

**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.

1 2 F E 4 M 5

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
REPORT☒NEW
(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 /

01

D D /

01

Y Y Y Y

2025

through

M M /

03

D D /

31

Y Y Y Y

2025

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 /

04

D D /

15

Y Y Y Y

2025

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
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) | 69280.46 | 74081.50 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 250.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 69280.46 | 73831.50 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 65533.69 | 145842.97 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 65533.69 | 145842.97 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 155986.09 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Gary Palmer for Congress

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 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).....

33100.00

33350.00

(ii) Unitemized

180.46

231.50

(iii) TOTAL of contributions
from individuals ▶

33280.46

33581.50

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

36000.00

40500.00

(d) The Candidate

0.00

0.00

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

69280.46

74081.50

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

69280.46

74081.50

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..... | 65533.69 | 145842.97 |
| 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 | 1000.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 66533.69 | 147092.97 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 153239.32 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 69280.46 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 222519.78 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 66533.69 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 155986.09 |

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 40

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

DEROSA, JOE, , ,

A.

Mailing Address 1644 RIDGE RD

City

BIRMINGHAM

State

AL

Zip Code

35209-5408

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 30 2025

Transaction ID : SA11A.21008

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MCKELVEY, DUNN, , ,

B.

Mailing Address 3018 ALTADENA WOODS DR.

City

BIRMINGHAM

State

AL

Zip Code

35242-4445

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCKELVEY CONSTRUCTION COMPANY

Occupation

OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 23 2025

Transaction ID : SA11A.20940

Amount of Each Receipt this Period

1600.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MILNE, JOHN, D., ,

C.

Mailing Address 409 G ST SE

City

WASHINGTON

State

DC

Zip Code

20003-4257

FEC ID number of contributing
federal political committee.

C

Name of Employer

MWS GLOBAL

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 Y Y
03 31 2025

Transaction ID : SA11A.21056

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)..... ▶

3600.00

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

PAGE 6 OF 40

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

WELLER, KATHRYN, A, MRS.,

A. Mailing Address 8054 MCGOWIN DRIVE

City
FAIRHOPEState
ALZip Code
36532-5542FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 31 2025

Transaction ID : SA11A.21073

Amount of Each Receipt this Period

7000.00

☐ Memo Item

CONTRIBUTION

SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
WELLER, KATHRYN, A, MRS.,
Mailing Address 8054 MCGOWIN DRIVECity
FAIRHOPEState
ALZip Code
36532-5542FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 31 2025

Transaction ID : SA11A.21077

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
WELLER, KATHRYN, A, MRS.,
Mailing Address 8054 MCGOWIN DRIVECity
FAIRHOPEState
ALZip Code
36532-5542FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 31 2025

Transaction ID : SA11A.21078

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)..... ▶

7000.00

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

PAGE 7 OF 40

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

WELLER, THOMAS, , , JR.

A. Mailing Address 8054 MCGOWIN DR

City
FAIRHOPEState
ALZip Code
36532-5542FEC ID number of contributing
federal political committee.

C

Name of Employer
PRECISION IBCOccupation
CHAIRMAN

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2025

Transaction ID : SA11A.21074

Amount of Each Receipt this Period

7000.00

☐ Memo Item

CONTRIBUTION

SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
WELLER, THOMAS, , , JR.

Mailing Address 8054 MCGOWIN DR

City
FAIRHOPEState
ALZip Code
36532-5542FEC ID number of contributing
federal political committee.

C

Name of Employer
PRECISION IBCOccupation
CHAIRMAN

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2025

Transaction ID : SA11A.21075

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
WELLER, THOMAS, , , JR.

Mailing Address 8054 MCGOWIN DR

City
FAIRHOPEState
ALZip Code
36532-5542FEC ID number of contributing
federal political committee.

C

Name of Employer
PRECISION IBCOccupation
CHAIRMAN

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2025

Transaction ID : SA11A.21076

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)..... ►

7000.00

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

PAGE 8 OF 40

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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 CongressFull 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 ▼

15973.90

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03 | 02 | 2025 |

Transaction ID : SA11C.21009

Amount of Each Receipt this Period

500.27

☒ Memo Item
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)
DERDERIAN, JAMES, , ,

Mailing Address 182 PRINCE GEORGE STREET

City
ANNAPOLISState
MDZip Code
21401-1724FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

THE STANTON PARK GROUP

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02 | 26 | 2025 |

Transaction ID : SA11A.21017

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

EARMARKED FROM WINRED

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 ▼

15973.90

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03 | 09 | 2025 |

Transaction ID : SA11C.21026

Amount of Each Receipt this Period

12100.00

☒ Memo Item
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

500.00

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

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

PAGE 9 OF 40

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

DREW, ROBERT, , ,

A.

Mailing Address 10 EDGEWATER DRIVE, APT 10A

City
MIAMIState
FLZip Code
33133-6966FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 28 2025

Transaction ID : SA11A.21029

Amount of Each Receipt this Period

7000.00

☐ Memo Item
CONTRIBUTIONEARMARKED FROM WINRED; SEE
REDESIGNATION

B.

Full Name (Last, First, Middle Initial)

DREW, ROBERT, , ,

Mailing Address 10 EDGEWATER DRIVE, APT 10A

City
MIAMIState
FLZip Code
33133-6966FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 09 2025

Transaction ID : SA11A.21031

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item
CONTRIBUTION

REDESIGNATION TO GENERAL

C.

Full Name (Last, First, Middle Initial)

DREW, ROBERT, , ,

Mailing Address 10 EDGEWATER DRIVE, APT 10A

City
MIAMIState
FLZip Code
33133-6966FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 09 2025

Transaction ID : SA11A.21032

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)..... ▶

7000.00

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

PAGE 10 OF 40

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

PARMAR, JUSTUS, , ,

A.

Mailing Address 1121 N VENETIAN DR.

City

MIAMI BEACH

State

FL

Zip Code

33139-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer

EAGLE ENERGY METALS

Occupation

ADVISOR

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 Y |
| 03 | | 01 | | 2025 |

Transaction ID : SA11A.21028

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTIONEARMARKED FROM WINRED; SEE
REDESIGNATION

B.

Full Name (Last, First, Middle Initial)

PARMAR, JUSTUS, , ,

Mailing Address 1121 N VENETIAN DR.

City

MIAMI BEACH

State

FL

Zip Code

33139-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer

EAGLE ENERGY METALS

Occupation

ADVISOR

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 Y |
| 03 | | 09 | | 2025 |

Transaction ID : SA11A.21033

Amount of Each Receipt this Period

- 1500.00

☒ Memo Item
CONTRIBUTION

REDESIGNATION TO GENERAL

C.

Full Name (Last, First, Middle Initial)

PARMAR, JUSTUS, , ,

Mailing Address 1121 N VENETIAN DR.

City

MIAMI BEACH

State

FL

Zip Code

33139-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer

EAGLE ENERGY METALS

Occupation

ADVISOR

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 Y |
| 03 | | 09 | | 2025 |

Transaction ID : SA11A.21034

Amount of Each Receipt this Period

1500.00

☒ Memo Item
CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

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

5000.00

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 11 OF 40

☒ 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)
WINRED

A. 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 ▼

15973.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2025

Transaction ID : SA11C.21047

Amount of Each Receipt this Period

1500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)
CRAIG, HALIE, , ,

B. Mailing Address 703 MARYLAND AVENUE NE

City
WASHINGTON

State
DC

Zip Code
20002-5233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ORIGIN ADVOCACY

GOVERNMENT AFFAIRS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 24 2025

Transaction ID : SA11A.21049

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)
MACKINNON, JEFFREY, , ,

C. Mailing Address 3753 OLIVER STREET NORTHWEST

City
WASHINGTON

State
DC

Zip Code
20015-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

FARRAGUT PARTNERS

LOBBYIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2025

Transaction ID : SA11A.21048

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

1500.00

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

PAGE 12 OF 40

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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 ▼

15973.90

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 2 | 5 |

Transaction ID : SA11C.21064

Amount of Each Receipt this Period

1500.00

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)
BRACHMAN, MARSHALL, , ,

Mailing Address 634 A STREET NE

City
WASHINGTONState
DCZip Code
20002-6030FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

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 | 3 | | 2 | 9 | | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21066

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)
PICKERING, ELISE, , ,

Mailing Address 1341 G ST., NW, SUITE 1100

City
WASHINGTONState
DCZip Code
20005-3105FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

MEHLMAN CONSULTING

LOBBYIST

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 | 3 | | 3 | 1 | | 2 | 0 | 2 | 5 |

Transaction ID : SA11A.21065

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

1500.00

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

33100.00

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 13 OF 40

☐ 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)

JIM JORDAN FOR CONGRESS

A.

Mailing Address 1709 STATE ROUTE 560 SOUTH

City
URBANA

State
OH

Zip Code
43078-9637

FEC ID number of contributing
federal political committee.

C C00416594

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2025

Transaction ID : SA11C.21042

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICA'S ELECTRIC COOPERATIVE PAC - OKLAHOMA

B.

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2025

Transaction ID : SA11C.21058

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

C.

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City
WASHINGTON

State
DC

Zip Code
20036-3971

FEC ID number of contributing
federal political committee.

C C00004275

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 Y
03 / 31 / 2025

Transaction ID : SA11C.21052

Amount of Each Receipt this Period

1000.00

☐ 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 Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 40

☐ 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)

AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 800 TENTH STREET, NW

TWO CITYCENTER, SUITE 400

City

WASHINGTON

State

DC

Zip Code

20001-5189

FEC ID number of contributing
federal political committee.

C C00106146

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 Y
03 31 2025

Transaction ID : SA11C.21054

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ASSOCIATION OF AMERICAN RAILROADS POLITICAL ACTION COMMITTEE

Mailing Address 425 3RD STREET SW

STE 1000

City

WASHINGTON

State

DC

Zip Code

20024-3228

FEC ID number of contributing
federal political committee.

C C00280743

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 Y
01 23 2025

Transaction ID : SA11C.20941

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BRINGING REPUBLICAN EXCELLENCE TO TOWN PAC

Mailing Address PO BOX 22401

City

LOUISVILLE

State

KY

Zip Code

40252-0401

FEC ID number of contributing
federal political committee.

C C00483487

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 Y
03 31 2025

Transaction ID : SA11C.21059

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

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

7000.00

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

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

PAGE 15 OF 40

| | | | |
|------------------------------|------------------------------|---|------------------------------|
| <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)
CONOCOPHILLIPS SPIRIT PAC

A. Mailing Address PLAZA OFFICE BUILDING

City
BARTLESVILLEState
OKZip Code
74004-0001FEC ID number of contributing
federal political committee.

C C00112896

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 Y
03 27 2025

Transaction ID : SA11C.21046

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTIONFull Name (Last, First, Middle Initial)
CSX CORPORATION GOOD GOVERNMENT FUND

B. Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City
WASHINGTONState
DCZip Code
20004-1745FEC ID number of contributing
federal political committee.

C C00163832

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 Y
03 31 2025

Transaction ID : SA11C.21070

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTIONFull Name (Last, First, Middle Initial)
DRUMMOND COMPANY, INC. POLITICAL ACTION COMMITTEE (DPAC)

C. Mailing Address P.O. BOX 10246

City
BIRMINGHAMState
ALZip Code
35202-0246FEC ID number of contributing
federal political committee.

C C00160630

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 Y
03 27 2025

Transaction ID : SA11C.21044

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

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

8500.00

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

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 40

☐ 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)

ELECT - THE PAC OF THE ALABAMA FARMERS FEDERATION

A.

Mailing Address P. O. BOX 11000

City
MONTGOMERY

State
AL

Zip Code
36191-0001

FEC ID number of contributing
federal political committee.

C C00094573

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 Y
03 / 13 / 2025

Transaction ID : SA11C.21043

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELEVANCE HEALTH, INC. POLITICAL ACTION COMMITTEE (ELEVANCE H

B.

Mailing Address 1001 PENNSYLVANIA AVENUE, NW
SUITE 710

City
WASHINGTON

State
DC

Zip Code
20004-2513

FEC ID number of contributing
federal political committee.

C C00197228

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 Y
03 / 31 / 2025

Transaction ID : SA11C.21057

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ENERGY MARKETERS OF AMERICA SMALL BUSINESS COMMITTEE PAC (EM

C.

Mailing Address 1901 NORTH FORT MYER DRIVE
SUITE 500

City
ARLINGTON

State
VA

Zip Code
22209-1609

FEC ID number of contributing
federal political committee.

C C00035204

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 Y Y
03 / 31 / 2025

Transaction ID : SA11C.21055

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

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

7500.00

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

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

PAGE 17 OF 40

| | | | | |
|------------------------------|------------------------------|---|------------------------------|-----------------------------|
| <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)

KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

A.

Mailing Address 600 14TH STREET, NW
SUITE 800

City

WASHINGTON

State

DC

Zip Code

20005-2099

FEC ID number of contributing
federal political committee.

C C00236489

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 |
| 0 | 3 | | 2 | 7 | | 2 | 0 | 2 | 5 |

Transaction ID : SA11C.21069

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City

CHICAGO

State

IL

Zip Code

60611-4011

FEC ID number of contributing
federal political committee.

C C00030718

Name of Employer

Occupation

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 | 3 | | 0 | 5 | | 2 | 0 | 2 | 5 |

Transaction ID : SA11C.21030

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

NATIONAL PRO-LIFE ALLIANCE PAC

Mailing Address 5211 PORT ROYAL ROAD
SUITE 500

City

SPRINGFIELD

State

VA

Zip Code

22151-2100

FEC ID number of contributing
federal political committee.

C C00358051

Name of Employer

Occupation

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 | 3 | | 0 | 6 | | 2 | 0 | 2 | 5 |

Transaction ID : SA11C.21025

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

5000.00

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

PAGE 18 OF 40

| | | | |
|------------------------------|------------------------------|---|------------------------------|
| <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)

NATIONAL PROPANE GAS ASSOCIATION PAC

A. Mailing Address 1140 CONNECTICUT AVENUE, NW, SUITE

City
WASHINGTONState
DCZip Code
20036-4001

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 7 | | 2 | 0 | 2 | 5 |

Transaction ID : SA11C.21045

FEC ID number of contributing
federal political committee.

C C00079681

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WEYERHAEUSER COMPANY POLITICAL ACTION COMMITTEE

B. Mailing Address P.O. BOX 9777
CH-3D21City
FEDERAL WAYState
WAZip Code
98063-

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 2 | 5 |

Transaction ID : SA11C.21053

FEC ID number of contributing
federal political committee.

C C00007948

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

Date of Receipt

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

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

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)..... ▶

36000.00

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

PAGE 19 OF 40

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. PALMER, GARY, JAMES, ,

Mailing Address 1973 CAHABA CREST DR.

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

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 | 1 | | 0 | 3 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3398.78

Transaction ID : SB17.I14987

☐ 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 | 1 | | 0 | 3 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

697.80

Transaction ID : SB17.I14999

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BASS PRO SHOPS

Mailing Address 2500 E KEARNEY ST

City
SPRINGFIELDState
MOZip Code
65898-0001Purpose of Disbursement
EVENT GIFTS- FILLET TABLES

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 | 1 | | 0 | 3 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

366.48

Transaction ID : SB17.I15000

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

3398.78

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

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

PAGE 20 OF 40

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. 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 | 1 | | 0 | 3 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

53.44

Transaction ID : SB17.I14991

☒ Memo Item**B. COMFORT SUITES**

Mailing Address 10750 COLUMBIA PIKE

City
SILVER SPRINGState
MDZip Code
20901-4402Purpose 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 | 1 | | 0 | 3 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1448.17

Transaction ID : SB17.I15030

☒ Memo Item**C. 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:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 3 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

224.36

Transaction ID : SB17.I14992

☒ 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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 40

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. 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:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 3 | / | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

222.22

Transaction ID : SB17.I14993

☒ Memo Item**B. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City
FORTH WORTHState
TXZip Code
76155-2605Purpose 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 | 1 | / | 2 | 4 | / | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

521.49

Transaction ID : SB17.I15015

☐ Memo Item**C. AUTO OWNERS INSURANCE**

Mailing Address 120 E 5TH ST

City
TUSCUMBIAState
ALZip Code
35674-2443Purpose of Disbursement
INSURANCE

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 | 1 | / | 0 | 3 | / | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

749.00

Transaction ID : SB17.I14977

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

1270.49

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 40

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. BUSINESS JOURNALS

Mailing Address 120 WEST MOREHEAD STREET

City
CHARLOTTEState
NCZip Code
28202Purpose 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 |
| 01 | | 16 | | 2025 |

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.I15005

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City
WASHINGTONState
DCZip Code
20003-1801Purpose of Disbursement
MEETING EXPENSE

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 |
| 01 | | 16 | | 2025 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2055.84

Transaction ID : SB17.I15004

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City
WASHINGTONState
DCZip Code
20003-1801Purpose of Disbursement
MEETING EXPENSE

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 |
| 03 | | 17 | | 2025 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1321.50

Transaction ID : SB17.I15058

☐ Memo Item

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

3677.34

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

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

PAGE 23 OF 40

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. 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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

119.09

Transaction ID : SB17.I15016

☐ Memo Item**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 | 1 | | 2 | 7 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

106.08

Transaction ID : SB17.I15029

☐ Memo Item**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 | 3 | | 3 | 1 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

375.35

Transaction ID : SB17.I15073

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

600.52

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

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

PAGE 24 OF 40

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. CMDIMailing 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 | 1 | | 2 | 2 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I15017

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing 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 | 2 | | 1 | 9 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I15040

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing 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 | 3 | | 1 | 9 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I15060

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

2700.00

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 25 OF 40

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. CONSTANT CONTACT

Mailing Address 1601 TRAPELO RD

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

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

371.00

Transaction ID : SB17.I15027

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONSTANT CONTACT

Mailing Address 1601 TRAPELO RD

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

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

371.00

Transaction ID : SB17.I15046

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSTANT CONTACT

Mailing Address 1601 TRAPELO RD

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

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

371.00

Transaction ID : SB17.I15072

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

1113.00

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

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

PAGE 26 OF 40

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <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. DELTA

Mailing Address 1030 DELTA BLVD

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 6 | | 2 | 0 | 2 | 5 |

City
ATLANTAState
GAZip Code
30354-1989

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

368.18

Transaction ID : SB17.I15003

☐ 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. DELTA

Mailing Address 1030 DELTA BLVD

Date of Disbursement

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

City
ATLANTAState
GAZip Code
30354-1989

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

281.48

Transaction ID : SB17.I15033

☐ 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. DELTA

Mailing Address 1030 DELTA BLVD

Date of Disbursement

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

City
ATLANTAState
GAZip Code
30354-1989

FEC Identification Number

C

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

763.88

Transaction ID : SB17.I15047

☐ 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).....▶

1413.54

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

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

PAGE 27 OF 40

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. ELMORE COUNTY GOP

Mailing Address PO BOX 1146

City
WETUMPKAState
ALZip Code
36092Purpose 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 | 3 | | 1 | 3 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.I15052

☐ Memo Item**B. FOCUS CREATIVE**

Mailing Address 3658 JAMES HILL TERRACE

City
HOOVERState
ALZip Code
35226Purpose of Disbursement
PHOTOGRAPHY

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 | 1 | | 0 | 7 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I14982

☐ Memo Item**C. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

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

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 | 1 | | 0 | 2 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

105.60

Transaction ID : SB17.I14978

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

2355.60

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

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

PAGE 28 OF 40

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <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. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 03 | | 2025 |

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

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

105.60

Transaction ID : SB17.I15034

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 03 | | 2025 |

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

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

105.60

Transaction ID : SB17.I15051

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GVI 2014 LLCMailing Address 2 METROPLEX DR
STE 215

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 06 | | 2025 |

City
BIRMINGHAMState
ALZip Code
35209-6800Purpose of Disbursement
RENT

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

345.00

Transaction ID : SB17.I14975

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

556.20

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 40

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. GVI 2014 LLCMailing 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:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 10 | | 2025 |

FEC Identification Number

C

Amount of Each Disbursement this Period

345.00

Transaction ID : SB17.I15032

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GVI 2014 LLCMailing 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:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 11 | | 2025 |

FEC Identification Number

C

Amount of Each Disbursement this Period

345.00

Transaction ID : SB17.I15057

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOOVER PRINT COMPANY

Mailing Address 3413 SIERRA DR.

City
BIRMINGHAMState
ALZip Code
35216-5505Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 12 | | 2025 |

FEC Identification Number

C

Amount of Each Disbursement this Period

599.99

Transaction ID : SB17.I15039

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

1289.99

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

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

PAGE 30 OF 40

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. 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 | 3 | | 2 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

120.00

Transaction ID : SB17.I15066

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. I360, LLCMailing Address 2300 CLARENDON BOULEVARD
STE 800City
ARLINGTONState
VAZip Code
22201Purpose 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 | 1 | | 2 | 7 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I15028

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. I360, LLCMailing Address 2300 CLARENDON BOULEVARD
STE 800City
ARLINGTONState
VAZip Code
22201Purpose 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 | 2 | | 2 | 5 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I15048

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

3120.00

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

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

PAGE 31 OF 40

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <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. I360, LLCMailing Address 2300 CLARENDON BOULEVARD
STE 800City
ARLINGTONState
VAZip Code
22201Purpose 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 | 3 | | 2 | 4 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I15065

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LAURA CLARK ARTISTRY

Mailing Address 5331 WODDFORD DR

City
BIRMINGHAMState
ALZip Code
35242Purpose of Disbursement
CHRISTMAS CARDS

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 | 1 | | 0 | 9 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.I14984

☐ Memo Item

Full Name (Last, First, Middle Initial)

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 | 1 | | 2 | 1 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

228.00

Transaction ID : SB17.I15020

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

2328.00

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 32 OF 40

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 | 2 | | 1 | 9 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

228.00

Transaction ID : SB17.I15041

☐ Memo Item**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 | 3 | | 1 | 9 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

228.00

Transaction ID : SB17.I15061

☐ Memo Item**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 | 1 | | 3 | 0 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2051.76

Transaction ID : SB17.I15022

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

2507.76

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

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

PAGE 33 OF 40

| | | | |
|--|-----------------------------|------------------------------|------------------------------|
| <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 SERVICESMailing 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 | 2 | | 2 | 0 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2025.88

Transaction ID : SB17.I15037

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHEPHERD ADVISORS, LLC

Mailing Address 18 OLMSTED ST

City
BIRMINGHAMState
ALZip Code
35242Purpose of Disbursement
ACCOUNTING SERVICES

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 | 2 | | 0 | 3 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.I15024

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE CONGRESSIONAL CLUB MUSEUM & FOUNDATION

Mailing Address 2001 HAMPSHIRE AVE, NW

City
WASHINGTONState
DCZip Code
20009Purpose 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 | 1 | | 1 | 4 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.I15011

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

5275.88

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

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

PAGE 34 OF 40

| | | | |
|--|-----------------------------|------------------------------|------------------------------|
| <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 CONGRESSIONAL INSTITUTEMailing Address 1700 DIAGONAL RD
STE 730City
ALEXANDRIAState
VAZip Code
22314-2843Purpose 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 | 1 | | 0 | 8 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2318.98

Transaction ID : SB17.I15021

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE ELEVATED GROUPMailing 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 | 2 | | 1 | 7 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

203.77

Transaction ID : SB17.I15035

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE LOLLAR GROUPMailing 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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I15025

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

7522.75

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

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

PAGE 35 OF 40

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <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. THE LOLLAR GROUPMailing 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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I15042

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE LOLLAR GROUPMailing 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 | 3 | | 1 | 3 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I15055

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WELDEN HOGAN STRATEGIES

Mailing Address 1807 WINNSBORO ROAD

City
BIRMINGHAMState
ALZip Code
35213-1742Purpose 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 | 2 | | 0 | 3 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I15023

☐ 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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 40

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. WELDEN HOGAN STRATEGIES

Mailing Address 1807 WINNSBORO ROAD

City
BIRMINGHAMState
ALZip Code
35213-1742Purpose of Disbursement
FUNDRAISING CONSULTING

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 |
| 03 | | 10 | | 2025 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I15049

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

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 |
| 01 | | 12 | | 2025 |

FEC Identification Number

C

C00694323

Amount of Each Disbursement this Period

0.12

Transaction ID : SB17.I14985

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

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 |
| 01 | | 19 | | 2025 |

FEC Identification Number

C

C00694323

Amount of Each Disbursement this Period

0.04

Transaction ID : SB17.I15009

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

5000.16

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

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

PAGE 37 OF 40

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 LLCMailing 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

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|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 6 | / | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

0.44

Transaction ID : SB17.I15014

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing 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 | 3 | / | 0 | 2 | / | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

20.45

Transaction ID : SB17.I15045

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing 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 | 3 | / | 0 | 9 | / | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

476.74

Transaction ID : SB17.I15050

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

497.63

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

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

PAGE 38 OF 40

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 LLCMailing 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

| | | | | | | | | | |
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| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 6 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

2.12

Transaction ID : SB17.I15053

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing 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 | 3 | | 3 | 1 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

59.10

Transaction ID : SB17.I15068

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing 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 | 3 | | 3 | 1 | | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

59.25

Transaction ID : SB17.I15071

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

120.47

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

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

PAGE 39 OF 40

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <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. ALABAMA REPUBLICAN PARTY

Mailing Address 3505 LORNA ROAD

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2025 |

City
HOOVERState
ALZip Code
35216

FEC Identification Number

C

Purpose of Disbursement
EVENT SPONSORSHIP

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I15067

☐ 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.

Mailing Address

Date of Disbursement

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

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ 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.

Mailing Address

Date of Disbursement

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

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ 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).....▶

5000.00

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

64748.11

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

PAGE 40 OF 40

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Gary Palmer for Congress

Full Name (Last, First, Middle Initial)

A. WESTERMAN FOR CONGRESS

Mailing Address PO BOX 21097

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 04 | | 2025 |

City
HOT SPRINGSState
ARZip Code
71903

FEC Identification Number

C C00548180Purpose of Disbursement
CONTRIBUTION

Candidate Name

WESTERMAN, BRUCE, , ,

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.I15031

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: AR

District: 04

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

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

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

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

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

1000.00

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

1000.00