

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Overman for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2025 To: M M / D D / Y Y Y Y 09 / 30 / 2025

	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))	35755.00	35755.00
(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))	35755.00	35755.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22934.04	22934.04
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	22934.04	22934.04
8. Cash on Hand at Close of Reporting Period (from Line 27)	12820.96	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5087.32	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Overman 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).....	27150.00	27150.00
(ii) Unitemized.....	8605.00	8605.00
(iii) TOTAL of contributions from individuals ▶	35755.00	35755.00
(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))..	35755.00	35755.00
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	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	35755.00	35755.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22934.04	22934.04
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	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	22934.04	22934.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	35755.00
25. SUBTOTAL (add Line 23 and Line 24).....	35755.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22934.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12820.96

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 39	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input 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)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Abberger, Lisa, , ,

Mailing Address 540 Bosphorous Avenue

City Tampa	State FL	Zip Code 33606
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Hauger Bunch Realtor	Occupation commercial real estate
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-130

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 6704 North River Boulevard

City Tampa	State FL	Zip Code 33604
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer AJArango	Occupation customs broker
------------------------------	------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-168

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 7705 Morning Glory Lane

City Tampa	State FL	Zip Code 33619
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-100

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="2500.00"/>

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 6 OF 39	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Arcuri, Shirley, , ,

Mailing Address 3301 Bayshore Blvd. Unit 409, Unit

City Tampa	State FL	Zip Code 33629-8841
---------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-86

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 3415 West Mullen Avenue

City Tampa	State FL	Zip Code 33609
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Crossroads for Florida Kids	Occupation non-profit executive
---	------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-22

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 3620 East Sterling Circle

City Tampa	State FL	Zip Code 33629
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Almazan Law	Occupation Attorney
---------------------------------	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A-44

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="1100.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

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 7 OF 39	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Bachman, Barbara, , ,

Mailing Address PO Box

City Tampa State FL Zip Code 33681

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2025

Transaction ID : A-88

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3837 Enclave Way

City Tucker State GA Zip Code 30084-6506

FEC ID number of contributing federal political committee. C

Name of Employer Emory Occupation Family Physician

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 02 / 2025

Transaction ID : A-3

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 6458 Fair Oaks Circle

City Fairview State PA Zip Code 16415

FEC ID number of contributing federal political committee. C

Name of Employer Woodbury Payton Occupation Public Affairs

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2025

Transaction ID : A-37

Amount of Each Receipt this Period
1000.00

Memo Item

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 39
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Baskin, Howard, , ,

Mailing Address 17342 Gunn Highway

City Odessa State FL Zip Code 33556

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : A-20

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 1347 Deerbourne Dr

City Wesley Chapel State FL Zip Code 33543

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 06 / 2025

Transaction ID : A-102

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 16017 Golden Lakes Dr

City Wimauma State FL Zip Code 33598

FEC ID number of contributing federal political committee.

Name of Employer N/A Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2025

Transaction ID : A-108

Amount of Each Receipt this Period

Memo Item

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 39
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Card, Christopher, , ,

Mailing Address 8116 Water Blossom Lane

City Winter Garden State FL Zip Code 34787

FEC ID number of contributing federal political committee. C

Name of Employer Chris Card Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 18 / 2025

Transaction ID : A-12

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 8116 Water Blossom Lane

City Winter Garden State FL Zip Code 34787

FEC ID number of contributing federal political committee. C

Name of Employer Chris Card Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2025

Transaction ID : A-152

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 17322 Hubers Court

City Odessa State FL Zip Code 33556

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-112

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 39
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Corwin, Elizabeth, , ,

Mailing Address 2521c W Maryland Ave

City Tampa State FL Zip Code 33629-6203

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

Name of Employer N/A Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 28 2025

Transaction ID : A-55

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 5823 Bowen Daniel Drive, Unit 1003

City Tampa State FL Zip Code 33616

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

Name of Employer Wgi Occupation Engineer

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 18 2025

Transaction ID : A-14

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1016 Spindle Palm Way

City Apollo Beach State FL Zip Code 33572

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

Name of Employer Hometown Food Co. Occupation Director, Data Analytics

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 12 2025

Transaction ID : A-147

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 39
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Ellis, Brandon, , ,

Mailing Address 3652 7th St

City North Beach State MD Zip Code 20714

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2025

Transaction ID : A-183

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 3652 7th St

City North Beach State MD Zip Code 20714

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2025

Transaction ID : A-200

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 4422 S Swann Circle

City Tampa State FL Zip Code 33609

FEC ID number of contributing federal political committee. C

Name of Employer Buell Elligett Farrior & Faircloth, PA Occupation Lawyer

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 25 / 2025

Transaction ID : A-41

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 39
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Gormly, Anne, , ,

Mailing Address 1120 E Twiggs Street, Apt 339

City Tampa State FL Zip Code 33602

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

Name of Employer University of Tampa Occupation Retired Dean

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-115

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4107 Saltwater Blvd

City Tampa State FL Zip Code 33615

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

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2025

Transaction ID : A-198

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 4618 Lithia Springs Road

City Lithia State FL Zip Code 33547

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

Name of Employer Serenity Village Inc. Occupation President

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : A-235

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 39
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Hunt, Tim, , ,

Mailing Address 807 S. Fremont Avenue

City Tampa State FL Zip Code 33606

FEC ID number of contributing federal political committee. C

Name of Employer Hill Ward Henderson Occupation Attorney

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 21 / 2025

Transaction ID : A-17

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 18120 Sugar Brooke Dr

City Tampa State FL Zip Code 33647

FEC ID number of contributing federal political committee. C

Name of Employer Business Plans Plus Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2025

Transaction ID : A-114

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5605 North Seminole Avenue

City Tampa State FL Zip Code 33604

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation attorney

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 05 / 2025

Transaction ID : A-98

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 39
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Kennedy, Liz, , ,

Mailing Address 4208 W Beach Park Dr

City Tampa State FL Zip Code 33609-3814

FEC ID number of contributing federal political committee. C

Name of Employer Choose Title Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 16 / 2025

Transaction ID : A-157

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 10125 White Trout Ln

City Tampa State FL Zip Code 33618

FEC ID number of contributing federal political committee. C

Name of Employer NA Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 18 / 2025

Transaction ID : A-13

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1501 West Cleveland Street, Suite

City Tampa FL State FL Zip Code 33606

FEC ID number of contributing federal political committee. C

Name of Employer Redstone Investments Occupation Investor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2025

Transaction ID : A-160

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 39
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Manimala, Neil, , ,

Mailing Address 1511 S Church Ave

City Tampa State FL Zip Code 33629

FEC ID number of contributing federal political committee. C

Name of Employer Florida Urology Partners Occupation Physician

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2025

Transaction ID : A-204

Amount of Each Receipt this Period
550.00

Memo Item

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

Mailing Address 4220 West Beachway Drive

City Tampa State FL Zip Code 33609

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 13 / 2025

Transaction ID : A-137

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3158 Gracefield Rd Apt 201

City Silver Spring State MD Zip Code 20904

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2025

Transaction ID : A-201

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 39
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Naugle, Mark, , ,

Mailing Address 7302 North Ola Avenue

City Tampa State FL Zip Code 33604

FEC ID number of contributing federal political committee. C

Name of Employer Steward Mellon Occupation flooring company executive

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : A-167

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address 3406 W Bay Vista Ave

City Tampa State FL Zip Code 33611

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 05 / 2025

Transaction ID : A-92

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 123 W Hollywood St

City Tampa State FL Zip Code 33604

FEC ID number of contributing federal political committee. C

Name of Employer Hca Occupation Biologist

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 02 / 2025

Transaction ID : A-83

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 39
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Prida, Luciano, , ,

Mailing Address 1108 N Franklin St Unit 705

City Tampa State FL Zip Code 33602

FEC ID number of contributing federal political committee. C

Name of Employer Prida Guida Perez PA Occupation Cpa

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 15 / 2025

Transaction ID : A-11

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 13802 Glen Manor Court

City Tampa State FL Zip Code 33613

FEC ID number of contributing federal political committee. C

Name of Employer Lhh Occupation Career Coach

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 13 / 2025

Transaction ID : A-5

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 7210 N Ola Ave

City Tampa State FL Zip Code 33604

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 02 / 2025

Transaction ID : A-1

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 39
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Rodriguez, Jack, , ,

Mailing Address PO Box 10544

City Tampa State FL Zip Code 33679

FEC ID number of contributing federal political committee. C

Name of Employer Minaret Realty Occupation real estate

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 08 / 2025

Transaction ID : A-99

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Saul-Sena, Linda, , ,

Mailing Address 157 Biscayne Ave

City Tampa State FL Zip Code 33606

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 02 / 2025

Transaction ID : A-82

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3812 N Arlington Ave

City Tampa State FL Zip Code 33603-4710

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2025

Transaction ID : A-186

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 39
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Overman for Congress

A. Full Name (Last, First, Middle Initial)
Sink, Alex, , ,

Mailing Address PO Box 219

City Thonotosassa State FL Zip Code 33592

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

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 20 / 2025

Transaction ID : A-16

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 3620 Waldorf Drive

City Dallas State TX Zip Code 75229

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

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 05 / 2025

Transaction ID : A-8

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 170 Ivy Drive

City Hayesville State NC Zip Code 28904

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2025

Transaction ID : A-185

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	27150.00

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 20 OF 39	
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial) A. Computare.partners		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2025
Mailing Address 701 South Howard Avenue #106-813		FEC Identification Number C
City Tampa	State FL	Zip Code 33606
Purpose of Disbursement Compliance & Accounting		001
Candidate Name		Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-80 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Computare.partners		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2025
Mailing Address 701 South Howard Avenue #106-813		FEC Identification Number C
City Tampa	State FL	Zip Code 33606
Purpose of Disbursement Compliance & Accounting		001
Candidate Name		Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-166 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Gusto		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2025
Mailing Address 525 20th Street		FEC Identification Number C
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement ENTER DETAILS of TAXES		001
Candidate Name		Amount of Each Disbursement this Period 397.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-26 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3397.99
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 21 OF 39	
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial) A. Gusto		Date of Disbursement MM / DD / YYYY 08 / 29 / 2025
Mailing Address 525 20th Street		FEC Identification Number C
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Payroll expense	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 1477.67	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-61 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Gusto		Date of Disbursement MM / DD / YYYY 08 / 29 / 2025
Mailing Address 525 20th Street		FEC Identification Number C
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement payroll taxes	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 445.46	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-63 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Gusto		Date of Disbursement MM / DD / YYYY 09 / 03 / 2025
Mailing Address 525 20th Street		FEC Identification Number C
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Payroll processing	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 55.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-133 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1978.13
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 22 OF 39	
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial) A. Gusto			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2025	
Mailing Address 525 20th Street			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94107	Amount of Each Disbursement this Period 1477.67	
Purpose of Disbursement Payroll expense		Category/ Type 001	Transaction ID : B-139	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Gusto			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2025	
Mailing Address 525 20th Street			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94107	Amount of Each Disbursement this Period 445.46	
Purpose of Disbursement payroll taxes		Category/ Type 001	Transaction ID : B-141	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Gusto			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2025	
Mailing Address 525 20th Street			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94107	Amount of Each Disbursement this Period 1477.67	
Purpose of Disbursement Payroll expense		Category/ Type 001	Transaction ID : B-247	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3400.80
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 23 OF 39	
	<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)
Overman for Congress

A. Gusto

Full Name (Last, First, Middle Initial)

Mailing Address 525 20th Street

City San Francisco State CA Zip Code 94107

Purpose of Disbursement payroll taxes Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 29 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 445.46

Transaction ID : B-249

Memo Item

B. Hillsborough County Democratic Executive Committee

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 291967

City Tampa State FL Zip Code 33637

Purpose of Disbursement event tickets Category/Type 004

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 12 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 500.00

Transaction ID : B-135

Memo Item

C. Ike Media, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 711 East Hollywood Street

City Tampa State FL Zip Code 33604

Purpose of Disbursement website development Category/Type 004

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 22 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1725.00

Transaction ID : B-28

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2670.46

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: PAGE 24 OF 39
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Overman for Congress

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 1214

City Charlotte State NC Zip Code 28201

Purpose of Disbursement federal unemployment taxes 001

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 29 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

10.40

Transaction ID : B-64

Memo Item MEMO: Subvendor of-Gusto

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 1214

City Charlotte State NC Zip Code 28201

Purpose of Disbursement federal income tax 001

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 29 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

123.06

Transaction ID : B-65

Memo Item MEMO: Subvendor of-Gusto

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 1214

City Charlotte State NC Zip Code 28201

Purpose of Disbursement federal unemployment taxes 001

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

10.40

Transaction ID : B-142

Memo Item MEMO: Subvendor of-Gusto

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Overman for Congress

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 1214

City Charlotte State NC Zip Code 28201

Purpose of Disbursement federal income tax 001

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 15 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
123.06
Transaction ID : B-143

Memo Item MEMO: Subvendor of-Gusto

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 1214

City Charlotte State NC Zip Code 28201

Purpose of Disbursement federal unemployment taxes 001

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 29 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
10.40
Transaction ID : B-250

Memo Item MEMO: Subvendor of-Gusto

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address PO Box 1214

City Charlotte State NC Zip Code 28201

Purpose of Disbursement federal income tax 001

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 29 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
123.06
Transaction ID : B-251

Memo Item MEMO: Subvendor of-Gusto

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00
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 26 OF 39	
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial) A. LA Harris and Associates, LLC			Date of Disbursement MM / DD / YYYY 08 / 26 / 2025	
Mailing Address 100 Bleu Brook Drive			FEC Identification Number C	
City Harrodsburg	State KY	Zip Code 40330	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement Fundraising consulting		Category/ Type 003	Transaction ID : B-47	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. LA Harris and Associates, LLC			Date of Disbursement MM / DD / YYYY 08 / 30 / 2025	
Mailing Address 100 Bleu Brook Drive			FEC Identification Number C	
City Harrodsburg	State KY	Zip Code 40330	Amount of Each Disbursement this Period 143.83	
Purpose of Disbursement Fundraising consulting		Category/ Type 003	Transaction ID : B-75	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. LA Harris and Associates, LLC			Date of Disbursement MM / DD / YYYY 09 / 16 / 2025	
Mailing Address 100 Bleu Brook Drive			FEC Identification Number C	
City Harrodsburg	State KY	Zip Code 40330	Amount of Each Disbursement this Period 4794.36	
Purpose of Disbursement Fundraising consulting and travel		Category/ Type 003	Transaction ID : B-149	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	8438.19
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 27 OF 39	
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial) A. Manigold, Haley, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2025	
Mailing Address 5143 Shakespeare Drive			FEC Identification Number C	
City Dover	State FL	Zip Code 33527	Amount of Each Disbursement this Period 1353.02	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : B-25	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Manigold, Haley, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2025	
Mailing Address 5143 Shakespeare Drive			FEC Identification Number C	
City Dover	State FL	Zip Code 33527	Amount of Each Disbursement this Period 1477.67	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : B-62	
Candidate Name		Memo Item <input checked="" type="checkbox"/> MEMO: Subvendor of-Gusto		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Manigold, Haley, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2025	
Mailing Address 5143 Shakespeare Drive			FEC Identification Number C	
City Dover	State FL	Zip Code 33527	Amount of Each Disbursement this Period 1477.67	
Purpose of Disbursement payroll		Category/ Type 001	Transaction ID : B-140	
Candidate Name		Memo Item <input checked="" type="checkbox"/> MEMO: Subvendor of-Gusto		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1353.02
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 28 OF 39	
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial) A. Manigold, Haley, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2025	
Mailing Address 5143 Shakespeare Drive			FEC Identification Number C	
City Dover	State FL	Zip Code 33527	Amount of Each Disbursement this Period 1477.67	
Purpose of Disbursement payroll		Category/ Type 001		
Candidate Name		Transaction ID : B-248		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item MEMO: Subvendor of-Gusto	
State: District:				

Full Name (Last, First, Middle Initial) B. Numero, Inc.			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2025	
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number C	
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 133.13	
Purpose of Disbursement credit card processing fees		Category/ Type 003		
Candidate Name		Transaction ID : B-39		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) C. Numero, Inc.			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2025	
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number C	
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 3.75	
Purpose of Disbursement credit card processing fees		Category/ Type 003		
Candidate Name		Transaction ID : B-42		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	136.88
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 29 OF 39	
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial) A. Numero, Inc.		Date of Disbursement MM / DD / YYYY 08 / 27 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		Amount of Each Disbursement this Period 61.88
Candidate Name		Transaction ID : B-50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Numero, Inc.		Date of Disbursement MM / DD / YYYY 08 / 28 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		Amount of Each Disbursement this Period 15.00
Candidate Name		Transaction ID : B-53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Numero, Inc.		Date of Disbursement MM / DD / YYYY 08 / 29 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		Amount of Each Disbursement this Period 3.75
Candidate Name		Transaction ID : B-58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	80.63
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 30 OF 39	
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial) A. Numero, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 22.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-78 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Numero, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 11.26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-84 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Numero, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 22.51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-87 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	56.27
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 31 OF 39			
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial) A. Numero, Inc.			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2025		
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number C		
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 15.00		
Purpose of Disbursement credit card processing fees		Category/ Type 003	Transaction ID : B-91		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Numero, Inc.			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2025		
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number C		
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 15.01		
Purpose of Disbursement credit card processing fees		Category/ Type 003	Transaction ID : B-104		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Numero, Inc.			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2025		
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number C		
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 13.13		
Purpose of Disbursement credit card processing fees		Category/ Type 003	Transaction ID : B-107		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	43.14
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 32 OF 39			
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial) A. Numero, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 22.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-110 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Numero, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 11.26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-121 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Numero, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 39.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-131 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	73.54
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 33 OF 39	
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial) A. Numero, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 24.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-151 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Numero, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 13.13
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-156 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Numero, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 48.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-158 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	86.26
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 34 OF 39	
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial) A. Numero, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 9.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-161 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Numero, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 13.13
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-170 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Numero, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 3.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-178 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	26.26
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 35 OF 39	
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial) A. Numero, Inc.		Date of Disbursement MM / DD / YYYY 09 / 24 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		Amount of Each Disbursement this Period 19.50
Candidate Name		Transaction ID : B-180
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type 003	

Full Name (Last, First, Middle Initial) B. Numero, Inc.		Date of Disbursement MM / DD / YYYY 09 / 26 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		Amount of Each Disbursement this Period 56.64
Candidate Name		Transaction ID : B-194
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type 003	

Full Name (Last, First, Middle Initial) C. Numero, Inc.		Date of Disbursement MM / DD / YYYY 09 / 29 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		Amount of Each Disbursement this Period 15.94
Candidate Name		Transaction ID : B-203
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type 003	

SUBTOTAL of Disbursements This Page (optional).....▶	92.08
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 36 OF 39	
	<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)
Overman for Congress

A. Numero, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 695 Town Center Drive
Suite 1100

City Costa Mesa State CA Zip Code 92626

Purpose of Disbursement credit card processing fees Category/Type 003

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 30 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 44.82

Transaction ID : B-228

Memo Item

B. Postnet of Tmapa

Full Name (Last, First, Middle Initial)

Mailing Address 6421 North Florida Avenue

City Tampa State FL Zip Code 33604

Purpose of Disbursement printing Category/Type 006

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 22 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 234.35

Transaction ID : B-27

Memo Item

C. Social Security Administration

Full Name (Last, First, Middle Initial)

Mailing Address 6401 Security Boulevard

City Baltimore State MD Zip Code 21235

Purpose of Disbursement social security tax Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 29 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 214.92

Transaction ID : B-66

Memo Item MEMO: Subvendor of-Gusto

SUBTOTAL of Disbursements This Page (optional) ▶ 279.17

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 37 OF 39	
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Social Security Administration			M M / D D / Y Y Y Y 09 / 15 / 2025	
Mailing Address 6401 Security Boulevard			FEC Identification Number	
City Baltimore	State MD	Zip Code 21235	C	
Purpose of Disbursement social security tax		Category/ Type 001	Amount of Each Disbursement this Period	
Candidate Name			214.92	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-144	
State:	District:		<input checked="" type="checkbox"/> Memo Item MEMO: Subvendor of-Gusto	

Full Name (Last, First, Middle Initial)			Date of Disbursement	
B. Social Security Administration			M M / D D / Y Y Y Y 09 / 29 / 2025	
Mailing Address 6401 Security Boulevard			FEC Identification Number	
City Baltimore	State MD	Zip Code 21235	C	
Purpose of Disbursement social security tax		Category/ Type 001	Amount of Each Disbursement this Period	
Candidate Name			214.92	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-252	
State:	District:		<input checked="" type="checkbox"/> Memo Item MEMO: Subvendor of-Gusto	

Full Name (Last, First, Middle Initial)			Date of Disbursement	
C. The Hillsborough Society			M M / D D / Y Y Y Y 08 / 28 / 2025	
Mailing Address 701 South Howard Avenue #106-813			FEC Identification Number	
City Tampa	State FL	Zip Code 33606	C	
Purpose of Disbursement event ticket		Category/ Type 003	Amount of Each Disbursement this Period	
Candidate Name			300.00	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-57	
State:	District:		<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	300.00
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 38 OF 39		
	<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)
Overman for Congress

Full Name (Last, First, Middle Initial)

A. Upwork

Mailing Address 530 Lytton Avenue #301

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement IT consulting Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 29 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 262.50

Transaction ID : B-255

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 262.50

TOTAL This Period (last page this line number only).....▶ 22675.32

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Overman for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Computare.partners			Nature of Debt (Purpose): Compliance & Accounting
Mailing Address 701 South Howard Avenue #106-813			
City Tampa	State FL	Zip Code 33606	

Outstanding Balance Beginning This Period		Transaction ID : D-165	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1500.00	1500.00	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Overman, Kimberly, , ,			Nature of Debt (Purpose): Inkind of office supplies, tickets, computer software
Mailing Address PO Box 16117			
City Temple Terrace	State FL	Zip Code 33687	

Outstanding Balance Beginning This Period		Transaction ID : D-279	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
5087.32	0.00	5087.32	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

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)	5087.32
2) TOTALS This Period (last page this line number only)	5087.32
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)	5087.32