

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Gary Palmer for Congress

ADDRESS (number and street)

1919 Oxmoor Rd

#235

Homewood

AL

35209

☐ Check if different  
than previously  
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00551374

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

AL

06

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer Kilgore, Paul, , ,

Signature of Treasurer

Kilgore, Paul, , ,

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Gary Palmer for Congress

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2025

To:

MM / DD / YYYY  
09 / 30 / 2025

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                             | 47502.99                | 353360.40                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 250.00                             |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 47502.99                | 353110.40                          |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 120773.64               | 340004.84                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 284.40                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 120773.64               | 339720.44                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 230044.12               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Gary Palmer for Congress

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2025

To:

MM / DD / YYYY  
09 / 30 / 2025**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).....

24000.00

220125.00

(ii) Unitemized .....

2.99

235.40

(iii) TOTAL of contributions  
from individuals ▶

24002.99

220360.40

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

23500.00

133000.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

47502.99

353360.40

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

5285.86

18818.27

## 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

284.40

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)..... ▶

52788.85

372463.07

# **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.....

120773.64

340004.84

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

250.00

(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

250.00

21. OTHER DISBURSEMENTS .....

- 1000.00

31161.67

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

119773.64

371416.51

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

297028.91

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

52788.85

25. SUBTOTAL (add Line 23 and Line 24).....

349817.76

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

119773.64

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

230044.12

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

BOHLINGER, JOY, , ,

A.

Mailing Address 1187 COAST VILLAGE ROAD  
STE. 1-640City  
SANTA BARBARAState  
CAZip Code  
93108-2737FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 05 2025

Transaction ID : SA11A.21259

Amount of Each Receipt this Period

750.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

BOHLINGER, PETER, , ,

Mailing Address 1187 COAST VILLAGE ROAD  
SUITE 1-640City  
SANTA BARBARAState  
CAZip Code  
93108-2737FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 05 2025

Transaction ID : SA11A.21258

Amount of Each Receipt this Period

750.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DAVIS, HARTWELL, , , JR.

Mailing Address 4109 KENNESAW DR.

City  
MOUNTAIN BRKState  
ALZip Code  
35213-3225FEC ID number of contributing  
federal political committee.

C

Name of Employer  
METALPLATE GALVANIZINGOccupation  
OWNER

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 16 2025

Transaction ID : SA11A.21266

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

2500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

DONNER, DUANE, P., , II

A.

Mailing Address 3700 OVERBROOK CIRCLE

City

MOUNTAIN BRK

State

AL

Zip Code

35213-4312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FOUNDERS INVESTMENT BANKING

Occupation

INVESTMENT BANKER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 9 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21271

Amount of Each Receipt this Period

- 3000.00



Memo Item

CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

B.

Full Name (Last, First, Middle Initial)

DONNER, DUANE, P., , II

Mailing Address 3700 OVERBROOK CIRCLE

City

MOUNTAIN BRK

State

AL

Zip Code

35213-4312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FOUNDERS INVESTMENT BANKING

Occupation

INVESTMENT BANKER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 9 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21272

Amount of Each Receipt this Period

- 3500.00



Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

C.

Full Name (Last, First, Middle Initial)

DONNER, DUANE, P., , II

Mailing Address 3700 OVERBROOK CIRCLE

City

MOUNTAIN BRK

State

AL

Zip Code

35213-4312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FOUNDERS INVESTMENT BANKING

Occupation

INVESTMENT BANKER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 9 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21273

Amount of Each Receipt this Period

3500.00



Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

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

- 3000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 39

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

KEY, ALBERT, , ,

A.

Mailing Address P.O. BOX 768

City

POINT CLEAR

State

AL

Zip Code

36564-0768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

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 |
| 0 | 9 |   | 0 | 5 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21265

Amount of Each Receipt this Period

1000.00



Memo Item

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LIVANIOS, PEGGY, , ,

Mailing Address 8307 SUMMER REEF DRIVE

City

HOUSTON

State

TX

Zip Code

77095-4354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 4 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21254

Amount of Each Receipt this Period

1500.00



Memo Item

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

NIMMONS, JULIETTE, , ,

Mailing Address 708 AZALEA COURT

City

FRANKLIN

State

TN

Zip Code

37064-5220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USATTRANSFORMS

Occupation

EXECUTIVE

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 5 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21257

Amount of Each Receipt this Period

2000.00



Memo Item

CONTRIBUTION

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

4500.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 39

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

SWAID, SWAID, N., DR.,

A.

Mailing Address 3010 S COVE DR.

City

VESTAVIA HILLS

State

AL

Zip Code

35216-3870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEUROLOGICAL SURGERY ASSOCIATES

Occupation

PHYSICIAN

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 8 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21255

Amount of Each Receipt this Period

3500.00



Memo Item

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

SWAID, SWAID, N., DR.,

Mailing Address 3010 S COVE DR.

City

VESTAVIA HILLS

State

AL

Zip Code

35216-3870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEUROLOGICAL SURGERY ASSOCIATES

Occupation

PHYSICIAN

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 8 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21256

Amount of Each Receipt this Period

1500.00



Memo Item

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

40973.90

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11C.21251

Amount of Each Receipt this Period

10000.00



Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

5000.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 39

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

DONNER, DUANE, P., , II

A.

Mailing Address 3700 OVERBROOK CIRCLE

City

MOUNTAIN BRK

State

AL

Zip Code

35213-4312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FOUNDERS INVESTMENT BANKING

Occupation

INVESTMENT BANKER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 4 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21252

Amount of Each Receipt this Period

10000.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED; REFUNDED \$3,000.00  
ON 09/09/2025

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

40973.90

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 0 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11C.21262

Amount of Each Receipt this Period

1500.00



Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

C.

Full Name (Last, First, Middle Initial)

NIEHAUS, ROBERT, , ,

Mailing Address 4290 MARIPOSA DRIVE

City

SANTA BARBARA

State

CA

Zip Code

93110-2440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ECONOMIST

Occupation

RDN INC

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 3 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21263

Amount of Each Receipt this Period

1500.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

11500.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 39

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

40973.90

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 8 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11C.21275

Amount of Each Receipt this Period

3000.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
DAY, HOWARD, R., ,

Mailing Address 137 W SHUGART RIDGE ROAD

City  
GARDENDALEState  
ALZip Code  
35071-2671FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
OPTOMETRIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 4 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21276

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
HERZ, WILLIAM, , ,

Mailing Address 6538 JAY MILLER DR

City  
FALLS CHURCHState  
VAZip Code  
22041-1137FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL LIME ASSOCIATIONOccupation  
EXECUTIVE DIRECTOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 2 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21277

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

3000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 39

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**Gary Palmer for Congress**Full Name (Last, First, Middle Initial)  
WINRED**A.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

40973.90

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11C.21286

Amount of Each Receipt this Period

500.00

☒ Memo Item  
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
PICKERING, ELISE, , ,**B.** Mailing Address 1341 G ST., NW, SUITE 1100City  
WASHINGTONState  
DCZip Code  
20005-3105FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation  
LOBBYIST

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 6 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21287

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Receipt this Period

☐ Memo Item
**SUBTOTAL** of Receipts This Page (optional)..... ▶

500.00

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

24000.00

# **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 12 OF 39

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Gary Palmer for Congress**

Full Name (Last, First, Middle Initial)

**ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)**

Mailing Address 101 CONSTITUTION AVE NW

SUITE 400W

City

WASHINGTON

State

DC

Zip Code

20001-2155

FEC ID number of contributing  
federal political committee.

**C** C00089136

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.21289

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**AMERICA'S ELECTRIC COOPERATIVE PAC - OKLAHOMA**

Mailing Address 2325 E I-44 SERVICE RD

City

OKLAHOMA CITY

State

OK

Zip Code

73111-8219

FEC ID number of contributing  
federal political committee.

**C** C00133561

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.21291

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)**

Mailing Address 1015 15TH ST. NW

SUITE 802

City

WASHINGTON

State

DC

Zip Code

20005-2605

FEC ID number of contributing  
federal political committee.

**C** C00010868

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 23 2025

Transaction ID : SA11C.21274

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

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

6000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 39

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE

A.

Mailing Address 440 FIRST STREET NW  
SUITE 200City  
WASHINGTONState  
DCZip Code  
20001-2376FEC ID number of contributing  
federal political committee.

C C00010421

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 29 2025

Transaction ID : SA11C.21278

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOB

B.

Mailing Address P.O. BOX 57189

City  
WASHINGTONState  
DCZip Code  
20037-0189FEC ID number of contributing  
federal political committee.

C C00121368

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2025

Transaction ID : SA11C.21288

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

FIRST IN FREEDOM PAC

C.

Mailing Address 824 S MILLEDGE AVE, STE 101

City  
ATHENSState  
GAZip Code  
30605-1369FEC ID number of contributing  
federal political committee.

C C00540146

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2025

Transaction ID : SA11C.21253

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

10000.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 39

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

IHEARTMEDIA, INC. PAC

A.

Mailing Address 20880 STONE OAK PARKWAY

City

SAN ANTONIO

State

TX

Zip Code

78258-

FEC ID number of contributing  
federal political committee.

C C00279216

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11C.21292

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

KING &amp; SPALDING NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address 1180 PEACHTREE STREET

City

ATLANTA

State

GA

Zip Code

30309-3531

FEC ID number of contributing  
federal political committee.

C C00204453

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11C.21285

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 DAINGERFIELD ROAD

City

ALEXANDRIA

State

VA

Zip Code

22314-3391

FEC ID number of contributing  
federal political committee.

C C00030809

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11C.21290

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 39

|                              |                              |                                         |                              |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| 12                           | 13a                          | 13b                                     | 14                           |
|                              |                              |                                         | 15                           |

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

RAYONIER, INC. GOOD GOVERNMENT COMMITTEE

A.

Mailing Address 1 RAYONIER WAY

City  
WILDLIGHTState  
FLZip Code  
32097-0002FEC ID number of contributing  
federal political committee.

C C00451757

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 12 2025

Transaction ID : SA11C.21264

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

TOYOTA MOTOR NORTH AMERICA, INC POLITICAL ACTION COMMITTEE (

Mailing Address 325 7TH STREET, NW, SUITE 1000

City  
WASHINGTONState  
DCZip Code  
20004-2801FEC ID number of contributing  
federal political committee.

C C00542365

Name of Employer

Occupation

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  
07 11 2025

Transaction ID : SA11C.21248

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

3500.00

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

23500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 39

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" 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)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)  
PALMER VICTORY COMMITTEE

A.

Mailing Address 1919 OXMOOR RD  
#223City  
HOMEWOODState  
ALZip Code  
35209-3502FEC ID number of contributing  
federal political committee.

C C00624627

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

18818.27

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 9 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA12.21282

Amount of Each Receipt this Period

2642.93

☐ Memo Item

TRANSFER

TRANSFER OF NET JFC FUNDS

B.

Full Name (Last, First, Middle Initial)  
RIPPS, HAROLD, W., ,

Mailing Address 3075 HEALTHY WAY

City  
BIRMINGHAMState  
ALZip Code  
35243-2397FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
INVESTMENTS

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA.21154.14.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM PALMER VICTORY COMMITTEE

C.

Full Name (Last, First, Middle Initial)  
PALMER VICTORY COMMITTEEMailing Address 1919 OXMOOR RD  
#223City  
HOMEWOODState  
ALZip Code  
35209-3502FEC ID number of contributing  
federal political committee.

C C00624627

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

18818.27

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 9 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA12.21283

Amount of Each Receipt this Period

2642.93

☐ Memo Item

TRANSFER

TRANSFER OF NET JFC FUNDS

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

5285.86

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 39

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" 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)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

RIPPS, HAROLD, W., ,

A. Mailing Address 3075 HEALTHY WAY

City

BIRMINGHAM

State

AL

Zip Code

35243-2397

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
INVESTMENTS

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA.21154.15.25Q3

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

TRANSFER FROM PALMER VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Receipt this Period

☐ Memo Item

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

0.00

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

5285.86

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. ALLEN, TERRY, , ,**

Mailing Address 18951 PENINSULA POINT DRIVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 13  |   | 2025    |

City  
CORNELIUSState  
NCZip Code  
28031-7599

FEC Identification Number

C

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1666.66

Transaction ID : SB17.I15187

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. ALLEN, TERRY, , ,**

Mailing Address 18951 PENINSULA POINT DRIVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 15  |   | 2025    |

City  
CORNELIUSState  
NCZip Code  
28031-7599

FEC Identification Number

C

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1666.66

Transaction ID : SB17.I16221

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. ALLEN, TERRY, , ,**

Mailing Address 18951 PENINSULA POINT DRIVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 15  |   | 2025    |

City  
CORNELIUSState  
NCZip Code  
28031-7599

FEC Identification Number

C

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1666.66

Transaction ID : SB17.I16252

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

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

4999.98

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. PALMER, GARY, JAMES, ,**

Mailing Address 1973 CAHABA CREST DR.

City  
BIRMINGHAMState  
ALZip Code  
35242-4414Purpose of Disbursement  
REIMBURSEMENT- SEE MEMO

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

913.21

Transaction ID : SB17.I15191

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PALMER, GARY, JAMES, ,**

Mailing Address 1973 CAHABA CREST DR.

City  
BIRMINGHAMState  
ALZip Code  
35242-4414Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

682.57

Transaction ID : SB17.I15195

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHICK-FIL-A**

Mailing Address 211 LAKESHORE PKWY

City  
HOMEWOODState  
ALZip Code  
35209-7108Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

8.32

Transaction ID : SB17.I15194

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

913.21

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. VECTOR SECURITY, INC**

Mailing Address PO BOX 89462

City  
CLEVELANDState  
OHZip Code  
89462Purpose of Disbursement  
RESIDENTIAL SECURITY EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

112.18

Transaction ID : SB17.I15192

☒ Memo Item**B. VERIZON**

Mailing Address 1095 AVENUE OF THE AMERICAS

City  
NEW YORKState  
NYZip Code  
10036-6797Purpose of Disbursement  
TELEPHONE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

110.14

Transaction ID : SB17.I15193

☒ Memo Item**C. PALMER, GARY, JAMES, ,**

Mailing Address 1973 CAHABA CREST DR.

City  
BIRMINGHAMState  
ALZip Code  
35242-4414Purpose of Disbursement  
REIMBURSEMENT- SEE MEMO

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 2 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

507.97

Transaction ID : SB17.I16237

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

507.97

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. PALMER, GARY, JAMES, ,**

Mailing Address 1973 CAHABA CREST DR.

City  
BIRMINGHAMState  
ALZip Code  
35242-4414Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 2 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

113.40

Transaction ID : SB17.I16238

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHICK-FIL-A**

Mailing Address 211 LAKESHORE PKWY

City  
HOMEWOODState  
ALZip Code  
35209-7108Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 2 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

19.84

Transaction ID : SB17.I16239

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 182 HOWARD ST  
# 8City  
SAN FRANCISCOState  
CAZip Code  
94105-1611Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 2 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

23.55

Transaction ID : SB17.I16241

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. VECTOR SECURITY, INC**

Mailing Address PO BOX 89462

City  
CLEVELANDState  
OHZip Code  
89462Purpose of Disbursement  
RESIDENTIAL SECURITY EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 2 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

56.09

Transaction ID : SB17.I16243

☒ Memo Item**B. VERIZON**

Mailing Address 1095 AVENUE OF THE AMERICAS

City  
NEW YORKState  
NYZip Code  
10036-6797Purpose of Disbursement  
TELEPHONE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 2 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

95.28

Transaction ID : SB17.I16244

☒ Memo Item**C. ALABAMA FEDERATION OF REPUBLICAN WOMEN**

Mailing Address 201 MONROE ST

City  
MONTGOMERYState  
ALZip Code  
36104-3735Purpose of Disbursement  
EVENT TICKETS

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.I15196

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. ALABAMA FEDERATION OF REPUBLICAN WOMEN**

Mailing Address 201 MONROE ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 13  |   | 2025    |

City  
MONTGOMERYState  
ALZip Code  
36104-3735

FEC Identification Number

C

Purpose of Disbursement  
EVENT TICKETS

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I16223

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. ALABAMA POLICY INSTITUTE**Mailing Address 402 OFFICE PARK DR  
STE 300

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 18  |   | 2025    |

City  
MOUNTAIN BRKState  
ALZip Code  
35223-2434

FEC Identification Number

C

Purpose of Disbursement  
EVENT SPONSORSHIP

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I16224

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 16  |   | 2025    |

City  
WASHINGTONState  
DCZip Code  
20003-1801

FEC Identification Number

C

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

982.27

Transaction ID : SB17.I15203

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

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

8482.27

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 11  |   | 2025    |

City  
WASHINGTONState  
DCZip Code  
20003-1801

FEC Identification Number

C

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

768.52

Transaction ID : SB17.I16230

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. CMDI**Mailing Address 1593 SPRING HILL RD  
#400

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 21  |   | 2025    |

City  
VIENNAState  
VAZip Code  
22182

FEC Identification Number

C

Purpose of Disbursement  
SOFTWARE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I15206

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. CMDI**Mailing Address 1593 SPRING HILL RD  
#400

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 19  |   | 2025    |

City  
VIENNAState  
VAZip Code  
22182

FEC Identification Number

C

Purpose of Disbursement  
SOFTWARE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I16232

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

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

2568.52

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL RD  
#400City  
VIENNAState  
VAZip Code  
22182Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I16259

☐ Memo Item**B. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

City  
WALTHAMState  
MAZip Code  
02451-7333Purpose of Disbursement  
MARKETING CONSULTING

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

371.00

Transaction ID : SB17.I16217

☐ Memo Item**C. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

City  
WALTHAMState  
MAZip Code  
02451-7333Purpose of Disbursement  
MARKETING CONSULTING

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 2 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

371.00

Transaction ID : SB17.I16248

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1642.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 30  |   | 2025    |

City  
WALTHAMState  
MAZip Code  
02451-7333

FEC Identification Number

C

Purpose of Disbursement  
MARKETING CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

371.00

Transaction ID : SB17.I16273

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. EAGLE FORUM**

Mailing Address 4200 STONE RIVER CIR

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 25  |   | 2025    |

City  
BIRMINGHAMState  
ALZip Code  
35213-3316

FEC Identification Number

C

Purpose of Disbursement  
EVENT SPONSORSHIP

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I15208

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. FIESTA**

Mailing Address 1746 HELEN RIDGE DRIVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 08  |   | 2025    |

City  
BIRMINGHAMState  
ALZip Code  
35242

FEC Identification Number

C

Purpose of Disbursement  
EVENT SPONSORSHIP

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I16250

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

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

5371.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. FOCUS CREATIVE**

Mailing Address 3658 JAMES HILL TERRACE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 04  |   | 2025    |

City  
HOOVERState  
ALZip Code  
35226

FEC Identification Number

C

Purpose of Disbursement  
PHOTOGRAPHY

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I16249

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 02  |   | 2025    |

City  
MOUNTAIN VIEWState  
CAZip Code  
94043-1351

FEC Identification Number

C

Purpose of Disbursement  
ADVERTISING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

105.60

Transaction ID : SB17.I15177

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 04  |   | 2025    |

City  
MOUNTAIN VIEWState  
CAZip Code  
94043-1351

FEC Identification Number

C

Purpose of Disbursement  
ADVERTISING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

108.26

Transaction ID : SB17.I16213

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

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

2713.86

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043-1351Purpose of Disbursement  
ADVERTISING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 02  |   | 2025    |

FEC Identification Number

C

Amount of Each Disbursement this Period

109.20

Transaction ID : SB17.I16253

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GVI 2014 LLC**Mailing Address 2 METROPLEX DR  
STE 215City  
BIRMINGHAMState  
ALZip Code  
35209-6800Purpose of Disbursement  
RENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 02  |   | 2025    |

FEC Identification Number

C

Amount of Each Disbursement this Period

345.00

Transaction ID : SB17.I15176

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GVI 2014 LLC**Mailing Address 2 METROPLEX DR  
STE 215City  
BIRMINGHAMState  
ALZip Code  
35209-6800Purpose of Disbursement  
RENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 01  |   | 2025    |

FEC Identification Number

C

Amount of Each Disbursement this Period

345.00

Transaction ID : SB17.I16214

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

799.20

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. GVI 2014 LLC**Mailing Address 2 METROPLEX DR  
STE 215City  
BIRMINGHAMState  
ALZip Code  
35209-6800Purpose of Disbursement  
RENT

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 2 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

345.00

Transaction ID : SB17.I16254

☐ Memo Item**B. HOOVER PRINT COMPANY**

Mailing Address 3413 SIERRA DR.

City  
BIRMINGHAMState  
ALZip Code  
35216-5505Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 9 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.I15189

☐ Memo Item**C. HOOVER PRINT COMPANY**

Mailing Address 3413 SIERRA DR.

City  
BIRMINGHAMState  
ALZip Code  
35216-5505Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2251.86

Transaction ID : SB17.I16258

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2671.86

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. HOOVER PRINT COMPANY**

Mailing Address 3413 SIERRA DR.

City  
BIRMINGHAMState  
ALZip Code  
35216-5505Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3987.99

Transaction ID : SB17.I16260

☐ Memo Item**B. HOOVER PRINT COMPANY**

Mailing Address 3413 SIERRA DR.

City  
BIRMINGHAMState  
ALZip Code  
35216-5505Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

6275.90

Transaction ID : SB17.I16272

☐ Memo Item**C. METRO MINI STORAGE**

Mailing Address 100 METRO PKWY

City  
PELHAMState  
ALZip Code  
35124-1171Purpose of Disbursement  
STORAGE UNIT RENTAL

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

228.00

Transaction ID : SB17.I15207

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10491.89

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. METRO MINI STORAGE**

Mailing Address 100 METRO PKWY

City  
PELHAMState  
ALZip Code  
35124-1171Purpose of Disbursement  
STORAGE UNIT RENTAL

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 9 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

238.00

Transaction ID : SB17.I16231

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. METRO MINI STORAGE**

Mailing Address 100 METRO PKWY

City  
PELHAMState  
ALZip Code  
35124-1171Purpose of Disbursement  
STORAGE UNIT RENTAL

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

238.00

Transaction ID : SB17.I16261

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PROFESSIONAL DATA SERVICES**Mailing Address 824 S. MILLEDGE AVE  
STE 101City  
ATHENSState  
GAZip Code  
30605-1332Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2027.26

Transaction ID : SB17.I15185

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2503.26

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. PROFESSIONAL DATA SERVICES**Mailing Address 824 S. MILLEDGE AVE  
STE 101City  
ATHENSState  
GAZip Code  
30605-1332Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2057.01

Transaction ID : SB17.I16209

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PROFESSIONAL DATA SERVICES**Mailing Address 824 S. MILLEDGE AVE  
STE 101City  
ATHENSState  
GAZip Code  
30605-1332Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 2 | 4 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2027.36

Transaction ID : SB17.I16234

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PROFESSIONAL DATA SERVICES**Mailing Address 824 S. MILLEDGE AVE  
STE 101City  
ATHENSState  
GAZip Code  
30605-1332Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 5 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2031.16

Transaction ID : SB17.I16264

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6115.53

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. THE ELEVATED GROUP**Mailing Address 410 1ST STREET, SE  
STE. 310City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 2 |   | 2 | 0 | 5 |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

2649.49

Transaction ID : SB17.I16222

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE ELEVATED GROUP**Mailing Address 410 1ST STREET, SE  
STE. 310City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 2 | 0 |   | 2 | 0 | 5 |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

419.13

Transaction ID : SB17.I16233

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE ELEVATED GROUP**Mailing Address 410 1ST STREET, SE  
STE. 310City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 1 |   | 2 | 0 | 5 |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

10147.50

Transaction ID : SB17.I16246

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

13216.12

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. THE LOLLAR GROUP**Mailing Address 800 CORPORATE PKWY  
STE 100City  
BIRMINGHAMState  
ALZip Code  
35242-5470Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 4 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I15197

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE LOLLAR GROUP**Mailing Address 800 CORPORATE PKWY  
STE 100City  
BIRMINGHAMState  
ALZip Code  
35242-5470Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 4 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I16226

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE LOLLAR GROUP**Mailing Address 800 CORPORATE PKWY  
STE 100City  
BIRMINGHAMState  
ALZip Code  
35242-5470Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I16251

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. UPS**

Mailing Address 1919 OXMOOR RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 14  |   | 2025    |

City  
HOMEWOODState  
ALZip Code  
35209-3502

FEC Identification Number

C

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

368.90

Transaction ID : SB17.I15204

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. UPS**

Mailing Address 1919 OXMOOR RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 28  |   | 2025    |

City  
HOMEWOODState  
ALZip Code  
35209-3502

FEC Identification Number

C

Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

18.44

Transaction ID : SB17.I16247

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. WELDEN HOGAN STRATEGIES**

Mailing Address 1807 WINNSBORO ROAD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 08  |   | 2025    |

City  
BIRMINGHAMState  
ALZip Code  
35213-1742

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5398.54

Transaction ID : SB17.I15184

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

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

5785.88

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. WELDEN HOGAN STRATEGIES**

Mailing Address 1807 WINNSBORO ROAD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 21  |   | 2025    |

City  
BIRMINGHAMState  
ALZip Code  
35213-1742

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

16409.65

Transaction ID : SB17.I15205

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. WELDEN HOGAN STRATEGIES**

Mailing Address 1807 WINNSBORO ROAD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 31  |   | 2025    |

City  
BIRMINGHAMState  
ALZip Code  
35213-1742

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I16211

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. WELDEN HOGAN STRATEGIES**

Mailing Address 1807 WINNSBORO ROAD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 15  |   | 2025    |

City  
BIRMINGHAMState  
ALZip Code  
35213-1742

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I16256

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State:

District:

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

26409.65

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

394.00

Transaction ID : SB17.I15201

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

59.10

Transaction ID : SB17.I16220

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

118.20

Transaction ID : SB17.I16265

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

571.30

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 39

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

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.I16274

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ALABAMA REPUBLICAN PARTY**

Mailing Address 3505 LORNA ROAD

City  
HOOVERState  
ALZip Code  
35216Purpose of Disbursement  
EVENT SPONSORSHIP

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 5 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I15209

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JEFFERSON COUNTY REPUBLICAN COMMITTEE**

Mailing Address PO BOX 590101

City  
BIRMINGHAMState  
ALZip Code  
35259-0101Purpose of Disbursement  
EVENT SPONSORSHIP

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 5 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I16212

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7519.70

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

120283.20

