# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

*To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.*

1. NAME OF COMMITTEE IN FULL
GALLEGLY FOR CONGRESS

ADDRESS (number and street)
P. O. Box 3789

CITY, STATE, and ZIP CODE
Simi Valley, CA 93093

2. NAME OF CANDIDATE
Elton Gallegly

3. OFFICE SOUGHT (State and District)
CA/23

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.

4. FEC IDENTIFICATION NUMBER
C-00194803

| A. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| Co-Operative of American Physicians (CAP-FAC)<br>333 S. Hope Street, 8th Fl.<br>Los Angeles, CA 90071 | | 10-22-96 | 1,000.00 |
| **B. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount** |
| Americans for Free Int'l Trade PAC<br>112 S. West Street, #310<br>Alexandria, VA 22314 | | 10-22-96 | 2,000.00 |
| **C. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount** |
| Dealers Election Action Comm.<br>8400 Westpark Drive<br>McLean, VA 22102 | | 10-22-96 | 1,500.00 |
| **D. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount** |
| | | | |
| **E. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount** |
| | | | |

SIGNATURE (optional)
Jennie Gallegly

DATE
10-22-96

For further information contact:
Federal Election Commission
999 E Street, NW, Washington, DC 20463
Toll Free 800-424-9530, Local 202-219-3420

**FEC FORM 6**
(11/93)

FEC/AHOM