

**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

Gallagher for Congress

ADDRESS (number and street)

P.O. Box 850

Check if different  
than previously  
reported. (ACC)

Wilton

CA

95693

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00935114

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

CA

01

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 /

06

D D /

23

Y Y Y Y /

2026

through

M M /

06

D D /

30

Y Y Y Y /

2026

*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 Copp, Vona L., , ,

Signature of Treasurer

Copp, Vona L., , ,

Date

M M /

07

D D /

14

Y Y Y Y /

2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

## of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Gallagher for Congress

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 3 |   | 2 | 0 | 2 | 6 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 178.02                  | 1011627.47                         |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 129.25                  | 1029.25                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 48.77                   | 1010598.22                         |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 14332.50                | 688756.17                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 88.48                   | 111.21                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 14244.02                | 688644.96                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 32067.26                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 1454.92                 |                                    |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Gallagher for Congress

Report Covering the Period:

From:

MM / DD / YYYY  
06 / 23 / 2026

To:

MM / DD / YYYY  
06 / 30 / 2026**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).....

200.00

762939.91

(ii) Unitemized .....

- 21.98

72639.56

(iii) TOTAL of contributions  
from individuals ▶

178.02

835579.47

(b) Political Party Committees.....

0.00

7000.00

(c) Other Political Committees  
(such as PACs) .....

0.00

169048.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

178.02

1011627.47

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

88.48

111.21

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

0.00

1423.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

266.50

1013161.68

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 14332.50                      | 688756.17                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 239754.00                     | 287329.00                          |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 129.25                        | 1029.25                            |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 129.25                        | 1029.25                            |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 3980.00                            |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 254215.75                     | 981094.42                          |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 286016.51 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 266.50    |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 286283.01 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 254215.75 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 32067.26  |

# **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 21

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Gallagher for Congress

Full Name (Last, First, Middle Initial)

Anderson, Cynn timer, , ,

A. Mailing Address 85215 Majestic walk blvd

City  
Fernandina Beach

State  
FL

Zip Code  
32034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 02 2026

Transaction ID : DA4065

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WinRed PAC

B. Mailing Address P.O. Box 9891

City  
Arlington

State  
VA

Zip Code  
22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle-to-Date ▼

28620.57

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2026

Transaction ID : IA2061IDTA4065

Amount of Each Receipt this Period

200.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. 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

☐ Memo Item

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

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

200.00

200.00

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11AI

Transaction ID : DA4065

Earmarked through WinRed PAC

Form/Schedule: SA11AI

Transaction ID: IA2061IDTA4065

Total earmarked through conduit. PAC limit not affected.

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 21

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Gallagher for Congress

Full Name (Last, First, Middle Initial)

**A. Fifty Three Consulting**

Mailing Address 3060 Whistler Way

City  
ChicoState  
CAZip Code  
95973Purpose of Disbursement  
General Campaign Consulting

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : EB2108

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Frontline Strategies, LLC/Frontline Strategies Agency**

Mailing Address 1501 Commerce Drive

City  
ElginState  
ILZip Code  
60123Purpose of Disbursement  
Online Fundraising Commission

003

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

435.56

Transaction ID : EB2095

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lederer, Rachel, , ,**

Mailing Address 705 Obanion Road

City  
Yuba CityState  
CAZip Code  
95991Purpose of Disbursement  
Travel: Mileage reimbursement

002

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

651.05

Transaction ID : EB2101

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3586.61

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 21

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Gallagher for Congress

Full Name (Last, First, Middle Initial)

**A. Lederer, Rachel, , ,**

Mailing Address 705 Obanion Road

City  
Yuba CityState  
CAZip Code  
95991Purpose of Disbursement  
Travel: Mileage reimbursement

002

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026  

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1820.26

Transaction ID : EB2099

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lederer, Rachel, , ,**

Mailing Address 705 Obanion Road

City  
Yuba CityState  
CAZip Code  
95991Purpose of Disbursement  
Travel: Mileage reimbursement

002

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026  

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

43.06

Transaction ID : EB2103

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lederer, Rachel, , ,**

Mailing Address 705 Obanion Road

City  
Yuba CityState  
CAZip Code  
95991Purpose of Disbursement  
Campaign Manager expenses - see memo entries

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026  

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

756.33

Transaction ID : EB2105

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2619.65

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 21

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Gallagher for Congress

Full Name (Last, First, Middle Initial)

**A. AJ's Sandwiches**

Mailing Address 1171 Bridge Street

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2026    |

City  
Yuba CityState  
CAZip Code  
95991

FEC Identification Number

C

Purpose of Disbursement  
Intern lunch

001

Amount of Each Disbursement this Period

31.21

Transaction ID : BB143EB2105

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For: 2026

|                                                       |                                  |
|-------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary                      | <input type="checkbox"/> General |
| <input checked="" type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Amazon.com**

Mailing Address 440 Terry Avenue N

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2026    |

City  
SeattleState  
WAZip Code  
98109

FEC Identification Number

C

Purpose of Disbursement  
Office supplies

001

Amount of Each Disbursement this Period

26.80

Transaction ID : BB148EB2105

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For: 2026

|                                                       |                                  |
|-------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary                      | <input type="checkbox"/> General |
| <input checked="" type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Best Western**

Mailing Address 15 Massie Court

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2026    |

City  
SacramentoState  
CAZip Code  
95823

FEC Identification Number

C

Purpose of Disbursement  
Travel: Staff lodging

002

Amount of Each Disbursement this Period

152.38

Transaction ID : BB138EB2105

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For: 2026

|                                                       |                                  |
|-------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary                      | <input type="checkbox"/> General |
| <input checked="" type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 21

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Gallagher for Congress

Full Name (Last, First, Middle Initial)

**A. Chipotle**

Mailing Address 1005 Gray Avenue

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

City  
Yuba CityState  
CAZip Code  
95991

FEC Identification Number

C

Purpose of Disbursement  
Intern lunch

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

28.63

Transaction ID : BB152EB2105

☒ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Chipotle**

Mailing Address 1005 Gray Avenue

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

City  
Yuba CityState  
CAZip Code  
95991

FEC Identification Number

C

Purpose of Disbursement  
Intern lunch

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

30.62

Transaction ID : BB151EB2105

☒ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Home Depot**

Mailing Address 1100 Tharp Road

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

City  
Yuba CityState  
CAZip Code  
95993

FEC Identification Number

C

Purpose of Disbursement  
Office supplies - key

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

6.28

Transaction ID : BB147EB2105

☒ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 21

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Gallagher for Congress

Full Name (Last, First, Middle Initial)

**A. Krinkle Donuts**

Mailing Address 710A W. Onstott Frontage Road

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

City  
Yuba CityState  
CAZip Code  
95991

FEC Identification Number

C

Purpose of Disbursement  
Food for volunteers

001

Amount of Each Disbursement this Period

19.50

Transaction ID : BB150EB2105

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. La Quinta Inn & Suites**

Mailing Address 8858 Spectrum Pkwy.

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

City  
BakersfieldState  
CAZip Code  
93308

FEC Identification Number

C

Purpose of Disbursement  
Travel: Staff lodging

002

Amount of Each Disbursement this Period

120.74

Transaction ID : BB139EB2105

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. New Earth Market**

Mailing Address 1475 Tharp Road

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

City  
Yuba CityState  
CAZip Code  
95993

FEC Identification Number

C

Purpose of Disbursement  
Intern lunch

001

Amount of Each Disbursement this Period

12.86

Transaction ID : BB144EB2105

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 21

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Gallagher for Congress

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 1225 Airport Park Blvd.

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

City  
UkiahState  
CAZip Code  
95482

FEC Identification Number

C

Purpose of Disbursement  
Printing

001

Amount of Each Disbursement this Period

31.01

Transaction ID : BB142EB2105

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 671 Colusa Avenue

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

City  
Yuba CityState  
CAZip Code  
95991

FEC Identification Number

C

Purpose of Disbursement  
Office supplies

001

Amount of Each Disbursement this Period

11.00

Transaction ID : BB145EB2105

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 671 Colusa Avenue

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

City  
Yuba CityState  
CAZip Code  
95991

FEC Identification Number

C

Purpose of Disbursement  
Office supplies

001

Amount of Each Disbursement this Period

11.19

Transaction ID : BB146EB2105

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 21

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Gallagher for Congress

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 671 Colusa Avenue

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06  | 30  | 2026    |

City  
Yuba CityState  
CAZip Code  
95991Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

64.11

Transaction ID : BB141EB2105

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Starbuck's**

Mailing Address 1340 Franklin Road

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06  | 30  | 2026    |

City  
Yuba CityState  
CAZip Code  
95993Purpose of Disbursement  
Food for volunteers

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

22.00

Transaction ID : BB149EB2105

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. US Postmaster**

Mailing Address 761 Plumas Street

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06  | 30  | 2026    |

City  
Yuba CityState  
CAZip Code  
95991Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

175.50

Transaction ID : BB140EB2105

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 21

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Gallagher for Congress

Full Name (Last, First, Middle Initial)

**A. Pisani, Braden, , ,**

Mailing Address 3060 Whistler Way

City  
ChicoState  
CAZip Code  
95973Purpose of Disbursement  
Expense reimbursement - see memo entries

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

630.26

Transaction ID : EB2111

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Enterprise Car Rental**

Mailing Address 2540 Cohasset Road

City  
ChicoState  
CAZip Code  
95973Purpose of Disbursement  
Travel: Truck rental

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

428.75

Transaction ID : BB157EB2111

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FedEx Office**

Mailing Address 1722 Mangrove Avenue, Ste. 10

City  
ChicoState  
CAZip Code  
95926Purpose of Disbursement  
Election Night: Posters - 6/2/26

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

48.61

Transaction ID : BB155EB2111

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

630.26

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 21

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Gallagher for Congress

Full Name (Last, First, Middle Initial)

**A. Raley's**

Mailing Address 700 W. Onstott Frontage Road

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

City  
Yuba CityState  
CaZip Code  
95991

FEC Identification Number

C

Purpose of Disbursement  
Election Night: Supplies - 6/2/26

007

Amount of Each Disbursement this Period

13.98

Transaction ID : BB156EB2111

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. The Taproom at Sierra Nevada**

Mailing Address 1075 East 20th Street

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

City  
ChicoState  
CAZip Code  
95928

FEC Identification Number

C

Purpose of Disbursement  
Staff lunch

001

Amount of Each Disbursement this Period

33.61

Transaction ID : BB153EB2111

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Tong Fong Low**

Mailing Address 2051 Robinson Street

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

City  
OrovilleState  
CAZip Code  
95965

FEC Identification Number

C

Purpose of Disbursement  
Staff & volunteer lunch

001

Amount of Each Disbursement this Period

105.31

Transaction ID : BB154EB2111

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 21

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Gallagher for Congress

Full Name (Last, First, Middle Initial)

**A. VLC Financial Services**

Mailing Address 10093 Davis Road

City  
WiltonState  
CAZip Code  
95693Purpose of Disbursement  
Treasurer Services

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5242.07

Transaction ID : EB2121

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. VLC Financial Services**

Mailing Address 10093 Davis Road

City  
WiltonState  
CAZip Code  
95693Purpose of Disbursement  
Treasurer Services

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1831.54

Transaction ID : EB2123

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WinRed Technical Services, LLC**

Mailing Address 1776 Wilson Blvd., Ste. 530

City  
ArlingtonState  
VAZip Code  
22219Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

422.37

Transaction ID : EB2094

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7495.98

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

14332.50

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 21

|                             |                                        |                              |                              |
|-----------------------------|----------------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17 | <input checked="" type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                         | 20b                                    | 20c                          | 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)

Gallagher for Congress

Full Name (Last, First, Middle Initial)

**A. The Gallagher Committee**

Mailing Address 10093 Davis Road

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2026    |

City  
WiltonState  
CAZip Code  
95693

FEC Identification Number

C C00942458

Purpose of Disbursement

Transfer re-designated contributions to affiliated committee

24G

Candidate Name

James Gallagher, , , ,

Category/  
Type

Amount of Each Disbursement this Period

27754.00

Transaction ID : EB2055

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 02

Full Name (Last, First, Middle Initial)

**B. The Gallagher Committee**

Mailing Address 10093 Davis Road

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2026    |

City  
WiltonState  
CAZip Code  
95693

FEC Identification Number

C C00942458

Purpose of Disbursement

Transfer to Affiliated Committee

24G

Candidate Name

James Gallagher, , , ,

Category/  
Type

Amount of Each Disbursement this Period

212000.00

Transaction ID : EB2124

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

State: CA

District: 02

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

239754.00

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

239754.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 21

|                                         |                              |                              |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Gallagher for Congress

Full Name (Last, First, Middle Initial)

**A. Colusa Medical Center, LLC**

Mailing Address 199 E. Webster Street

City  
ColusaState  
CAZip Code  
95932Purpose of Disbursement  
Refund of contribution over the limit

010

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : EB2066

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Waterford Property Company**

Mailing Address 1700 Port Charles

City  
Newport BeachState  
CAZip Code  
92660Purpose of Disbursement  
Refund portion of in-kind contribution over the limit.

010

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/>            | Primary           | <input type="checkbox"/> | General |
| <input checked="" type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

29.25

Transaction ID : EB2065

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

129.25

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

129.25

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 19 OF 21

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Gallagher for Congress

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

Chase Card Services

Nature of Debt (Purpose):

Credit Card charges - see memo items

Mailing Address P.O. Box 6294

City

Carol Stream

State

IL

Zip Code

60197-6294

Outstanding Balance Beginning This Period

930.15

Transaction ID : PD2125

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

930.15

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

EOP BILLING COLLECTIONS

Nature of Debt (Purpose):

Event expense: Travel expenses for Amb. Greer

Mailing Address 1500 Pennsylvania Avenue, NW

City

Washington

State

DC

Zip Code

20220

Outstanding Balance Beginning This Period

524.77

Transaction ID : PD2128

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

524.77

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

Fifty Three Consulting

Nature of Debt (Purpose):

General Campaign Consulting

Mailing Address 3060 Whistler Way

City

Chico

State

CA

Zip Code

95973

Outstanding Balance Beginning This Period

2500.00

Transaction ID : PD2107

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) .....

1454.92

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

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

PAGE 20 OF 21

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Gallagher for Congress

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

Lederer, Rachel, , ,

Nature of Debt (Purpose):

Travel: Mileage reimbursement

Mailing Address 705 Obanion Road

City

Yuba City

State

CA

Zip Code

95991

Outstanding Balance Beginning This Period

1820.26

Transaction ID : PD2097

Amount Incurred This Period

0.00

Payment This Period

1820.26

Outstanding Balance at Close of This Period

0.00

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

Lederer, Rachel, , ,

Nature of Debt (Purpose):

Travel: Mileage reimbursement

Mailing Address 705 Obanion Road

City

Yuba City

State

CA

Zip Code

95991

Outstanding Balance Beginning This Period

651.05

Transaction ID : PD2098

Amount Incurred This Period

0.00

Payment This Period

651.05

Outstanding Balance at Close of This Period

0.00

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

Lederer, Rachel, , ,

Nature of Debt (Purpose):

Campaign Manager expenses - see memo entries

Mailing Address 705 Obanion Road

City

Yuba City

State

CA

Zip Code

95991

Outstanding Balance Beginning This Period

756.33

Transaction ID : PD2104

Amount Incurred This Period

0.00

Payment This Period

756.33

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) .....

0.00

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 OF 21

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Gallagher for Congress**

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

Pisani, Braden, , ,

Nature of Debt (Purpose):

Expense reimbursement - see memo entries

Mailing Address 3060 Whistler Way

City  
ChicoState  
CAZip Code  
95973

Outstanding Balance Beginning This Period

630.26

Transaction ID : PD2110

Amount Incurred This Period

0.00

Payment This Period

630.26

Outstanding Balance at Close of This Period

0.00

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

VLC Financial Services

Nature of Debt (Purpose):

Treasurer Services

Mailing Address 10093 Davis Road

City  
WiltonState  
CAZip Code  
95693

Outstanding Balance Beginning This Period

5242.07

Transaction ID : PD2119

Amount Incurred This Period

0.00

Payment This Period

5242.07

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

0.00

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

1454.92

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

1454.92