

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

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

C C00194803

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

CA

24

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04 / 01 / 2014

through

M M / D D / Y Y Y Y

06 / 30 / 2014

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

Type or Print Name of Treasurer Janice Gallegly

Signature of Treasurer Janice Gallegly

[Electronically Filed]

Date

M M / D D / Y Y Y Y

06 / 30 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Gallegly for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	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))....	0.00	0.00
(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)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7490.09	124117.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	165.90
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7490.09	123951.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	460509.40	
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 12/2003)

Write or Type Committee Name

Gallegly for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
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	165.90
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	166.24	1110.34
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	166.24	1276.24

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7490.09	124117.16
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	8250.00	43552.16
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15740.09	167669.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	476083.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	166.24
25. SUBTOTAL (add Line 23 and Line 24).....	476249.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15740.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	460509.40

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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)
Merrill Lynch

Mailing Address 400 Esplanade Drive

City Oxnard State CA Zip Code 93030

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1055.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA15.31428

Amount of Each Receipt this Period
159.45

Interest

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

159.45

159.45

**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 6 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Ace Storage		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2014
Mailing Address 52 Tierra Rejada Road		Amount of Each Disbursement this Period 292.00 Transaction ID : SB17.31401
City Simi Valley	State CA	
Zip Code 93065	Purpose of Disbursement Storage - see Advisory Opinion 2013-05	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ace Storage		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 52 Tierra Rejada Road		Amount of Each Disbursement this Period 292.00 Transaction ID : SB17.31414
City Simi Valley	State CA	
Zip Code 93065	Purpose of Disbursement Storage - see Advisory Opinion 2013-05	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Ace Storage		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 52 Tierra Rejada Road		Amount of Each Disbursement this Period 292.00 Transaction ID : SB17.31419
City Simi Valley	State CA	
Zip Code 93065	Purpose of Disbursement Storage - see AO 2013-05	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	876.00
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)	PAGE 7 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Department of the Treasury		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 494.80 Transaction ID : SB17.31399
City Ogden	State TN Zip Code 84201-0038	
Purpose of Disbursement Taxes	Category/Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Department of the Treasury		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 420.00 Transaction ID : SB17.31400
City Ogden	State TN Zip Code 84201-0038	
Purpose of Disbursement FUTA tax	Category/Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Department of the Treasury		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 494.80 Transaction ID : SB17.31413
City Ogden	State TN Zip Code 84201-0038	
Purpose of Disbursement Taxes	Category/Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1409.80
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)		PAGE 8 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Department of the Treasury		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 494.80 Transaction ID : SB17.31418
City Ogden	State TN	
Zip Code 84201-0038	Purpose of Disbursement Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Department of the Treasury		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 494.80 Transaction ID : SB17.31427
City Ogden	State TN	
Zip Code 84201-0038	Purpose of Disbursement Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Employment Dev. Dept.		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address P.O. Box 826276		Amount of Each Disbursement this Period 817.80 Transaction ID : SB17.31398
City Sacramento	State CA	
Zip Code 94280-0001	Purpose of Disbursement Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1807.40
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)	PAGE 9 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Janice Gallegly		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address P.O. Box 940001		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.31412
City Simi Valley	State CA	
Zip Code 93094-0001	Purpose of Disbursement Wages	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Janice Gallegly		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address P.O. Box 940001		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.31417
City Simi Valley	State CA	
Zip Code 93094-0001	Purpose of Disbursement Wages	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Janice Gallegly		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. Box 940001		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.31426
City Simi Valley	State CA	
Zip Code 93094-0001	Purpose of Disbursement Wages	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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)	PAGE 10 OF 14		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Smart and Final		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1856 Erringer Road		Amount of Each Disbursement this Period 140.63
City Simi Valley	State CA	
Zip Code 93065	Purpose of Disbursement Meeting for WVRWF event	Transaction ID : SB17.31402
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	140.63
TOTAL This Period (last page this line number only).....	7233.63

**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 11 OF 14
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. MCCONNELL SENATE COMMITTEE '14		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address PO BOX 1496		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.31410
City LOUISVILLE State KY Zip Code 40201	Purpose of Disbursement Contribution - Primary election 2014	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 00		

Full Name (Last, First, Middle Initial) B. McCrea Ranch Foundation		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address P. O. Box 548		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.31420
City Moorpark State CA Zip Code 93020	Purpose of Disbursement Donation	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rancho Simi Foundation		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 6503 Katherine Road		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.31408
City Simi Valley State CA Zip Code 93063	Purpose of Disbursement Donation-Salute to Arms for Vietnam Wall coming to Simi	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
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)	PAGE 12 OF 14
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. STEVE KNIGHT FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address PO BOX 991		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.31415
City LANCASTER State CA Zip Code 93584	Purpose of Disbursement Contribution - Primary election 2014	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 25		

Full Name (Last, First, Middle Initial) B. STEVE KNIGHT FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address PO BOX 991		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.31422
City LANCASTER State CA Zip Code 93584	Purpose of Disbursement Contribution - General Election 2014	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 25		

Full Name (Last, First, Middle Initial) C. USAFMC (USA Former Members of Congress)		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 1401 K Street		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.31423
City Washington State DC Zip Code 20005	Purpose of Disbursement Donation	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4250.00
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)		PAGE 13 OF 14	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Gallegly for Congress

Full Name (Last, First, Middle Initial) A. Westlake Village Republican Women Federated		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 364 Countryside Road		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB21.31407
City Oak Park State CA Zip Code 91377	Purpose of Disbursement Donation	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	8250.00

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

NAME OF COMMITTEE (In Full)

Gallegly for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
James Rowan dba DeAnza Comunication

Mailing Address 65 Washington Street, #310

City State Zip Code
 Santa Clara CA 95050

Nature of Debt (Purpose):
 Slate mailer refund owed

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

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

Mailing Address 633 Maulhardt Avenue

City State Zip Code
 Oxnard CA 93030

Nature of Debt (Purpose):
 Media but still owed

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	1542.00
2) TOTALS This Period (last page this line number only)	1542.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1542.00