Name:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Report Type

Filer Status

| S | JESTIONS | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS | T INFOR |)R TRUS | EXCLUSION OF SPOUSE, DEPENDENT, O |
|----------------------|-------------------------|--|------------------------------|---------|---|
| the onse. | vered and Yes" respo | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | Yes $igwedge X$ No $igwedge$ | Yes X | 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 | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | S S | Yes No | 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. |
| × × | Yes | 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. | | Yes | 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. |
| 8 ⊠ | Yes | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII. | ĕ × | Yes | It. 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. |
| × × | Yes | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI. | | Yes No | 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? If yes, complete and attach Schedule I. |
| | | | | | |

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 benefiting you, your spouse, or dependent child?

Yes|

<u>₹</u> ×

Yes

No X

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

| Name | |
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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.

| | | | | | | GALLEGLY FOR CONGRESS | | Ontario County Board of Education | Examples: State of Maryland State of Maryland | Keene State | Source |
|--|--|--|--|--|--|-----------------------|---------------|-----------------------------------|---|-----------------------|--------|
| | | | | | | Speuse SALARY | Spouse SALARY | Spouse Salary | Legislative Pension Spouse Speech | Approved Teaching Fee | Туре |
| | | | | | | NA | NA | NA | \$9,000 | \$6,000 | Amount |

| SCHEDULE III—ASSETS AND "UNEARNED" INCOME BLOCK A BLOCK A BLOCK A BLOCK B Asset and/or income Source be earn'd in promission produce and only a youthout may reproduce the earn'd in promission produce and only a youthout may reproduce any produce any pr | The come Source IN A Recome Source Indicate value of Asset Indicate | | * | * | • | | | | | | | |
|--|--|---|----------|---------------------------------|----------|--------------|-----------|------------------------|-----------|----|--|------------------------------------|
| \$25,000,001 - \$50,000,000 \times \text{id} & \text{id} | ### SECEPTED/BLIND TRUST TAX-DEFERRED Second Second | SP DYNAMIC REALTY ** REPRESENTS SPOUSE POR For additional assets and | ANK Acco | GHRADER FAMILY 6335 GITANA (| MIRAGE (| I DUARTE CIR | VALLEY OA | 1st Bank of Paducah, K | Examples: | SP | the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. 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 with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet. | |
| | EXCEPTED/BLIND TRUST Tax-Deferred income Tax-Defe | TANCE | | | × | | | | | | \$1 - \$1,000 | e of ation alue, alue, it is it is |

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

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95 5 8 ŞP PROCEEDS CHASE IRA- FERSHING CHASE KEOUGH-WELLS VARGO -IRST (JANKORMAD)ANK Asset and/or Income Source KA-MERRILL LYNCH MAION JOHN HANGOCK ML MONEY BLACKROCK COCA COLA BLACK ROCK COBA COKA PALIANCE BEANSTEIN BROWTH AMSEN MONEY MARKET AKAMIGAS GROWTH MANK SAVINGS CHAR KJANK TROX **BLOCK A** PAPITAL MARKET ALUE SALE US Groom BOA ACCT CASH 70 ≻ None PERSONAL W \$1 - \$1,000 × O \$1,001 - \$15,000 \times ø \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B RESIDENCE \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 -- \$1,000,000 \$1,000,001 - \$5,000,000 _ \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 5 Over \$50,000,000 _ NONE VIRGIN imes ert imes \times × **DIVIDENDS** RENT X × INTEREST of Income BLOCK C \times CAPITAL GAINS Type **EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None Amount of Income imes imes\$1 - \$200 ≡ \$201 - \$1,000 7 BLOCK D \$1,001 - \$2,500 < \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≦ **≤** \$15,001 - \$50,000 \$50,001 - \$100,000 $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × \succeq Over \$5,000,000 Transaction BLOCK E ரைவு

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SCHEDULE IV— TRANSACTIONS

| Pype of dependent child strains the responsible protect of the strains of the responsible protect of the strains of the responsible protection and seal child. The responsible protection is responsible to the responsible protection and seal children is capabilitied by a portion of an examination than considered (x, x), retails sately). See accurate the contract of | | | | 70 1 | | | · · · | | F | 1 | - | | | ī | | |
|---|---|--|------------------------------------|------------|--------------|-------------------|-------|--------|---|---|---|--|--|---|--|--|
| Type | Report any or depende erty held f | resulted in action. Exc dren, or the ates rental cate (i.e., " | Capital Gs of \$200, ch III. | SP, DC, JT | SP | TT | | | | | | | | | | |
| Type | / purchase, sa ent child during or investment | a capital loss. Jude transacti e purchase or income. If on 'partial sale") | ins — if a sa leck the "capita" | | | PERSON 1200 CR | , | | | | | | | | | |
| PURCHASE PURCHASE | le, or excha g the reporti that exceed | Provide a boons between sale of you be a portion. See exam | les transacti al gains" box | | Mega Corp | 13 . I | | | | | | | | | | |
| PURCHASE PURCHASE | nge transac ng period c ded \$1,000 | rief descrip | on resulted and disclos | Asset | oration Cor | SI DENO DRIVE | | | | | | | | | | |
| PURCHASE PURCHASE | tions by your any secure include to | tion of any spouse or residence, et is sold, | in a capita se this inco | | nmon Stoc | 313 (N | | | | | | | | | | |
| PURCHASE PURCHASE | ou, your sp rity or real ransactions | exchange i dependen unless it g please so | ા gain in e me on Sch | | k (partial s | IT REN PRLING | 5 | i i | | | | | | | | |
| Check Box if Capital Gain Exceeded \$200 | ouse, prop- s that | trans- t chil- lener- indl- | xcess edule | | ale) | TED) Fron | 2 | | | | | | | | | |
| Check Box if Capital Gain Exceeded \$200 | of Tr | CHASE | PURC | | | | | | | | | | | | | |
| Check Box if Capital Gain Exceeded \$200 | Type ansa | | SALE | | × | × | | | | | | | | | | |
| Comparison Com | ction | HANGE | EXC | | | | | | | | | | | | | |
| Dayyyr D | 0 | Box if Capital xceeded \$200 | Check Gain E | | | × | | | | | | | | | | |
| \$1,001- \$15,000 \$15,001- \$15,000 \$1,00,000 \$1,000,000 \$1 | T _o | (MO/I Qua | Bi-we appi | | 10- | 5-1 | | | | | | | | | | |
| \$15,000 x \$15,001- \$50,000 © \$50,001- \$100,000 © \$100,001- \$250,000 © \$250,000 © \$250,000 © \$1,000,000 © \$1,000,000 © \$5 | ate | DAY/YR) or urterly, thly, or | ekly, if licable | | 12–11 | 7-12 | | | | | | | | | | |
| \$50,000 B \$50,001- \$100,000 B \$100,001- \$250,000 B \$250,001- \$500,000 B \$500,000 B \$500,000 B \$500,001- \$500,001- \$5,000,001- \$5,000,000 B \$5,000,000 B \$5,000,000 B \$5,000,000 B | | > | \$1,001- \$15,000 | | | | | | | | | | | | | |
| \$100,000 BOUNT OF TRANSPORT OF | | | \$15,001 \$50,000 | | × | | | | | | | | | | | |
| \$25,000,000 | _ Am | 0 | \$50,001 \$100,00 | : | | | | | | | | | | | | |
| \$25,000,000 | OUD | | | | | | | | | | | | | | | |
| \$25,000,000 | of of |)1-)0 | \$250,00 \$500,00 | | | | | | | | | | | | | |
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| \$25,000,001- | Ön | 001- 0,000 = | \$5,000,0 \$25,000 | | | | | | | | | | | | | |
| \$50,000,000 | | | | | | | | | | | | | | | | |
| Over \$50,000,000 C | | ٥,000 ح | | | | | | | | | | | | | | |

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SCHEDULE V— LIABILITIES

Name Exten GALLEGLY Page 6 of.

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 (unless you are personally liable); 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. NOTE: Pending legislation may require Members to report

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|--|---|--|--|------------------------|---------------------------------------|--|-----------------------------------|
| J7 | 77 | 77 | JY | JT | | SP, DC, | i ioi igage |
| P. D. DOY 77404 EWING, NJ 10/8012 REFINANCE MORTOAG. | PIRST CALIFORNIA BANK OF BIDOOF CIRCLE SIMI VALLEY CA | P.O. BOY 18035 PHOENIX AZ 10/2005 | FIRST CALIFORNIA BANK P.O. BOX 2838 TORRANCE CA 3/2010 | PO. BOX 77404 EWING NJ | Example: First Bank of Wilmington, DE | Creditor | Horigages on personal residences. |
| 10/2012 | 8/2009 | 10/2005 | 3/2010 | 9/2011 | May 1998 | Date Liability Incurred Mo/Year | |
| REFINANCE MORTBAGE 1491 DUARTE CIRCLE SIMI YAMEN CA | MORTGAGE - 1491 DUARTE | HELOC PERSONAL RES. ARLINGTON, VA (SOLD) | BIMI YALLEY CA | NORTHAGE PERSONAN RES. | | Type of Liability | |
| KEY (| | | | | | \$10,001- \$15,000 | 1 |
| 12 | | | | | | \$15,001- \$50,000 | l |
| ļ | - | | × | | | \$50,001- \$100,000 | |
| × | ×2, | \ \ \ | | <u> </u> | × | \$250,000 m | |
| | 1 2 | 1 30 | | × | | \$250,000 m \$250,000 m \$500,001 m \$1,000,000 m | |
| | | | | | | \$1,000,001- \$5,000,000 | |
| | | | | | | \$5,000,001- \$25,000,000 ± | |
| | | _ | | | _ | \$25,000,001- \$50,000,000 | |
| | | | | | | Over \$50,000,000 | |

SCHEDULE VI— GIFTS

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 \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

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

| | Example: | | | |
|-------------|---|--|--|--|
| Source | Example: Mr. Joseph H. Smith, Anytown, Anystate | | | |
| Description | Silver Platter (determination on personal friendship received from Committee on Ethics) | | | |
| Value | \$375 | | | |

SCHEDULE V— LIABILITIES

Name Extan GALLEGLY Page 7

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 (unless you are personally liable); 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. NOTE: Pending legislation may require Members to report

| | | Date Liability | | Α | ВС | D A | Amount of Liability D E F G | f Liabi | ್_ಾ | 1 | 7 |
|-----------------------------|--|---------------------|-------------------------------------|------------------------------------|-----------------------|--------------------------------------|-----------------------------|---------------------------|-----------------------------|--|--------------------------------------|
| SP, DC, | Creditor | Incurred Mo/Year | Type of Liability | \$10,001- \$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 |
| | Example: First Bank of Wilmington, DE | May 1998 | Mortgage on 123 Main St., Dover, DE | | | × | | | | - | _ |
| JT | METLIFE HOME LOANS HOOD HORIZON WAY IRVINE TX | 5/2009 | HANG | 877 | ļ | | ×2,0 | 11 | | | |
| $\mathcal{I}_{\mathcal{T}}$ | P.O. BOX 79-104 EWING NJ | 10/2012 | чено | MIRAGE | " | | × | | | | |
| J7 | ~ | 8/2009 | 9/2009 ROAD SIMI YALLEY CA | | | | × | | - | | <u> </u> |
| | ! | | | | | | | | | | <u> </u> |
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SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 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

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

Example: Mr. Joseph H. Smith, Anytown, Anystate Source Silver Platter (determination on personal friendship received from Committee on Ethics) Description Value \$375