Yes No X	ise they meet all three	silities of a spouse or dependent child because they meet all three	income, transactions, or liable Committee on Ethics.	<b>EXEMPTION</b> – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	<b>EXEMPTION</b> – Have you tests for exemption? Do
Yes No X	ave you excluded from	"excepted trusts" need not be disclosed. Ha	on Ethics and certain other 'nt child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or your dependent child?	TRUSTS - Details regard this report details of such
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Yes No	or arrangements with	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	₹ 	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	C. Did you or your spous honoraria, or pension/IR/ reporting period?
Yes No X	ng the reporting period atte of filing?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No	Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth mo end of the reporting period? or b. Make more than \$200 in unearmed income for asset during the reporting period?
		ONS	F THESE QUESTI	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	PRELIMINARY
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 penalty shall individual who files	Period Covered: January 1, 2014 to 4/20/20/5		New Officer or Employee Employing Office:	STATUS
U.S. HOUSE OF THE CLASK OFFICE USE ONLY)	U.S. HÖUSE (Office	Check if Amendment	3 16	New Member of or Candidate for State: /// U.S. House of Representatives District: 3  Candidates – Date of Election: 4/8/2016	FILER
2015 SEP 29 AM 10: 58	2015 SEF	16:	Daytime Telephone:	LA GALL GALLOWAY	Name: <sup>P</sup> AmをLA
SEP 21 2015 age 1 of X	SEP 2	FORM B Candidates, and New Employees	FORM B For New Members, Candidates, and	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED STATE:
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## SCHEDULE A - ASSETS & "UNEARNED INCOM

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Page 2 of 9

	SHEETS	ATTACKETS	SEE	ABC Hedge Fund	Examples: Simon & Schuster	DC, Mega Corp Stock	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more then \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state they name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.  If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointy held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Assets and/or income Sources	BLOCK A
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				Partnership Income	Royalties		TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if relinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	<b>5</b>	
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**EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff

	•	Am	Amount
<b>Source</b> (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 \$1,000 N/A
KESCIUSKO MEDICAL GROUP	Spouse salmay	NA	NA

#### SCHEDULE D - LIABILITIES

Name: PAM BLA
GAIL GALLOWAY
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence. exceeded \$10,000. (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period \*Column K is for liabilities held solely by your spouse or dependent child.

				- ВР, DC, JT		
			Example			
		$\omega$ / $\alpha$	First Bank of Wilmington, DE	Creditor		
		:	5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	65	
				\$50,001- \$100,000	ი	
			×	\$100,001- \$250,000	D	
				\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	71	Amount of Liability
				\$1,000,001- \$5,000,000	ဖ	ability
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	د	
				Over \$1,000,000* (Spouse/DC Liability)	~	L

#### **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

				me current calent
	•	NA	Position	iar year. First-year candidates a
				ing new em
				the current calendar year. First-year candidates and new employees report positions need in the current calendar year and
			Name of Organization	dar year and two previous years.

#### **SCHEDULE F - AGREEMENTS**

Name: PAMELA GALLOWAY Page 7 of 9

continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in		
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井	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment	
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yee welfare or benefit plan maintained by a former employe	f absence during the period of government service;	
lan maint	f absence during the period of government service;	

Date	Parties to Agreement		Terms of Agreement
3/2012	MYSELF AND DEPT DE	BANNEL NOT	PARTICIPATION IN
	EMPLOYEE TRUST FUND	LEGISLATIUE	RETIREMENT PLAN -
	WIS CONSIN RETIREMENT, SYSTEM NOT	por yer	RETIRED
	(FORMER STATE SENATOR)		

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	F
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hornetown, Hornestate	Accounting Services
4/4	