

# 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  
**Joe Galdo For Congress**

ADDRESS (number and street) P.O. Box 2169  
 Check if different than previously reported. (ACC) Fairfax VA 22031

2. **FEC IDENTIFICATION NUMBER** C00507673 CITY STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) VA 11

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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
01 / 01 / 2014 through 03 / 31 / 2014

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 Joseph F Galdo  
Signature of Treasurer Joseph F Galdo [Electronically Filed] Date M M / D D / Y Y Y Y  
04 / 15 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Joe Galdo For Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	50.00	59.95
(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)).....	50.00	59.95
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	83.17	671.28
(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)).....	83.17	671.28
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>2308.30</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>2256.22</b>	

**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

**Joe Galdo For Congress**

Report Covering the Period: From:  /  /  To:  /  /

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).....	0.00	0.00
(ii) Unitemized.....	50.00	50.00
(iii) TOTAL of contributions from individuals ▶	50.00	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	9.95
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	50.00	59.95
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2000.00	2000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2000.00	2000.00
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)..... ▶	2050.00	2059.95

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	83.17	671.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	9000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	9000.00
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	83.17	9671.28

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	341.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2050.00
25. SUBTOTAL (add Line 23 and Line 24).....	2391.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	83.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2308.30

**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)	PAGE 5 OF 15
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Joe Galdo For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph F Galdo**

Mailing Address P.O. Box 2169

City State Zip Code  
Fairfax VA 22031

FEC ID number of contributing federal political committee. **C H2VA11164**

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9.95

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 11 / 2014

**Transaction ID : SA11D.4348**

Amount of Each Receipt this Period  
9.95  
media - to be reimbursed

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Joseph F Galdo**

Mailing Address P.O. Box 2169

City State Zip Code  
Fairfax VA 22031

FEC ID number of contributing federal political committee. **C H2VA11164**

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9.95

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : SA11D.4349**

Amount of Each Receipt this Period  
11.55  
Copying - to be reimbursed

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Joseph F Galdo**

Mailing Address P.O. Box 2169

City State Zip Code  
Fairfax VA 22031

FEC ID number of contributing federal political committee. **C H2VA11164**

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9.95

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 11 / 2014

**Transaction ID : SA11D.4350**

Amount of Each Receipt this Period  
9.95  
Media - ti be reimbursed

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

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

0.00

**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)	PAGE 6 OF 15
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Joe Galdo For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph F Galdo**

Mailing Address P.O. Box 2169

City State Zip Code  
Fairfax VA 22031

FEC ID number of contributing federal political committee. **C H2VA11164**

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9.95

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2014

**Transaction ID : SA11D.4351**

Amount of Each Receipt this Period  
33.90

Office supplies - to be reimbursed

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Joseph F Galdo**

Mailing Address P.O. Box 2169

City State Zip Code  
Fairfax VA 22031

FEC ID number of contributing federal political committee. **C H2VA11164**

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9.95

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2014

**Transaction ID : SA11D.4354**

Amount of Each Receipt this Period  
9.95

Media - to be reimbursed

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Joseph F Galdo**

Mailing Address P.O. Box 2169

City State Zip Code  
Fairfax VA 22031

FEC ID number of contributing federal political committee. **C H2VA11164**

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9.95

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : SA11D.4352**

Amount of Each Receipt this Period  
1.30

postage - to be reimbursed

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

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

0.00

**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)	PAGE 7 OF 15
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Joe Galdo For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph F Galdo**

Mailing Address P.O. Box 2169

City State Zip Code  
Fairfax VA 22031

FEC ID number of contributing federal political committee. **C H2VA11164**

Name of Employer Occupation  
None Retired

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
**9.95**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2014**

**Transaction ID : SA11D.4355**

Amount of Each Receipt this Period  
**6.57**

Copying - to be reimbursed

**[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 Y Y

Amount of Each Receipt this Period

**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 Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

**0.00**

**0.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 15  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Joe Galdo For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joe Galdo For Congress**

Mailing Address P.O. Box 2169

City State Zip Code  
Fairfax VA 22031

FEC ID number of contributing federal political committee. **C** C00507673

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA13A.4356**

Amount of Each Receipt this Period  
2000.00

**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 Y Y

Amount of Each Receipt this Period

**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 Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

2000.00

2000.00

**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)	PAGE 9 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Joe Galdo For Congress**

Full Name (Last, First, Middle Initial) <b>A. Joseph F Galdo</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address P.O. Box 2169		Amount of Each Disbursement this Period Transaction ID : SB17.4357
City Fairfax	State VA	
Zip Code 22031	Purpose of Disbursement media - reimbursement for advances 1/11/14, 2/11/14, 3/11/14	004
Candidate Name <b>Joe Galdo For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Joseph F Galdo</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address P.O. Box 2169		Amount of Each Disbursement this Period Transaction ID : SB17.4358
City Fairfax	State VA	
Zip Code 22031	Purpose of Disbursement Postage - reimbursement for advance 3/24/14	001
Candidate Name <b>Joe Galdo For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Joseph F Galdo</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address P.O. Box 2169		Amount of Each Disbursement this Period Transaction ID : SB17.4359
City Fairfax	State VA	
Zip Code 22031	Purpose of Disbursement Office supplies - reimbursement for advance 3/7/14	001
Candidate Name <b>Joe Galdo For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	65.05
<b>TOTAL</b> 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)		PAGE 10 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Joe Galdo For Congress**

Full Name (Last, First, Middle Initial) <b>A. Joseph F Galdo</b>		Date of Disbursement MM / DD / YYYY <b>03 / 31 / 2014</b>
Mailing Address P.O. Box 2169		Amount of Each Disbursement this Period \$ 18.12 <b>Transaction ID : SB17.4361</b>
City State Zip Code <b>Fairfax VA 22031</b>	Purpose of Disbursement Copying - reimbursement of advances 1/29/14, 3/29/14 Category/Type <b>006</b>	
Candidate Name <b>Joe Galdo For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 18.12
<b>TOTAL</b> This Period (last page this line number only).....	\$ 83.17

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Joe Galdo For Congress** Transaction ID : **SC/10.4356**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Joe Galdo For Congress</b>	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 2169	

City	State	ZIP Code
Fairfax	VA	22031

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
03 / 26 / 2014	3/26/15	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	2000.00
<b>TOTALS</b> This Period (last page in this line only).....	2000.00

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Joe Galdo For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Joseph F Galdo**

Mailing Address P.O. Box 2169

City State Zip Code  
Fairfax VA 22031

Nature of Debt (Purpose):  
Media, to be reimbursed

Outstanding Balance Beginning This Period **Transaction ID : SD10.4277**  
65.94

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 65.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Joseph F Galdo**

Mailing Address P.O. Box 2169

City State Zip Code  
Fairfax VA 22031

Nature of Debt (Purpose):  
Media, to be reimbursed

Outstanding Balance Beginning This Period **Transaction ID : SD10.4297**  
9.95

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 9.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Joseph F Galdo**

Mailing Address P.O. Box 2169

City State Zip Code  
Fairfax VA 22031

Nature of Debt (Purpose):  
Media, to be reimbursed

Outstanding Balance Beginning This Period **Transaction ID : SD10.4298**  
9.95

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 9.95

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	85.84
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Joe Galdo For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Joseph F Galdo</b>		Nature of Debt (Purpose): Media, to be reimbursed
Mailing Address P.O. Box 2169		
City	State	Zip Code
Fairfax	VA	22031

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4299</b>	
<input type="text" value="9.95"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="9.95"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Joseph F Galdo</b>		Nature of Debt (Purpose): Advance-for media
Mailing Address P.O. Box 2169		
City	State	Zip Code
Fairfax	VA	22031

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4310</b>	
<input type="text" value="9.95"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="9.95"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Joseph F Galdo</b>		Nature of Debt (Purpose): Advance-for media
Mailing Address P.O. Box 2169		
City	State	Zip Code
Fairfax	VA	22031

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4312</b>	
<input type="text" value="21.98"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="21.98"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="41.88"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 15
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Joe Galdo For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Joseph F Galdo</b>	Nature of Debt (Purpose): Advance-for media
Mailing Address P.O. Box 2169	
City State Zip Code Fairfax VA 22031	

Outstanding Balance Beginning This Period 9.95	<b>Transaction ID : SD10.4313</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Joseph F Galdo</b>	Nature of Debt (Purpose): Advances for media dated 07/11/2013, 08/11/13, and 09/11/2013
Mailing Address P.O. Box 2169	
City State Zip Code Fairfax VA 22031	

Outstanding Balance Beginning This Period 29.85	<b>Transaction ID : SD10.4324</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 29.85

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Joe Galdo For Congress</b>	Nature of Debt (Purpose): Printing job, to be reimbursed
Mailing Address P.O. Box 2169	
City State Zip Code Fairfax VA 22031	

Outstanding Balance Beginning This Period 78.75	<b>Transaction ID : SD10.4278</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 78.75

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	118.55
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Joe Galdo For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Joe Galdo For Congress**

Mailing Address P.O. Box 2169

City State Zip Code  
 Fairfax VA 22031

Nature of Debt (Purpose):  
 Media, to be reimbursed

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4279</b>	
<input type="text" value="9.95"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="9.95"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="9.95"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="256.22"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="2000.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="2256.22"/>