<b>§</b> ⊠	Yes	child because	sactions, or liabilities of a spouse or dependent child because	" income, trans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
ĕ ⊠	ot Yes	f trusts" need no	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependen
Ś	EACH OF THESE QUESTIONS	)F THESE	- ANSWER	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	nswered and h "Yes" respo	must be ar ed for eacl	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	<u>8</u>	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
₹ ⊠	¥ Yes □	arrangement wi	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	□ S	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
₹   <u> </u>	Yes	or before the da	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	S S	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
S S	Yes	d receive any n the reporting	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?  If yes, complete and attach Schedule VII.	ĕ ⊠	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
ĕ ⊠	Yes	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	§ □	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes  Yes
			E QUESTIONS	OF THESI	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
assessed nore than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penagainst anyo	r Employing Office:  Be Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: CH House of Representatives District: Amendment Type Annual (May 15)
E LC	7010 MAY 19 PM 2:51	Sed could	002-225-5811 (Daylime Telephone)		ELTON GALLEGLY
ER:	MAY 0 9 2008	MAY YEAR	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

Name	
ELTON	
GALLERY	
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## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Type	Amount
Keene State	Approved Teaching Fee	\$6,000
	Spouse Speech	\$1,000
	Spouse Salary	NA
	Shouse SALARY	N/A
GALLERY FOR CONSICESS	Snouse SALARY	NIA

For payments to charity in lieu of honoraria, use Schedule II.

ST WASHINGTON PUTUAL	IT UNION BANK	SP DYNAMIC REALTY	NOA.	IT SIMI VALLEY ON 9300	IT Sim Valley CA 93060	JT 1st Bank of Paducah, KY Accounts	Examples:	SP Mega Corp. Stock	there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.	BLOCK A  Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
×	<b>X</b>	×	×	><	×	×	<del>-</del>	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	A B C D E F G H I J K L	Value of Asset  Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
×	×		×	×	×.	×	<del></del>	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership In	Income or Farm (ncome)	BLOCK C  Type of Income  Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all ofther assets including all IFAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
X	~	MA.	×	×	×	×	X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	II III IV V VI IVIII VI X X X X X	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.
			D	P				S (partial)	e S	If only a portion of an asset is sold, please indicate as follows:  (S) (partial)	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Exten GALLECLY

Cent	Centinuation Sheet (if needed)			
	BLOCK A Asset and/or income Source	BLOCK B Year-End	вьоск с <b>Туре</b>	BLOCK D  BLOCK E  Amount of Income  Transaction
		Value of Asset	of Income	
SP,		ABCDEFGHIJKL		
DC,		000,000		
누		0,000 50,000 00,000 00,000 \$5,000 \$25,00	NS LIND	000 ,000 ,000 ,000,000 ,000,0
		- \$15, 1 - \$50 1 - \$10 01 - \$2 01 - \$5 01 - \$5 001 - \$ ,001 - 0,001 -	NDS	
		\$50,00 \$100,0 \$250,0 \$500,0 \$1,000	NONE DIVIDI RENT INTER CAPIT EXCE	\$2,501 \$5,001 \$15,00 \$50,00 \$100,0
77	WACHOVIA	X	×	X
93	IRA-PERSHING LLC-FMEEN	×	X	X
E	C- ( 60%	×	*	×
92	14.14	×	×	X
	17.00	X	×	×
	PRILL Ly			
	ALLIANCE BEENSTEIN GROWTH	×	×	×
	CALAMIERS BOOKTH FUND	×	×	<del></del>
	CK US GO	X	>>	×
	BLACKROCK VALUE	X	×	×
-	1	×	X	X
	[	×	×	×
	ML MONEY MARKET	<b>X</b>	×	×
7	o PROPE	X	X	X
	XIII WHO DUNS	AFFORDABLE PROGRES AT C	ENTRA RUE & CENTURY	OURT IN CANTER CHOKADO
	to ounds	45/4	580	170 CM 84814

## **SCHEDULE IV— TRANSACTIONS**

Name ELTON GALLEGLY

Page Y of

1		 					 		 		-				
									 STREET STORT	ST 1491 DUARTE CIRCLE 93065	Example: Mega Coporation C	SP. DC. JT Asset	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	amount of the transaction exceeded \$1,000. Include transactions	
									<b>×</b> :				PURCHASE		of T
						<u> </u>					×		SALE		Type of Transaction
													EXCHANGE		ction
									10-1-07	8-1-07	10-12-07		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
													\$1,001- \$15,000	σ,	
				<u></u>							×		\$15,001- \$50,000	ဂ	
					 								\$50,001- \$100,000	D	An
	 							-					\$100,001- \$250,000	m	Amount of
					 _				X	×			\$250,001- \$500,000	711	t of
		-							 				\$500,001- \$1,000,000	Ð	Trans
						-	į.		 				\$1,000,001- \$5,000,000	z	Transaction
													\$5,000,001- \$25,000,000		9
					_								\$25,000,001- \$50,000,000	۲.	
						]							Over \$50,000,000		]

### SCHEDULE V- LIABILITIES

Name ELTON GALLEGLY POGGL

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

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	1	7	4		7,0,5	<u> </u>	
	P. D. DOX 78065, PHOENIA AZ 85063 1491 DUAMECIOCHE, SIM	PO BOX 78035 PHOENIX AZ 85062	CARLANA FAMILY TRUST SIMI VALLEY (VA 1791 ERRINGER SIMI) V	Example: First Bank of Wilmington, Delaware	Creditor		
	HELOC FOR PROCESSES	HELOC FOR PLACEURSE OF	MORTENSE SERVINGE SHOW STANDARD IN 1811	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
					\$1,001- \$15,000	100	
					\$15,001- \$50,000	C	
					\$50,001- \$100,000	D	
			×	×	\$100,001- \$250,000	3	Amo
	×	×			\$250,001- \$500,000	П	unt o
					\$500,001- \$1,000,000	Ω	Amount of Liability
					\$1,000,001- \$5,000,000	z	iity
					\$5,000,001- \$25,000,000		
					\$25,000,001 \$50,000,000	ے	
<b></b>		+	,		Over		

#### SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

 	 		_	_	_
		NONE	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal triendship received from Committee on Standards)	Description	
			\$325	Value	

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# SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by

spouse or dependent child that is totally independent of his or her relationship to you Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

CUPAUS FEDERATION of PHERRA Examples: Chicago Chamber of Commerce Roycroft Corporation Source April 7-16 Aug. 6-11 Date(s) Mar. 2 CYPRESS-ZURCH, SWMZERLAND LOS ANGELES - HTHENS, GREEK City of Departure—Destination—
City of Return DC—Los Angeles—Cleveland DC—Chicago—DC Lodging? (Y/N Z Food? < z Was a Family Member Included? 3 z ~ Number of days not at sponsor's expense 1 DAG 2 Days None