

# 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

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

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:   /   /   To:   /   /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	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
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	7613.80	116627.07
(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)).....	7613.80	116461.17
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	476083.25	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	1542.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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.).....	166.80	944.10
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	166.80	1110.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7613.80	116627.07
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 .....	3616.92	35302.16
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	11230.72	151929.23

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	487147.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	166.80
25. SUBTOTAL (add Line 23 and Line 24).....	487313.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11230.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	476083.25

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

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

FOR LINE NUMBER: PAGE 5 OF 13  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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 State Zip Code  
 Oxnard CA 93030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**896.48**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 31 2014**  
**Transaction ID : SA15.31375**  
 Amount of Each Receipt this Period  
**160.01**  
 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).....

**160.01**  
**160.01**

**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 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Gallegly for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ace Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 52 Tierra Rejada Road		Amount of Each Disbursement this Period 292.00 <b>Transaction ID : SB17.31394</b>
City Simi Valley	State CA	
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>B. Ace Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 52 Tierra Rejada Road		Amount of Each Disbursement this Period 292.00 <b>Transaction ID : SB17.31395</b>
City Simi Valley	State CA	
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>c. Ace Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 52 Tierra Rejada Road		Amount of Each Disbursement this Period 292.00 <b>Transaction ID : SB17.31396</b>
City Simi Valley	State CA	
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	876.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Gallegly for Congress**

Full Name (Last, First, Middle Initial) <b>A. Richard Collier</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2014
Mailing Address 9041 Van Nuys Blvd., 207		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.31337</b>
City Panorama City	State CA	
Zip Code 91402	Purpose of Disbursement Computer technical support	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>B. Department of the Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 494.80 <b>Transaction ID : SB17.31336</b>
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>c. Department of the Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 494.80 <b>Transaction ID : SB17.31349</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1189.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Gallegly for Congress**

Full Name (Last, First, Middle Initial) <b>A. Department of the Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 78.00
City Ogden	State TN	
Zip Code 84201-0038	Purpose of Disbursement Income tax	<b>Transaction ID : SB17.31353</b>
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>B. Department of the Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 494.80
City Ogden	State TN	
Zip Code 84201-0038	Purpose of Disbursement Taxes	<b>Transaction ID : SB17.31373</b>
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>c. Employment Dev. Dept.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address P.O. Box 826276		Amount of Each Disbursement this Period 682.80
City Sacramento	State CA	
Zip Code 94280-0001	Purpose of Disbursement Taxes	<b>Transaction ID : SB17.31335</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1255.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Gallegly for Congress**

Full Name (Last, First, Middle Initial) <b>A. Franchise Tax Board</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address P.O. Box 942857		Amount of Each Disbursement this Period 78.00
City Sacramento	State CA	
Zip Code 94257-0501	Purpose of Disbursement Income tax	Transaction ID : SB17.31354
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>B. Elton Gallegly</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address PO BOX 940001		Amount of Each Disbursement this Period 118.20
City SIMI VALLEY	State CA	
Zip Code 93094	Purpose of Disbursement Reimbursement of expenses	Transaction ID : SB17.31365
Candidate Name	Category/ Type	
Office Sought: <input checked="" 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: CA District: 24		

Full Name (Last, First, Middle Initial) <b>C. Costco Wholesale #128</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 2660 Park Center Drive		Amount of Each Disbursement this Period 33.54
City Simi Valley	State CA	
Zip Code 93065	Purpose of Disbursement Photo/DVD conversion	Transaction ID : SB17.31365.0
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	196.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Gallegly for Congress**

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 225 Simi Village Drive		Amount of Each Disbursement this Period 5.60
City Simi Valley	State CA	
Zip Code 93065	Purpose of Disbursement Priority mail	Transaction ID : SB17.31365.6
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Janice Gallegly</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address P.O. Box 940001		Amount of Each Disbursement this Period 1000.00
City Simi Valley	State CA	
Zip Code 93094-0001	Purpose of Disbursement Wages	Transaction ID : SB17.31340
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>c. Janice Gallegly</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address P.O. Box 940001		Amount of Each Disbursement this Period 1000.00
City Simi Valley	State CA	
Zip Code 93094-0001	Purpose of Disbursement Salary	Transaction ID : SB17.31363
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Gallegly for Congress**

Full Name (Last, First, Middle Initial) <b>A. Janice Gallegly</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address P.O. Box 940001		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.31381</b>
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>B. Ink Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 7600 McEwen Road		Amount of Each Disbursement this Period 198.00 <b>Transaction ID : SB17.31383</b>
City Dayton	State OH	
Zip Code 45459	Purpose of Disbursement Toner cartridges	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address P.O. Box 9020		Amount of Each Disbursement this Period 291.28 <b>Transaction ID : SB17.31347</b>
City Des Moines	State IA	
Zip Code 50368-9020	Purpose of Disbursement Office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1489.28
<b>TOTAL</b> This Period (last page this line number only).....	7006.68

**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 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Gallegly for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lavagnino for Supervisor 2014</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 908 Speed Street		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.31343</b>
City Santa Maria State CA Zip Code 93454	Purpose of Disbursement Contribution	
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>B. PABLO KLEINMAN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 525 E. SEASIDE WAY, #101-C		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.31377</b>
City LONG BEACH State CA Zip Code 90802	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: CA District: 30		

Full Name (Last, First, Middle Initial) <b>c. Simi Valley Police Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address P.O. Box 715		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB21.31358</b>
City Simi Valley State CA Zip Code 93062-0715	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3200.00
<b>TOTAL</b> This Period (last page this line number only).....	3200.00

**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	<b>Transaction ID : SD9.6280</b>	
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	<b>Transaction ID : SD9.6281</b>	
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) <b>SUBTOTALS</b> This Period This Page (optional) .....	1542.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	1542.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	1542.00