FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Galloway for Congress

ADDRESS (number and street) ▼ 141 Sage Brush Trail

Suite D

☐ Check if different than previously reported. (ACC)

Ormond Beach | FL | 32174 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00586628

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT: FL 06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☒ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on MM 08 / DD 30 / YYYY 2016 in the State of FL

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM 07 / DD 01 / YYYY 2016 through MM 08 / DD 10 / YYYY 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John S. Olivari

Signature of Treasurer *John S. Olivari* ***[Electronically Filed]*** Date MM 08 / DD 22 / YYYY 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

FEC **Form 3** (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Galloway for Congress

Report Covering the Period: From: 07 / 01 / 2016 To: 08 / 10 / 2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	3150.00	137796.35
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3150.00	137796.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26301.06	105008.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	26301.06	105008.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	33787.69	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	1000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)

Write or Type Committee Name

Galloway for Congress

Report Covering the Period: From: 07 / 01 / 2016 To: 08 / 10 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	2700.00	119623.35
(ii) Unitemized	450.00	10673.00
(iii) TOTAL of contributions from individuals ▶	3150.00	130296.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	7500.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	3150.00	137796.35
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate	0.00	1000.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	1000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	3150.00	138796.35

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3** (Revised 02/2003)

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	26301.06	105008.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	26301.06	105008.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	56938.75
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	3150.00
25. SUBTOTAL (add Line 23 and Line 24)	60088.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	26301.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	33787.69

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Galloway for Congress

A.
Full Name (Last, First, Middle Initial): Mike Galloway
Mailing Address: PO Box 193
City: Spicewood State: TX Zip Code: 78669
FEC ID number of contributing federal political committee: C
Name of Employer: Texas Dept. of Transporation
Occupation: Highway Expeditor
Receipt For: 2016
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2700.00
Date of Receipt: 07 / 29 / 2016
Transaction ID : SA11AI.5033
Amount of Each Receipt this Period: 2700.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
[ ] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
[ ] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) 2700.00

TOTAL This Period (last page this line number only) 2700.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Galloway for Congress

A. Full Name (Last, First, Middle Initial): Joseph Alleva
Mailing Address: 6060 Hensel Rd.
City: Port Orange State: FL Zip Code: 32127
Purpose of Disbursement: Reimburse for office supplies and campaign expenses
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 05 / 2016
Amount of Each Disbursement this Period: 50.50
[ ] Memo Item
Transaction ID : SB17.4997

B. Full Name (Last, First, Middle Initial): Joseph Alleva
Mailing Address: 6060 Hensel Rd.
City: Port Orange State: FL Zip Code: 32127
Purpose of Disbursement: Campaign management services 7/16 thru 10/15 2016
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 05 / 2016
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item
Transaction ID : SB17.4999

C. Full Name (Last, First, Middle Initial): Joseph Alleva
Mailing Address: 6060 Hensel Rd.
City: Port Orange State: FL Zip Code: 32127
Purpose of Disbursement: Reimburse for campaign expenses to include doorknob bags, political event registrations
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 12 / 2016
Amount of Each Disbursement this Period: 567.76
[ ] Memo Item
Transaction ID : SB17.5004

SUBTOTAL of Disbursements This Page (optional) 5618.26

TOTAL This Period (last page this line number only) .....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Galloway for Congress

A. Full Name (Last, First, Middle Initial): Joseph Alleva
Mailing Address: 6060 Hensel Rd.
City: Port Orange State: FL Zip Code: 32127
Purpose of Disbursement: Reimbursement for campaign expenses-absentee requests with SOE, campaign labor lunches, gas expense
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 26 / 2016
Amount of Each Disbursement this Period: 279.90
[ ] Memo Item
Transaction ID : SB17.5011

B. Full Name (Last, First, Middle Initial): Katherine Babcock
Mailing Address: 1144 Riverside Dr.
City: Holly Hill State: FL Zip Code: 32117
Purpose of Disbursement: Campaign contract labor
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 05 / 2016
Amount of Each Disbursement this Period: 405.00
[ ] Memo Item
Transaction ID : SB17.5025

C. Full Name (Last, First, Middle Initial): Rachel Bynum
Mailing Address: 2489 Spruce View Way
City: Port Orange State: FL Zip Code: 32128
Purpose of Disbursement: Campaign Contract Labor
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 21 / 2016
Amount of Each Disbursement this Period: 985.00
[ ] Memo Item
Transaction ID : SB17.5017

SUBTOTAL of Disbursements This Page (optional) 1669.90

TOTAL This Period (last page this line number only) .....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Galloway for Congress

A. Full Name (Last, First, Middle Initial): Rachel Bynum
Mailing Address: 2489 Spruce View Way
City: Port Orange State: FL Zip Code: 32128
Purpose of Disbursement: Campaign contract labor
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 08 / D D 09 / Y Y Y Y 2016
Amount of Each Disbursement this Period: 507.50
[ ] Memo Item
Transaction ID : SB17.5018

B. Full Name (Last, First, Middle Initial): BZ Mailing Services, Inc.
Mailing Address: 1901 Mason Ave., #103
City: Daytona Beach State: FL Zip Code: 32117
Purpose of Disbursement: Postcard mailouts plus postage
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 07 / D D 21 / Y Y Y Y 2016
Amount of Each Disbursement this Period: 814.66
[ ] Memo Item
Transaction ID : SB17.5008

C. Full Name (Last, First, Middle Initial): CMDI
Mailing Address: 1593 Spring Hill Rd. Suite 400
City: Tysons Corner State: VA Zip Code: 22182
Purpose of Disbursement: On line contributuion fees
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 07 / D D 29 / Y Y Y Y 2016
Amount of Each Disbursement this Period: 148.35
[ ] Memo Item
Transaction ID : SB17.5027

SUBTOTAL of Disbursements This Page (optional) 1470.51

TOTAL This Period (last page this line number only) .....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Galloway for Congress

A. Full Name (Last, First, Middle Initial): Gunnar Greer
Mailing Address: 1302 Oak Forest Dr.
City: Ormond Beach State: FL Zip Code: 32174
Purpose of Disbursement: Campaign contract labor
Candidate Name: Galloway for Congress
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Category/Type:
Date of Disbursement: 07 / 26 / 2016
Amount of Each Disbursement this Period: 215.00
[ ] Memo Item
Transaction ID : SB17.5021

B. Full Name (Last, First, Middle Initial): Hunter Greer
Mailing Address: 1302 Oak Forest Dr.
City: Ormond Beach State: FL Zip Code: 32174
Purpose of Disbursement: Campaign contract labor
Candidate Name: Galloway for Congress
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Category/Type:
Date of Disbursement: 07 / 26 / 2016
Amount of Each Disbursement this Period: 160.00
[ ] Memo Item
Transaction ID : SB17.5022

C. Full Name (Last, First, Middle Initial): Image Today
Mailing Address: P O Box 386
City: New Smyrna Beach State: FL Zip Code: 32170
Purpose of Disbursement: Sign production
Candidate Name: Galloway for Congress
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Category/Type:
Date of Disbursement: 07 / 07 / 2016
Amount of Each Disbursement this Period: 1867.74
[ ] Memo Item
Transaction ID : SB17.4998

SUBTOTAL of Disbursements This Page (optional) 2242.74

TOTAL This Period (last page this line number only) .....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Galloway for Congress

A.
Full Name (Last, First, Middle Initial): Image Today
Mailing Address: P O Box 386
City: New Smyrna Beach State: FL Zip Code: 32170
Purpose of Disbursement: Campaign sig expenses
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 14 / 2016
Amount of Each Disbursement this Period: 2394.06
[ ] Memo Item
Transaction ID : SB17.5005

B.
Full Name (Last, First, Middle Initial): Image Today
Mailing Address: P O Box 386
City: New Smyrna Beach State: FL Zip Code: 32170
Purpose of Disbursement: campaign signs
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 20 / 2016
Amount of Each Disbursement this Period: 606.52
[ ] Memo Item
Transaction ID : SB17.5007

C.
Full Name (Last, First, Middle Initial): Image Today
Mailing Address: P O Box 386
City: New Smyrna Beach State: FL Zip Code: 32170
Purpose of Disbursement: Campaign signage
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 28 / 2016
Amount of Each Disbursement this Period: 3567.75
[ ] Memo Item
Transaction ID : SB17.5012

SUBTOTAL of Disbursements This Page (optional) 6568.33

TOTAL This Period (last page this line number only) .....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Galloway for Congress

A. Full Name (Last, First, Middle Initial): Matthew Lafond
Mailing Address: 745 Sandy Hill Circle
City: Port Orange State: FL Zip Code: 32127
Purpose of Disbursement: Campaign contract labor
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 21 / 2016
Amount of Each Disbursement this Period: 880.00
[ ] Memo Item
Transaction ID : SB17.5019

B. Full Name (Last, First, Middle Initial): Matthew Lafond
Mailing Address: 745 Sandy Hill Circle
City: Port Orange State: FL Zip Code: 32127
Purpose of Disbursement: Campaign contract labor
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 09 / 2016
Amount of Each Disbursement this Period: 680.00
[ ] Memo Item
Transaction ID : SB17.5020

C. Full Name (Last, First, Middle Initial): Lake County Republican Party
Mailing Address: P O Box 1160
City: Tavares State: FL Zip Code: 32778
Purpose of Disbursement: 2016 Lincoln-Reagan Dinner sponsorship
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 02 / 2016
Amount of Each Disbursement this Period: 500.00
[ ] Memo Item
Transaction ID : SB17.5013

SUBTOTAL of Disbursements This Page (optional) 2060.00

TOTAL This Period (last page this line number only) .....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Galloway for Congress

A. Full Name (Last, First, Middle Initial): Main Street Digital
Mailing Address: 699 Broad St. Ste 800
City: Augusta State: GA Zip Code: 30901
Purpose of Disbursement: Digital marketing
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 25 / 2016
Amount of Each Disbursement this Period: 3000.00
[ ] Memo Item
Transaction ID : SB17.5010

B. Full Name (Last, First, Middle Initial): Olivari & Associates
Mailing Address: 141 Sage Brush Trail Suite D
City: Ormond Beach State: FL Zip Code: 32174
Purpose of Disbursement: Accounting services, filing of 3rd qtr report
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 21 / 2016
Amount of Each Disbursement this Period: 794.75
[ ] Memo Item
Transaction ID : SB17.5006

C. Full Name (Last, First, Middle Initial): Palm Coast Observer
Mailing Address: P O Box 353850
City: Palm Coast State: FL Zip Code: 32135
Purpose of Disbursement: Advertising
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 09 / 2016
Amount of Each Disbursement this Period: 1389.62
[ ] Memo Item
Transaction ID : SB17.5014

SUBTOTAL of Disbursements This Page (optional) 5184.37

TOTAL This Period (last page this line number only) .....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Galloway for Congress

A. Full Name (Last, First, Middle Initial): The Argyle Agency
Mailing Address: 880 Airport Rd. Suite 109
City: Ormond Beach State: FL Zip Code: 32174
Purpose of Disbursement: Advertising
Candidate Name: Mr. G G Galloway
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 12 / 2016
Amount of Each Disbursement this Period: 100.00
[ ] Memo Item
Transaction ID : SB17.5000

B. Full Name (Last, First, Middle Initial): U S Postal Service
Mailing Address: Ormond Beach Main Post Office
City: Ormond Beach State: FL Zip Code: 32174
Purpose of Disbursement: Postage for mailouts
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 10 / 2016
Amount of Each Disbursement this Period: 400.00
[ ] Memo Item
Transaction ID : SB17.5016

C. Full Name (Last, First, Middle Initial): West Volusia Beacon
Mailing Address: 110 W. New York Ave.
City: Deland State: FL Zip Code: 32720
Purpose of Disbursement: Advertising
Candidate Name: Galloway for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 12 / 2016
Amount of Each Disbursement this Period: 827.00
[ ] Memo Item
Transaction ID : SB17.5002

SUBTOTAL of Disbursements This Page (optional) 1327.00

TOTAL This Period (last page this line number only) 26141.11

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Galloway for Congress

Transaction ID : SC/10.4247

LOAN SOURCE Full Name (Last, First, Middle Initial) ***PERSONAL FUNDS]*** [ ] Memo Item
Mr. G G Galloway

Mailing Address
141 Sage Brush Trail
Suite D

City: Ormond Beach
State: FL
ZIP Code: 32174

Election: 2016
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 30 / 2015	none	0.00 % (apr)	[ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1000.00

TOTALS This Period (last page in this line only) ▶ 1000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.