

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Gallegly for Congress

ADDRESS (number and street) P.O. Box 940001

Check if different than previously reported. (ACC)

Simi Valley CA 93094 0001

2. **FEC IDENTIFICATION NUMBER** C00194803

CITY STATE ZIP CODE STATE DISTRICT

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

CA 24

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 _____ in the State of _____

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

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

Election on _____ in the State of _____

5. Covering Period 01 01 2006 through 03 31 2006

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 Mrs. Shelley Johnson

Signature of Treasurer Electronically Filed by Mrs. Shelley Johnson Date 05 31 2006

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

Gallegly for Congress

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	78615.00	274395.19
(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)).....	78615.00	274395.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	85295.78	289228.84
(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)).....	85295.78	289228.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1102848.19	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	1542.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Gallegly for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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).....

60654.00

159186.19

(ii) Unitemized.....

17961.00

81209.00

(iii) TOTAL of contributions

78615.00

240395.19

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

34000.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

78615.00

274395.19

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

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.).....

0.00

0.00

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

9249.43

37042.03

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

87864.43

311437.22

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	85295.78	289228.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	1335.00	15962.94
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	86630.78	305191.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1101614.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	87864.43
25. SUBTOTAL (add Line 23 and Line 24).....	1189478.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	86630.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1102848.19

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Rose Abbate

Mailing Address 44124 Village 44

City State Zip Code
Camarillo CA 93012-8946

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

Name of Employer Occupation
Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: SA11A1.15293

Amount of Each Receipt this Period
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. James Adams

Mailing Address 6256 Montalvo Drive

City State Zip Code
Ventura CA 93003

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: SA11A1.15359

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kel Aiken

Mailing Address 75 W. Easy Street

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation
Simi Stow-It Businessman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
807.50

Date of Receipt
MM / DD / YYYY
03 / 31 / 2006

Transaction ID: SA11A1.15804

Amount of Each Receipt this Period
142.50

In-kind - Storage

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **267.50**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr Charles R. Alleman, Jr.

Mailing Address 2004 N. Tracy Avenue

City State Zip Code
Simi Valley CA 93063

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

Name of Employer Occupation
King, King, Alleman & Jensen CPA

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 248.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.15350

Amount of Each Receipt this Period
149.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr Don Allen

Mailing Address 882 Calle Laredo

City State Zip Code
Thousand Oaks CA 91360

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

Name of Employer Occupation
Retired Retired Pilot

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 399.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.15109

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr Don Allen

Mailing Address 882 Calle Laredo

City State Zip Code
Thousand Oaks CA 91360

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

Name of Employer Occupation
Retired Retired Pilot

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 448.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.15255

Amount of Each Receipt this Period
49.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **448.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Susan Ash		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006
Mailing Address 1351 Kingsboro Court		Transaction ID: SA11A1.15670
City State Zip Code Westlake Village CA 91332	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker	Election Cycle-to-Date 1050.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Mr. Edward Atsinger, III		Date of Receipt M M / D D / Y Y Y Y 01 / 17 / 2006
Mailing Address 4880 Santa Rosa Road #300		Transaction ID: SA11A1.15102
City State Zip Code Cakkarillo CA 93012-5190	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Salem Communications President	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Mrs. Mona Atsinger		Date of Receipt M M / D D / Y Y Y Y 01 / 17 / 2006
Mailing Address 4880 Santa Rosa Road #300		Transaction ID: SA11A1.15103
City State Zip Code Camarillo CA 93012-5190	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None Homemaker	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr Edwin Beach

Mailing Address 1500 Say Road

City State Zip Code
Santa Paula CA 93060

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

Name of Employer Retired Judge Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 294.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2006

Transaction ID: SA11A1.15497

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr Ettore Berardinelli

Mailing Address 517 Walter Avenue

City State Zip Code
Newbury Park CA 91320

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

Name of Employer None Occupation Retired Fire Chief

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: SA11A1.15445

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
George Bliss

Mailing Address 6335 Casitas Pass Road

City State Zip Code
Carpinteria CA 93013

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

Name of Employer Blisslands Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2006

Transaction ID: SA11A1.15224

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Susan Boething		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 23475 Long Valley Road		Transaction ID: SA11A1.15458	
City State Zip Code Woodland Hills CA 91367	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ Homemaker 900.00		

Full Name (Last, First, Middle Initial) B. Mr Sieg Borck		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6	
Mailing Address 435 Venus		Transaction ID: SA11A1.15672	
City State Zip Code Thousand Oaks CA 91360	Amount of Each Receipt this Period 249.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ High Temp Insulation President 398.00		

Full Name (Last, First, Middle Initial) C. Mr. Michael Bradbury		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 2244 E. Ojai Avenue		Transaction ID: SA11A1.15349	
City State Zip Code Ojai CA 93023	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ Weston, Benschhoff, ... Attorney 399.00		

SUBTOTAL of Receipts This Page (optional) ▶	999.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Joseph Brown

Mailing Address 875 S. Westlake Blvd.
108

City State Zip Code
Westlake Village CA 91361

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

Name of Employer Occupation
retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1540.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.15283

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr David Buchanan

Mailing Address 1120 Avenida Acaso

City State Zip Code
Camarillo CA 93012

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

Name of Employer Occupation
Tacticom, USA Self employed

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.15401

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. George Cady

Mailing Address 10945 Kings Road

City State Zip Code
Ventura CA 93004

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1486.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.15096

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr Randolph S Capri

Mailing Address 196 Lower Lake Road

City State Zip Code
Thousand Oaks CA 91361

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

Name of Employer Occupation
Dermatology Associates Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
249.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.15653

Amount of Each Receipt this Period
249.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr Don Carlton

Mailing Address 2501 Harbor Blvd.

City State Zip Code
Ventura CA 93001

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

Name of Employer Occupation
Self Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.15460

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Daniel Ch'en

Mailing Address 3663 Via De Costa

City State Zip Code
Thousand Oaks CA 91360-7117

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

Name of Employer Occupation
Microwave Monolithics Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1020.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.15403

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1249.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mr Chen Chang		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 475 W. Channel Islands		Transaction ID: SA11A1.15500
City State Zip Code Port Huneme CA 93041	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Mandarin House Self employed	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bonita Chase		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 24734 Via Pradera		Transaction ID: SA11A1.15323
City State Zip Code Calabasas CA 91302	Amount of Each Receipt this Period 49.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Homemaker	Election Cycle-to-Date 223.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Phil Chase		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 5374 Long Shadow Court		Transaction ID: SA11A1.15344
City State Zip Code Westlake Village CA 91362	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation The Chase Group Self-employed	Election Cycle-to-Date 520.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	599.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr. K.C. Chen

Mailing Address 19855 Septo Street

City State Zip Code
Chatsworth CA 91311-3541

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

Name of Employer Self Occupation
CPA

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 449.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2006

Transaction ID: SA11A1.15493

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kuo-Cheng Gary Cheng

Mailing Address 760 S. Seaward Avenue

City State Zip Code
Ventura CA 93001

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

Name of Employer Self Occupation
Restaurateur

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1335.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2006

Transaction ID: SA11A1.15488

Amount of Each Receipt this Period
600.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr Derek Cheung

Mailing Address 1656 Skyridge Court

City State Zip Code
Thousand Oaks CA 91320

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

Name of Employer Rockwell Scientific Occupation
Scientist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: SA11A1.15348

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial) Mr Jim Clark		Date of Receipt																				
Mailing Address 1086 Peninsula Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	7		2	0	0	6													
City State Zip Code Ventura CA 93001		Transaction ID: SA11A1.15119																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																				
Name of Employer Retired Occupation Realty		<table border="1"> <tr> <td colspan="10">98.00</td> </tr> </table>	98.00																			
98.00																						
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">248.00</td> </tr> </table>	248.00																			
248.00																						

B. Full Name (Last, First, Middle Initial) Mr Jim Clark		Date of Receipt																				
Mailing Address 1086 Peninsula Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	7		2	0	0	6													
City State Zip Code Ventura CA 93001		Transaction ID: SA11A1.15121																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																				
Name of Employer Retired Occupation Realty		<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																						
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">298.00</td> </tr> </table>	298.00																			
298.00																						

C. Full Name (Last, First, Middle Initial) Mrs. June Cochran		Date of Receipt																				
Mailing Address P.O. Box 516		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	9		2	0	0	6													
City State Zip Code Fillmore CA 93016		Transaction ID: SA11A1.15275																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																				
Name of Employer Retired Occupation Retired		<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																						
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">218.00</td> </tr> </table>	218.00																			
218.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1"> <tr> <td colspan="10">173.00</td> </tr> </table>	173.00									
173.00											
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"> </td> </tr> </table>										

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr Jerry Conrow

Mailing Address 23871 Madison Street

City State Zip Code
Torrance CA 90505

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

Name of Employer Self Occupation CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2006

Transaction ID: SA11A1.15165

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Harry Copeland

Mailing Address 382 Meredith Avenue

City State Zip Code
Ventura CA 93003

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
268.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: SA11A1.15308

Amount of Each Receipt this Period
49.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mrs. Jerie Coulter

Mailing Address 4591 Silverbell Circle

City State Zip Code
Moorpark CA 93021

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

Name of Employer Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: SA11A1.15282

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1049.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mr. Patrick Coulter		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 4591 Silverbell Circle		Transaction ID: SA11A1.15284
City State Zip Code Moorpark CA 93021	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Raytheon Vice-president	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mrs Virginia Crandell-Nesen		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 2354 Heatherbank Court		Transaction ID: SA11A1.15346
City State Zip Code Thousand Oaks CA 91361	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr James Diani		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 1320 Foxenwood Drive		Transaction ID: SA11A1.15461
City State Zip Code Santa Maria CA 93455	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation A. J. Diani Construction Co., Inc Construction	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mr. Jack Dickenson		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address P.O. Box 989		Transaction ID: SA11A1.15764
City State Zip Code Santa Paula CA 93061	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer J.M. Dickenson & Assoc.	Occupation Consultant	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr Edward Drogmund		Date of Receipt M M / D D / Y Y Y Y 01 / 25 / 2006
Mailing Address 1066 Westcreek Lane		Transaction ID: SA11A1.15358
City State Zip Code Westlake Village CA 91362	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Conejo Car Wash	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Mr Edward Drogmund		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 1066 Westcreek Lane		Transaction ID: SA11A1.15765
City State Zip Code Westlake Village CA 91362	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Conejo Car Wash	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Dr. John Edison		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address 271 Lincoln Drive		Transaction ID: SA11A1.15491	
City State Zip Code Ventura CA 93001	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ventura Ear, Nose, Throat Medi	Occupation Physician		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Jerry Epstein		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6	
Mailing Address 4201 Via Marina		Transaction ID: SA11A1.15162	
City State Zip Code Marina Del Rey CA 90291-5236	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Jerry Epstein Management	Occupation Management		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1550.00		

Full Name (Last, First, Middle Initial) C. Mrs. Pat Epstein		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6	
Mailing Address 4201 Via Marina		Transaction ID: SA11A1.15163	
City State Zip Code Maina Del Rey CA 90291-5236	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Arts/Journalizm		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr. David Faul

Mailing Address 1310 Lantana Street

City State Zip Code
Camarillo CA 93010

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1090.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.15278

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs Helen Faul

Mailing Address 1310 Lantana Street

City State Zip Code
Camarillo CA 93010-3029

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

Name of Employer Occupation
Retired Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.15281

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Tony Federico

Mailing Address 12306 Van Neys Blvd.

City State Zip Code
Lakeview Terrace CA 91242

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

Name of Employer Occupation
Superior Gunite self-employed

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.15763

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mrs Ellen Fowler		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address 6098 Gitana Avenue		Transaction ID: SA11A1.15261
City State Zip Code Camarillo CA 93012	Amount of Each Receipt this Period 49.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 273.00	

Full Name (Last, First, Middle Initial) B. Mrs. Mary Lee Fowler		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 7824 Marin Lane		Transaction ID: SA11A1.15107
City State Zip Code Ventura CA 93004-1117	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Election Cycle-to-Date ▼ 1845.00	

Full Name (Last, First, Middle Initial) C. Mr Mel Fowler		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 7824 Marin Lane		Transaction ID: SA11A1.15100
City State Zip Code Ventura CA 93004	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1049.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Gallegly for Congress

Mailing Address P.O. Box 940001

City State Zip Code
Simi Valley CA 93094-0001

FEC ID number of contributing federal political committee. **C** C00194803

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2006

Transaction ID: SA11A1.15214

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs Jacqueline Geiger

Mailing Address 40 Vista Lago Drive

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation
Able Construction Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
249.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: SA11A1.15285

Amount of Each Receipt this Period
149.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr Glen Gerson

Mailing Address 327 S. Latigo Canyon Road

City State Zip Code
Malibu CA 90265

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

Name of Employer Occupation
Calimigos Ranch President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2006

Transaction ID: SA11A1.15089

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1149.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr. John Gilbert

Mailing Address 621 Via Alondra # 602

City Camarillo State CA Zip Code 93012

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

Name of Employer Told Corporation Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.15094

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Steven Gill

Mailing Address 6 Alviso Drive

City Camarillo State CA Zip Code 93010-8475

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

Name of Employer Rio Farms Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.15487

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr Leo Gilmond

Mailing Address 1143 Via Cielito

City Ventura State CA Zip Code 93003

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 213.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.15153

Amount of Each Receipt this Period
49.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1549.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Don Goodrow

Mailing Address 3643 Twin Lake Ridge

City State Zip Code
Westlake Village CA 91361-3928

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

Name of Employer Occupation
Goodrow Properties Investments

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 820.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.15279

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. John Grether

Mailing Address 5420 Aggen Road

City State Zip Code
Somis CA 93066

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

Name of Employer Occupation
Grether Farming Company, Inc. Farmer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 298.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.15172

Amount of Each Receipt this Period
149.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr Howard Groff

Mailing Address 9832 Calvin Avenue

City State Zip Code
Northridge CA 91324

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

Name of Employer Occupation
Northwest Excavating Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.15527

Amount of Each Receipt this Period
600.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1249.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mrs Susan Groff

Mailing Address 9832 Calvin Avenue

City Northridge State CA Zip Code 91324-1619

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

Name of Employer Self Occupation Equipment Rental

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.15419

Amount of Each Receipt this Period
400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Elizabeth Grossman

Mailing Address 1464 Hidden Valley

City Thousand Oaks State CA Zip Code 91361

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

Name of Employer None Occupation None

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.15398

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dr. Charles Hair

Mailing Address 11565 Telegraph Road

City Santa Paula State CA Zip Code 93016-9750

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

Name of Employer Self Occupation Medical Doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.15450

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mr John Hammer		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6	
Mailing Address 7803 Marin Lane		Transaction ID: SA11A1.15105	
City State Zip Code Ventura CA 93004	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Hammer - Hewson Assoc.	Occupation Investments		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. H. Bruce Hanes		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6	
Mailing Address 4286 Coachman Circle		Transaction ID: SA11A1.15211	
City State Zip Code Westlake Village CA 91362	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer R.E. Investments	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Jim Harrison		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6	
Mailing Address 660 Rancho Vista Lane		Transaction ID: SA11A1.15167	
City State Zip Code Santa Paula CA 93016	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Harrison Company	Occupation Self-employed		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mr Myron Harrison		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6	
Mailing Address P.O. BOx 4144		Transaction ID: SA11A1.15215	
City State Zip Code Saticoy CA 93007	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self employed	Occupation Harrison & Sons Rubbish		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) B. Mr. Bud Hartman		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6	
Mailing Address 1694 Eastman Avenue		Transaction ID: SA11A1.15104	
City State Zip Code Ventura CA 93003	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self	Occupation Electrician		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Mr Thomas Hinds		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6	
Mailing Address 774 Via Ondulando		Transaction ID: SA11A1.15115	
City State Zip Code Ventura CA 93003	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mr. Fritz Hitchcock		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 8610		Transaction ID: SA11A1.15170
City State Zip Code City of Industry CA 91748	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Hitchcock Auto Resources Auto dealer & service		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Kieu Hoang		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1280 Westwind Circle		Transaction ID: SA11A1.15711
City State Zip Code Westlake Village CA 91361	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Rareantibody Inc. Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr Jim Hobson		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 800 Calle Plano		Transaction ID: SA11A1.15169
City State Zip Code Camarillo CA 93012	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Argon ST Technical Director		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Melissa L. Hogan		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 1692 Bellshire Court		Transaction ID: SA11A1.15446	
City State Zip Code Westlake Village CA 91362	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Iffland Consulting LLC	Occupation Consultant		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Tzong-Lin Huang		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 6	
Mailing Address 559 Deseo Avenue		Transaction ID: SA11A1.15733	
City State Zip Code Camarillo CA 93010	Amount of Each Receipt this Period 149.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Oxnard/ Hueneme OB/GYN	Occupation Medical Doctor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 398.00		

Full Name (Last, First, Middle Initial) C. Riley Huffman		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6	
Mailing Address 937 Askov Place		Transaction ID: SA11A1.15667	
City State Zip Code Solvang CA 93463	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Dolly Madison Properties	Occupation Real Estate Re-Development		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1649.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. John Iffland		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 1692 Bellshire Court		Transaction ID: SA11A1.15457
City State Zip Code Westlake Village CA 91362-4728	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Consultant	Election Cycle-to-Date ▼ 789.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Gary Jacobs		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 7937 Calaveras Street		Transaction ID: SA11A1.15171
City State Zip Code Ventura CA 93004-1187	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self Occupation Attorney	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mrs. Lynn Jacobs		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 7937 Calaveras Street		Transaction ID: SA11A1.15164
City State Zip Code Ventura CA 93004-1187	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Affordable Community Occupation Executive	Election Cycle-to-Date ▼ 1550.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Calvin Johnston

Mailing Address 1103 Country Valley Road

City State Zip Code
Westlake Village CA 91362

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

Name of Employer Occupation
The Johnston Group Business Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.15489

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. James Johnston

Mailing Address 1839 Foster Avenue

City State Zip Code
Ventura CA 93001-2335

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

Name of Employer Occupation
self Diesel engine & generator sales

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.15099

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Donald Jones

Mailing Address 601 Daily Drive # 134

City State Zip Code
Camarillo CA 93010

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

Name of Employer Occupation
MFC & V Insurance Insurance Industry

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.15459

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mr. Richmond Kaufman		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address 16070 Woodvale Road		Transaction ID: SA11A1.15221
City State Zip Code Encino CA 91436-3447	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Mrs. Norma Lagomarsino		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 3040 Solimar Beach Road		Transaction ID: SA11A1.15097
City State Zip Code Ventura CA 93001-9755	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation Homemaker	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Hon. Robert Lagomarsino		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 3040 Solimar Beach Road		Transaction ID: SA11A1.15095
City State Zip Code Ventura CA 93001-9755	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1190.00	

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Ms Shannon Lahey

Mailing Address 4550 Capri Way

City Sacramento State CA Zip Code 95822

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

Name of Employer S. M. Lacey & Associates Occupation self employed

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2006

Transaction ID: SA11A1.15526

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Lynne Dai Landers

Mailing Address 3751 Martz Street

City Simi Valley State CA Zip Code 93063

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

Name of Employer Gold Rush Corp. Occupation Adminstrative Assistant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2006

Transaction ID: SA11A1.15112

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr Gregory Lennox

Mailing Address 500 Oakhampton Street

City Thousand Oaks State CA Zip Code 91361

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

Name of Employer P.L. Porter Comany Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2006

Transaction ID: SA11A1.15213

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Betty Levy		Date of Receipt MM / DD / YYYY 01 / 31 / 2006
Mailing Address 1026 Antelope Place		Transaction ID: SA11A1.15397
City State Zip Code Newbury Park CA 91320-5800	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Occupation Homemaker	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Richard Lindsay		Date of Receipt MM / DD / YYYY 02 / 21 / 2006
Mailing Address 11417 Sumac Lane		Transaction ID: SA11A1.15652
City State Zip Code Camarillo CA 93012-8860	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation Planned Estate Services Insurance Industry	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) C. Mr Bill Little		Date of Receipt MM / DD / YYYY 02 / 02 / 2006
Mailing Address 6663 Armitios Drive		Transaction ID: SA11A1.15424
City State Zip Code Camarillo CA 93012	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 149.00
Name of Employer Occupation None Retired	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 249.00	

SUBTOTAL of Receipts This Page (optional)	▶	1649.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Glen Longarini

Mailing Address 12043 Pradera

City State Zip Code
Camarillo CA 93012

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

Name of Employer Occupation
Brookfield Homes Builder

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.15343

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs. Cherie Love

Mailing Address 10945 Kings Road

City State Zip Code
Ventura CA 93004

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1101.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.15098

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. William Lucking

Mailing Address 14845 Maricopa Hwy.

City State Zip Code
Ojai CA 93023

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

Name of Employer Occupation
Lucking Farms Farmer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.15108

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mrs Susan Lyle		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 2300 Townsgate Road		Transaction ID: SA11A1.15519
City State Zip Code Westlake Village CA 91361	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None Occupation Homemaker	Election Cycle-to-Date ▼ 2100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Leonard Mann		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 9650 Calvin Avenue		Transaction ID: SA11A1.15329
City State Zip Code Northridge CA 91324-2109	Amount of Each Receipt this Period 49.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Storage	Election Cycle-to-Date ▼ 863.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Leonard Mann		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 9650 Calvin Avenue		Transaction ID: SA11A1.15802
City State Zip Code Northridge CA 91324-2109	Amount of Each Receipt this Period 142.50	
FEC ID number of contributing federal political committee. C	In-kind - Storage <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Storage	Election Cycle-to-Date ▼ 1005.50	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2291.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr Ronald Mason

Mailing Address 780 Windwillow Way

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation
None Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.15744

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Guy McCreary

Mailing Address 4167 Bakman Avenue

City State Zip Code
Tuluca Lake CA 91602-3329

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

Name of Employer Occupation
Wedding Investments Management

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1045.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 31 / 2006

Transaction ID: SA11A1.15400

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Sandra Miller

Mailing Address 173 Valley Gate Road

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation
Drs. Hayashi, Dahms & Dur-end Physical Therapist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 236.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 18 / 2006

Transaction ID: SA11A1.15177

Amount of Each Receipt this Period
98.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1098.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mr. Isaac Moradi		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006	
Mailing Address 510 Usher Place		Transaction ID: SA11A1.15671	
City State Zip Code Beverly Hills CA 90210	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Sky Ranch Inc. Occupation Builder / Developer	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Mr. John Moriarity		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2006	
Mailing Address 4413 Park Mallorca		Transaction ID: SA11A1.15399	
City State Zip Code Calabasas CA 91302	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self Occupation Attorney	Election Cycle-to-Date 550.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Mr. Clayton Paschen		Date of Receipt M M / D D / Y Y Y Y 02 / 16 / 2006	
Mailing Address 1561 Via Aracena		Transaction ID: SA11A1.15490	
City State Zip Code Camarillo CA 93010	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer McDonalds Occupation Restaurants	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Elizabeth Paul

Mailing Address 5716 Corsa Avenue

City State Zip Code
Westlake Village CA 91362

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4100.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2006

Transaction ID: SA11A1.15485

Amount of Each Receipt this Period
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Elizabeth Paul

Mailing Address 5716 Corsa Avenue

City State Zip Code
Westlake Village CA 91362

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2006

Transaction ID: SA11A1.15524

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Jerry Paul

Mailing Address 5716 Corsa Avenue

City State Zip Code
Westlake Village CA 91362

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4100.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2006

Transaction ID: SA11A1.15444

Amount of Each Receipt this Period
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Jerry Paul

Mailing Address 5716 Corsa Avenue

City State Zip Code
Westlake Village CA 91362

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

Name of Employer Self Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.15464

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs. Susan Pinkerton

Mailing Address 14950 Happy Talk Ranch Road

City State Zip Code
Santa Paula CA 93060

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

Name of Employer Pinkerton Ranches Occupation Rancher

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.15210

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr Duncan Reed

Mailing Address 1702 Wexford Circle

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 218.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.15417

Amount of Each Receipt this Period
49.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	649.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
F. W. Richardson

Mailing Address 2652 Goodenough Road

City State Zip Code
Fillmore CA 93015

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

Name of Employer Occupation
Richardson Ranches Rancher

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.15394

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs. Martha Richardson

Mailing Address 2652 Goodenough Road

City State Zip Code
Fillmore CA 93015

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

Name of Employer Occupation
Fillmore Christian Academy Educator

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.15395

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Charlotte Rives

Mailing Address 4244 Silverado Drive

City State Zip Code
Thousand Oaks CA 91360

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

Name of Employer Occupation
True Value Hardware Sales

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 372.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.15129

Amount of Each Receipt this Period
49.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1049.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Charlotte Rives

Mailing Address 4244 Silverado Drive

City State Zip Code
Thousand Oaks CA 91360

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

Name of Employer True Value Hardware Occupation Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 421.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.15378

Amount of Each Receipt this Period
49.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr Joshua Romanelli

Mailing Address 3069 Kilaine Drive

City State Zip Code
Simi Valley CA 93063-1529

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

Name of Employer Countrywide Financial Occupation Mortgage broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 264.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.15675

Amount of Each Receipt this Period
149.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mrs Evelyn Rukule

Mailing Address 990 Clear Sky Place

City State Zip Code
Simi Valley CA 93065-8332

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 238.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.15249

Amount of Each Receipt this Period
49.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	247.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Herman Rush

Mailing Address 10773 Ojai / Santa Paula Road

City Ojai State CA Zip Code 93023

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

Name of Employer Highwinds Ranch Occupation Rancher/Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 298.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2006

Transaction ID: SA11A1.15265

Amount of Each Receipt this Period
49.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dr. Robert Ryan

Mailing Address 5415 Topa Topa Drive

City Ventura State CA Zip Code 93003

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

Name of Employer Buenaventura Medical Group Occupation Medical Doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: SA11A1.15421

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. David Sadler

Mailing Address P.O. Box 630061

City Simi Valley State CA Zip Code 93063-0061

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 336.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2006

Transaction ID: SA11A1.15178

Amount of Each Receipt this Period
98.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	647.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mr. J. Paul Seider		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 10600 Art Street		Transaction ID: SA11A1.15448
City State Zip Code Shadow Hills CA 91040-1304	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self employed	Occupation Engineering Affiliates	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mrs Leslie Selfridge		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 320 Valley Vista Drive		Transaction ID: SA11A1.15420
City State Zip Code Camarillo CA 93010	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Albrisa Glass & Coating	Occupation Small Business	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) C. Mr. Robert Selleck, II		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 5655 Lindero Canyon Road #301		Transaction ID: SA11A1.15745
City State Zip Code Westlake Village CA 91362	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Selleck Properties	Occupation Real Estate Developer	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr. George Sewell

Mailing Address 16 Chaucer

City State Zip Code
Ventura CA 93003

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.15220

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. David Shane

Mailing Address 2585 Corte Tela

City State Zip Code
Camarillo CA 93010

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

Name of Employer Walleck/Shane/Stanard et al Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.15451

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Kevin Sharer

Mailing Address One Amgen Center Drive

City State Zip Code
Thousand Oaks CA 91320

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

Name of Employer Amgen Occupation Chairman

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.15407

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial) Mr John Sheel		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 652 Trueno Avenue		Transaction ID: SA11A1.15173
City State Zip Code Camarillo CA 93010	Amount of Each Receipt this Period 149.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self employed	Occupation Medical Doctor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 298.00	

B. Full Name (Last, First, Middle Initial) Dee Siegel		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 9930 Genesta Avenue		Transaction ID: SA11A1.15676
City State Zip Code Northridge CA 91325	Amount of Each Receipt this Period 149.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Tapo Pharmacy	Occupation Pharmacist	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 298.00	

C. Full Name (Last, First, Middle Initial) Mr. Phil Stephens		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 1342 Los Amigos		Transaction ID: SA11A1.15396
City State Zip Code Simi Valley CA 93065-4027	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Education Counselor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	798.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mrs Ercell Stout		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 494 -B Bannister Way		Transaction ID: SA11A1.15471
City State Zip Code Simi Valley CA 93065	Amount of Each Receipt this Period 49.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 343.00	

Full Name (Last, First, Middle Initial) B. Mrs. Mary Swink		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 4 El Toro Drive		Transaction ID: SA11A1.15345
City State Zip Code Rancho Mirage CA 92270	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Swink Enterprises	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Mr. Edward Tagliaferri		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 5990 Worth Way		Transaction ID: SA11A1.15166
City State Zip Code Camarillo CA 93012-9357	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer E.T. Space Systems	Occupation Scientist	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1150.00	

SUBTOTAL of Receipts This Page (optional) ▶	1049.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mr Hugh Temple		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 422 Burlingame Avenue		Transaction ID: SA11A1.15286
City State Zip Code Los Angeles CA 90049	Amount of Each Receipt this Period 149.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Investor	Election Cycle-to-Date 298.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Mr. George Thompson		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 309 W. Ventura Blvd. # D		Transaction ID: SA11A1.15393
City State Zip Code Camarillo CA 93010-8380	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Jeweler	Election Cycle-to-Date 1150.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Grace Vaswani		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 1389 Pathfinder Avenue		Transaction ID: SA11A1.15325
City State Zip Code Westlake Village CA 91362	Amount of Each Receipt this Period 49.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Santa Barbara Applied Research, Inc. Occupation President	Election Cycle-to-Date 299.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	698.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial) Mr Tom Wachtell		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address 10883 Oak Knoll Road		Transaction ID: SA11A1.15209
City State Zip Code Ojai CA 93023	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Oak Knoll Ranch Investor/Farmer	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

B. Full Name (Last, First, Middle Initial) Mr Gary Walker		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 364 Oldstone Court		Transaction ID: SA11A1.15168
City State Zip Code Simi Valley CA 93065	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Employed Engineer	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

C. Full Name (Last, First, Middle Initial) Mr. Edmund Warren		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 2186		Transaction ID: SA11A1.15455
City State Zip Code Ventura CA 93002	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired Restaurateur	Election Cycle-to-Date 1640.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1640.00	

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	2000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Hilda Warren		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 2186		Transaction ID: SA11A1.15456
City State Zip Code Ventura CA 93002	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Donald Waunch		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 2119 Via Montecito		Transaction ID: SA11A1.15454
City State Zip Code Camarillo CA 93012	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. David Weblemoe		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 903 Vallejo Avenue		Transaction ID: SA11A1.15402
City State Zip Code Simi Valley CA 93065-5662	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Engineer Election Cycle-to-Date ▼ 1140.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mr Kerry West

Mailing Address 273 Green Meadow Drive

City State Zip Code
Thousand Oaks CA 91320-4152

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

Name of Employer Occupation
AUDI of America Service Rep.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.15216

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Marion Whitehead

Mailing Address 581 Vista de Ventura

City State Zip Code
Ventura CA 93003-1158

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.15280

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr Bruce Winker

Mailing Address 8411 Medford Street

City State Zip Code
Ventura CA 93004

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

Name of Employer Occupation
Rockwell Scientific Aerospace Industry

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.15087

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Willa Withington

Mailing Address 11925 Darlene Lane

City State Zip Code
Moorpark CA 93021

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

Name of Employer Occupation
Midway Drilling & Pump Co- Administrative assistant
mpany

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 399.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.15291

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr John Woodward

Mailing Address 2140 Hillsbury Road

City State Zip Code
Westlake Village CA 91361-3530

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

Name of Employer Occupation
Westoaks Dodge Auto dealer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.15354

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ju-Sung Wu

Mailing Address 68 La Patera Drive

City State Zip Code
Camarillo CA 93010

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.15212

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial)
Linda Zaruka

Mailing Address 2067 Alborada Drive

City State Zip Code
Camarillo CA 93010

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

Name of Employer Occupation
Wedgewood Banquet Center Catering

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
298.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.15462

Amount of Each Receipt this Period
149.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dr William Zuber

Mailing Address 927 Sentinel Circle

City State Zip Code
Ventura CA 93003

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

Name of Employer Occupation
None Retired Surgeon

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
449.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.15353

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	249.00
TOTAL This Period (last page this line number only)	▶	60654.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Merrill Lynch		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 400 Esplanade Drive		Transaction ID: SA15.15795
City State Zip Code Oxnard CA 93030		Amount of Each Receipt this Period 2154.31
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 27468.07	

Full Name (Last, First, Middle Initial) B. Merrill Lynch		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 400 Esplanade Drive		Transaction ID: SA15.15798
City State Zip Code Oxnard CA 93030		Amount of Each Receipt this Period 2079.09
FEC ID number of contributing federal political committee. C		Interest earned <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 29547.16	

Full Name (Last, First, Middle Initial) C. Merrill Lynch		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 400 Esplanade Drive		Transaction ID: SA15.15796
City State Zip Code Oxnard CA 93030		Amount of Each Receipt this Period 16.76
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 29563.92	

SUBTOTAL of Receipts This Page (optional) ▶	4250.16
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Full Name (Last, First, Middle Initial) Merrill Lynch Mailing Address 400 Esplanade Drive City Oxnard State CA Zip Code 93030 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 Transaction ID: SA15.15799 Amount of Each Receipt this Period 1956.17 Interest earned <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 31520.09	

B. Full Name (Last, First, Middle Initial) Merrill Lynch Mailing Address 400 Esplanade Drive City Oxnard State CA Zip Code 93030 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 Transaction ID: SA15.15797 Amount of Each Receipt this Period 11.80 Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 31531.89	

C. Full Name (Last, First, Middle Initial) Merrill Lynch Mailing Address 400 Esplanade Drive City Oxnard State CA Zip Code 93030 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 Transaction ID: SA15.15800 Amount of Each Receipt this Period 2217.13 Interest earned <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 33749.02	

SUBTOTAL of Receipts This Page (optional)	4185.10
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 82
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

A. Washington Mutual Bank

Full Name (Last, First, Middle Initial)
Mailing Address 660 East Los Angeles Avenue

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2706.49

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: SA15.15791

Amount of Each Receipt this Period
247.65

Interest on Savings
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Washington Mutual Bank

Full Name (Last, First, Middle Initial)
Mailing Address 660 East Los Angeles Avenue

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2950.31

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: SA15.15792

Amount of Each Receipt this Period
243.82

Interest on Savings
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Washington Mutual Bank

Full Name (Last, First, Middle Initial)
Mailing Address 660 East Los Angeles Avenue

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2976.82

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA15.15790

Amount of Each Receipt this Period
26.51

Interest checking account
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	517.98
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 56 / 82	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial)
A. Washington Mutual Bank

Mailing Address 660 East Los Angeles Avenue

City State Zip Code
Simi Valley CA 93065

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3273.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: SA15.15793

Amount of Each Receipt this Period
296.19

Interest on Savings
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	296.19
TOTAL This Period (last page this line number only)	▶	9249.43

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 57 / 82

<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Adelphia		Transaction ID: SB17.15531 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 485 Easy Street		Amount of Each Disbursement this Period 58.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Simi Valley State CA Zip Code 93065-1803	Purpose of Disbursement high speed internet connection Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Adelphia		Transaction ID: SB17.15550 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 485 Easy Street		Amount of Each Disbursement this Period 58.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Simi Valley State CA Zip Code 93065-1803	Purpose of Disbursement high speed internet access Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Adelphia		Transaction ID: SB17.15610 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 485 Easy Street		Amount of Each Disbursement this Period 58.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Simi Valley State CA Zip Code 93065-1803	Purpose of Disbursement high speed internet service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	174.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Kel Aiken		Transaction ID: SB17.15805 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 75 W. Easy Street		Amount of Each Disbursement this Period 142.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Simi Valley State CA Zip Code 93065	Purpose of Disbursement In-kind - Storage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB17.15552 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 0001		Amount of Each Disbursement this Period 1970.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90096-0001	Purpose of Disbursement credit card services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Costco		Transaction ID: SB17.15552.2 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 2660 Park Center Drive		Amount of Each Disbursement this Period 630.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Simi Valley State CA Zip Code 93065	Purpose of Disbursement office equipment Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	2113.25
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. U.S. House Members Dining Room		Transaction ID: SB17.15552.3 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address U. S. Capitol		Amount of Each Disbursement this Period 117.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Washington State DC Zip Code 20515	Purpose of Disbursement constituent luncheon Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: SB17.15552.5 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 9020		Amount of Each Disbursement this Period 19.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Des Moines State IA Zip Code 50368-9020	Purpose of Disbursement office supplies Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB17.15614 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 0001		Amount of Each Disbursement this Period 926.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90096-0001	Purpose of Disbursement credit card payment Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	926.42
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)
Gallegly for Congress

<p>A. Postmaster</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 225 Simi Village Drive</p>		<p>Transaction ID: SB17.15614.1 Date of Disbursement 03 / 07 / 2006</p>
<p>City Simi Valley State CA Zip Code 93065</p>	<p>Purpose of Disbursement postage</p>	<p>Amount of Each Disbursement this Period 155.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. United Airlines</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 66282</p>		<p>Transaction ID: SB17.15614.3 Date of Disbursement 03 / 07 / 2006</p>
<p>City Chicago State IL Zip Code 60666-0282</p>	<p>Purpose of Disbursement travel</p>	<p>Amount of Each Disbursement this Period 414.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Costco</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 2660 Park Center Drive</p>		<p>Transaction ID: SB17.15614.5 Date of Disbursement 03 / 07 / 2006</p>
<p>City Simi Valley State CA Zip Code 93065</p>	<p>Purpose of Disbursement film processing</p>	<p>Amount of Each Disbursement this Period 3.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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)

<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB17.15777 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 0001		Amount of Each Disbursement this Period 115.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90096-0001	Purpose of Disbursement Credit card payment, See memo Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Arthur J. Finkelstein & Associates		Transaction ID: SB17.15638 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 16 North Aston		Amount of Each Disbursement this Period 10500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irvington State NJ Zip Code 10142	Purpose of Disbursement Survey Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Assets Management		Transaction ID: SB17.15532 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address 805 Los Angeles Avenue		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Simi Valley State CA Zip Code 93065	Purpose of Disbursement rent Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	11215.21
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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)
Gallegly for Congress

<p>A. Assets Management</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 805 Los Angeles Avenue</p> <p>City Simi Valley State CA Zip Code 93065</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.15545</p> <p>Date of Disbursement 01 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 383.97</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>B. Assets Management</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 805 Los Angeles Avenue</p> <p>City Simi Valley State CA Zip Code 93065</p> <p>Purpose of Disbursement rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.15548</p> <p>Date of Disbursement 01 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. Assets Management</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 805 Los Angeles Avenue</p> <p>City Simi Valley State CA Zip Code 93065</p> <p>Purpose of Disbursement rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.15587</p> <p>Date of Disbursement 02 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p>	<p>1683.97</p>
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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)

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<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Chase Card Service		Transaction ID: SB17.15529 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 618.30
City Palatine State IL Zip Code 60094-4014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement credit card payment Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U.S. House Gift Shop		Transaction ID: SB17.15529.0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address B 218 Longworth HOB		Amount of Each Disbursement this Period 618.30
City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement gift and auction items Candidate Name		Category/Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chase Card Service		Transaction ID: SB17.15535 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 2860.18
City Palatine State IL Zip Code 60094-4014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement credit card payment Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3478.48
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. White House Historical Society		Transaction ID: SB17.15535.0 Date of Disbursement 01 / 18 / 2006	
Mailing Address P. O. Box 96586		Amount of Each Disbursement this Period 248.00	
City Washington State DC Zip Code 20090	Purpose of Disbursement ornaments for fundraiser	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: SB17.15535.1 Date of Disbursement 01 / 18 / 2006	
Mailing Address P.O. Box 9020		Amount of Each Disbursement this Period 61.09	
City Des Moines State IA Zip Code 50368-9020	Purpose of Disbursement office supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Lost Canyons Golf Club		Transaction ID: SB17.15535.3 Date of Disbursement 01 / 18 / 2006	
Mailing Address 3301 Lost Canoyns Drive		Amount of Each Disbursement this Period 2030.76	
City Simi Valley State CA Zip Code 93063	Purpose of Disbursement reception	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

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 Page

FOR LINE NUMBER: (check only one)

<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)
Gallegly for Congress

A. Postmaster

Full Name (Last, First, Middle Initial)
Mailing Address 225 Simi Village Drive

City Simi Valley State CA Zip Code 93065

Purpose of Disbursement postage

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: SB17.15535.4
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B. Chase Card Service

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 94014

City Palatine State IL Zip Code 60094-4014

Purpose of Disbursement credit card payment

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: SB17.15581
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Office Depot

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 9020

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement office supplies

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: SB17.15581.1
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Chase Card Service		Transaction ID: SB17.15612 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 81.45
City Palatine State IL Zip Code 60094-4014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement credit card payment Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chase Card Service		Transaction ID: SB17.15639 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 729.25
City Palatine State IL Zip Code 60094-4014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement credit card payment Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Postmaster		Transaction ID: SB17.15639.0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 225 Simi Village Drive		Amount of Each Disbursement this Period 521.00
City Simi Valley State CA Zip Code 93065	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	810.70
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: SB17.15568 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address P. O. Box 79075		Amount of Each Disbursement this Period 273.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85062	Purpose of Disbursement telephone Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB17.15611 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address P. O. Box 79075		Amount of Each Disbursement this Period 222.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85062	Purpose of Disbursement telephone Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Employment Dev. Dept.		Transaction ID: SB17.15783 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 826880		Amount of Each Disbursement this Period 605.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 94280-0001	Purpose of Disbursement Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1101.34
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Sophie Estala		Transaction ID: SB17.15533 Date of Disbursement 01 / 10 / 2006
Mailing Address 3636 Walnut Street		Amount of Each Disbursement this Period 100.00
City Simi Valley State CA Zip Code 93063	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office maintenance Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mrs. Sophie Estala		Transaction ID: SB17.15549 Date of Disbursement 01 / 31 / 2006
Mailing Address 3636 Walnut Street		Amount of Each Disbursement this Period 100.00
City Simi Valley State CA Zip Code 93063	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office maintenance Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mrs. Sophie Estala		Transaction ID: SB17.15588 Date of Disbursement 02 / 25 / 2006
Mailing Address 3636 Walnut Street		Amount of Each Disbursement this Period 100.00
City Simi Valley State CA Zip Code 93063	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office maintenance Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Gallegly for Congress

A. For Printing Full Name (Last, First, Middle Initial) Mailing Address 1957 Duncan City Simi Valley State CA Zip Code 93065 Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.15569 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 265.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Franchise Tax Board Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 942857 City Sacramento State CA Zip Code 94257-0501 Purpose of Disbursement taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.15585 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 2077.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

C. ELTON GALLEGLY Full Name (Last, First, Middle Initial) Mailing Address PO BOX 940001 City SIMI VALLEY State CA Zip Code 93094 Purpose of Disbursement reimbursement 100th Class meeting Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 24 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.15627 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 42.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	2386.01
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Janice Gallegly		Transaction ID: SB17.15571 Date of Disbursement 02 / 03 / 2006	
Mailing Address P.O. Box 940001		Amount of Each Disbursement this Period 2612.00	
City Simi Valley	State CA	Zip Code 93094-0001	
Purpose of Disbursement salary		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Janice Gallegly		Transaction ID: SB17.15590 Date of Disbursement 02 / 25 / 2006	
Mailing Address P.O. Box 940001		Amount of Each Disbursement this Period 2612.00	
City Simi Valley	State CA	Zip Code 93094-0001	
Purpose of Disbursement salary		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Janice Gallegly		Transaction ID: SB17.15778 Date of Disbursement 03 / 31 / 2006	
Mailing Address P.O. Box 940001		Amount of Each Disbursement this Period 2612.00	
City Simi Valley	State CA	Zip Code 93094-0001	
Purpose of Disbursement Wages		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	7836.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Shelley Johnson		Transaction ID: SB17.15570 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address One Atmore Road		Amount of Each Disbursement this Period 1939.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fillmore State CA Zip Code 93015	Purpose of Disbursement salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mrs. Shelley Johnson		Transaction ID: SB17.15589 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 6
Mailing Address One Atmore Road		Amount of Each Disbursement this Period 1939.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fillmore State CA Zip Code 93015	Purpose of Disbursement salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mrs. Shelley Johnson		Transaction ID: SB17.15606 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address One Atmore Road		Amount of Each Disbursement this Period 540.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fillmore State CA Zip Code 93015	Purpose of Disbursement reimbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4418.78
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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 72 / 82

<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)
Gallegly for Congress

A. Costco Full Name (Last, First, Middle Initial) Mailing Address 2660 Park Center Drive City Simi Valley State CA Zip Code 93065 Purpose of Disbursement fundraiser supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.15606.0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 340.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
--	--	--

B. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 225 Simi Village Drive City Simi Valley State CA Zip Code 93065 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.15606.1 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Mrs. Shelley Johnson Full Name (Last, First, Middle Initial) Mailing Address One Atmore Road City Fillmore State CA Zip Code 93015 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.15779 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 3415.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	3415.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Los Angeles Times		Transaction ID: SB17.15551 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 60062		Amount of Each Disbursement this Period 21.20
City Los Angeles State CA Zip Code 00000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement subscription Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Los Angeles Times		Transaction ID: SB17.15646 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 60062		Amount of Each Disbursement this Period 26.50
City Los Angeles State CA Zip Code 00000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement subscription Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Leonard Mann		Transaction ID: SB17.15803 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 9650 Calvin Avenue		Amount of Each Disbursement this Period 142.50
City Northridge State CA Zip Code 91324-2109	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Storage Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	190.20
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. NPCEC		Transaction ID: SB17.15637 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 5405 Alton Parkway Suite 5A-380		Amount of Each Disbursement this Period 4200.00
City Irvine State CA Zip Code 92604	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement mailer		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: SB17.15534 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 9020		Amount of Each Disbursement this Period 40.67
City Des Moines State IA Zip Code 50368-9020	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: SB17.15626 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 9020		Amount of Each Disbursement this Period 203.74
City Des Moines State IA Zip Code 50368-9020	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4444.41
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Gallegly for Congress

A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 225 Simi Village Drive City Simi Valley State CA Zip Code 93065 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.15573 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

B. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 225 Simi Village Drive City Simi Valley State CA Zip Code 93065 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.15580 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 2.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

C. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 225 Simi Village Drive City Simi Valley State CA Zip Code 93065 Purpose of Disbursement bulk mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.15629 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 20000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	21002.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Save Prop. 13		Transaction ID: SB17.15632 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 5405 Alton Parkway Suite, 5A-369		Amount of Each Disbursement this Period 3900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irvine State CA Zip Code 92604		
Purpose of Disbursement mailer Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SBC		Transaction ID: SB17.15546 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address Payment Center		Amount of Each Disbursement this Period 279.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Van Nuys State CA Zip Code 91388-0001		
Purpose of Disbursement telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SBC		Transaction ID: SB17.15594 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 6
Mailing Address Payment Center		Amount of Each Disbursement this Period 255.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Van Nuys State CA Zip Code 91388-0001		
Purpose of Disbursement telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4435.09
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Simi Valley Chamber		Transaction ID: SB17.15595 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 6
Mailing Address 40 W. Cochran Street #100		Amount of Each Disbursement this Period 174.00
City Simi Valley State CA Zip Code 93065-6244	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement dues Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Simi Village Storage		Transaction ID: SB17.15650 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 2240 First Street		Amount of Each Disbursement this Period 2060.00
City Simi Valley State CA Zip Code 93065	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement storage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mrs Carrie Smith		Transaction ID: SB17.15780 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 243 Evergreen Court		Amount of Each Disbursement this Period 286.75
City Simi Valley State CA Zip Code 93065	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2520.75
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Ventura County Republican Central Committee		Transaction ID: SB17.15578 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 3625 E. Thousand Oaks Blvd. # 222		Amount of Each Disbursement this Period 100.00
City Westlake Village State CA Zip Code 91362	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement dues Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Washington Mutual Bank		Transaction ID: SB17.15572 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 660 East Los Angeles Avenue		Amount of Each Disbursement this Period 1828.30
City Simi Valley State CA Zip Code 93065	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement taxes Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Washington Mutual Bank		Transaction ID: SB17.15591 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 6
Mailing Address 660 East Los Angeles Avenue		Amount of Each Disbursement this Period 1828.30
City Simi Valley State CA Zip Code 93065	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement taxes Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3756.60
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Washington Mutual Bank		Transaction ID: SB17.15592	
Mailing Address 660 East Los Angeles Avenue		Date of Disbursement 02 / 25 / 2006	
City Simi Valley	State CA	Zip Code 93065	Amount of Each Disbursement this Period 868.00
Purpose of Disbursement taxes		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Washington Mutual Bank		Transaction ID: SB17.15586	
Mailing Address 660 East Los Angeles Avenue		Date of Disbursement 03 / 07 / 2006	
City Simi Valley	State CA	Zip Code 93065	Amount of Each Disbursement this Period 3498.54
Purpose of Disbursement taxes		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Washington Mutual Bank		Transaction ID: SB17.15782	
Mailing Address 660 East Los Angeles Avenue		Date of Disbursement 03 / 31 / 2006	
City Simi Valley	State CA	Zip Code 93065	Amount of Each Disbursement this Period 2401.50
Purpose of Disbursement Taxes		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	6768.04
TOTAL This Period (last page this line number only)	84889.80

**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)

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Congressional Club		Transaction ID: SB21.15605 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 2001 New Hampshire, NW		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20009-3484	Purpose of Disbursement donation Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. P.O.A.V.C.		Transaction ID: SB21.15786 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 4794		Amount of Each Disbursement this Period 230.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ventura State CA Zip Code 93007	Purpose of Disbursement Donation Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Simi Valley Police Officers Assoc. Benefit		Transaction ID: SB21.15631 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 1924		Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Simi Valley State CA Zip Code 93062-1924	Purpose of Disbursement donation Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1280.00
TOTAL This Period (last page this line number only) ▶	1280.00

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

(Use separate schedule(s) for each numbered line)	PAGE 82 / 82
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Gallegly for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor James Rowan dba DeAnza Communication	Nature of Debt (Purpose): Slate mailer refund owed
Mailing Address 65 Washington Street, #310	
City State ZIP Code Santa Clara CA 95050	

Outstanding Balance Beginning This Period 1310.00	Transaction ID: SD9.6280	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1310.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KADY / TV	Nature of Debt (Purpose): Media but still owed
Mailing Address 633 Maulhardt Avenue	
City State ZIP Code Oxnard CA 93030	

Outstanding Balance Beginning This Period 232.00	Transaction ID: SD9.6281	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 232.00

1) SUBTOTALS This Period This Page (optional).....	1542.00
2) TOTALS This Period (last page this line number only).....	1542.00
3) TOTALS 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)	