report Type: TR1

☒ Original   ☐ Amendment   ☐ Special Election Report

(6)   Contributions This Report

Cash & Checks	$ ___ , ___ , 0 . 01
Loans	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 01
In-Kind	$ ___ , ___ , 0 . 00

(7)   Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 96 . 23
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 96 . 23

(8)   Other Distributions

$ ____ , ____ , 0 . 00

(9)   TOTAL Monetary Contributions To Date

$ ____ , 6 , 600 . 16

(10)   TOTAL Monetary Expenditures To Date

$ ____ , 6 , 600 . 16

(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)

☐ Candidate   ☐ Chairperson (only for PC and PTY)

X _____

Signature

DS-DE 12 (Rev. 11/13)   **SEE REVERSE FOR INSTRUCTIONS**

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _Henry Hamlin_   **(2) I.D. Number** _116_

(3) Cover Period _8/26/2016_ / _____ / _____ through _11/28/2016_ / _____ / _____   **(4) Page** _1_ of _1_

(5) Date / (6) Sequence Number	(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
9/6/2016 / / 1	Centennial Bank, 10911 FL-20 Bristol, FL 32321	B	bank	IN			$0.01
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Henry Hamlin

(2) I.D. Number 116

(3) Cover Period 8/26/2016 _/_____/_____ through 11/28/2016 _/_____/_____

(4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
9/6/2016 / / 1	Hamlin, Henry 36899 SW State Rd. 65 Bristol, FL 32321	reimbursement of campaign expenses	MO		$96.23
/ /					
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/ /					
/ /					
/ /					
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DS-DE 14 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES