



## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**Overman for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	31208.04	66963.04
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	31208.04	66963.04
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	43714.50	66648.54
(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)) .....	43714.50	66648.54
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>9314.50</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>13038.27</b>	

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**Overman for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18609.00	45759.00
(ii) Unitemized.....	12599.04	21204.04
(iii) TOTAL of contributions from individuals ▶	31208.04	66963.04
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	31208.04	66963.04
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	9000.00	9000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	9000.00	9000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	40208.04	75963.04

**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.....	43714.50	66648.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	43714.50	66648.54

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12820.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	40208.04
25. SUBTOTAL (add Line 23 and Line 24).....	53029.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43714.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9314.50

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 57  
(check only one)  
 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)  
**Overman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Aebel, Erin, , ,

Mailing Address 4913 W Melrose Ave S

City Tampa State FL Zip Code 33629

FEC ID number of contributing federal political committee. C

Name of Employer Trenam Occupation Attorney

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 23 / 2025

Transaction ID : A-331

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Aebel, Erin, , ,

Mailing Address 4913 W Melrose Ave S

City Tampa State FL Zip Code 33629

FEC ID number of contributing federal political committee. C

Name of Employer Trenam Occupation Attorney

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 23 / 2025

Transaction ID : A-338

Amount of Each Receipt this Period  
150.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Baker, Deborah, , ,

Mailing Address 6409 Eureka Springs Rd. Ste 516

City Tampa State FL Zip Code 33610

FEC ID number of contributing federal political committee. C

Name of Employer London Baker Law Occupation Attorney

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
298.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2025

Transaction ID : A-628

Amount of Each Receipt this Period  
108.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 358.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

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

Mailing Address 3837 Enclave Way

City Tucker State GA Zip Code 30084-6506

FEC ID number of contributing federal political committee.

Name of Employer Emory Occupation Family Physician

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 10 / 2025

**Transaction ID : A-433**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 3837 Enclave Way

City Tucker State GA Zip Code 30084-6506

FEC ID number of contributing federal political committee.

Name of Employer Emory Occupation Family Physician

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2025

**Transaction ID : A-964**

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Bodwell, Karen, , ,

Mailing Address 4941 Misty Pines Trail

City Lake Worth State FL Zip Code 33463

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Rn

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2025

**Transaction ID : A-1282**

Amount of Each Receipt this Period

Memo Item

Earmark via ActBlue on 2025-12-21

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

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4961.26

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2025

**Transaction ID : A-1282CM**

Amount of Each Receipt this Period  
3729.26

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

**B.** Full Name (Last, First, Middle Initial)  
Bodwell, Karen, , ,

Mailing Address 4941 Misty Pines Trail

City Lake Worth State FL Zip Code 33463

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

Name of Employer Occupation  
Retired Rn

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  
12 / 18 / 2025

**Transaction ID : A-1395**

Amount of Each Receipt this Period  
500.00

Memo Item

Earmark via ActBlue on 2025-12-21

**C.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4961.26

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2025

**Transaction ID : A-1395CM**

Amount of Each Receipt this Period  
3729.26

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Collins, Kathy, , ,

Mailing Address 5309 Laurel Pointe Drive

City Valrico State FL Zip Code 33596

FEC ID number of contributing federal political committee. C

Name of Employer Hillsborough County Occupation Program Manager

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2025

Transaction ID : A-358

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 2521c W Maryland Ave

City Tampa State FL Zip Code 33629-6203

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
501.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2025

Transaction ID : A-322

Amount of Each Receipt this Period  
1.00

Memo Item

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

Mailing Address 2521c W Maryland Ave

City Tampa State FL Zip Code 33629-6203

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
751.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2025

Transaction ID : A-586

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 501.00

**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 9 OF 57	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) DeCambra, James, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2025	
Mailing Address 6903 S Fitzgerald St			Transaction ID : A-262	
City Tampa	State FL	Zip Code 33616	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Self Employed		Occupation Telecomm Proj Manager		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00		

Full Name (Last, First, Middle Initial) Dilling, Thomas, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2025	
Mailing Address 830 S Dakota Ave			Transaction ID : A-481	
City Tampa	State FL	Zip Code 33606	Amount of Each Receipt this Period _____ 3500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Moffitt Cancer Center		Occupation Physician		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 3500.00		

Full Name (Last, First, Middle Initial) Graham, Sharon, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2025	
Mailing Address 12223 Anne Kenia Drive			Transaction ID : A-377	
City Thonotosassa	State FL	Zip Code 33592	Amount of Each Receipt this Period _____ 1000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Self/Tampa Bay Institute for Music The		Occupation Music Therapist		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 4750.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Griffiths, Beverly, , ,

Mailing Address 11842 Yellow Finch Lane

City: Trinity State: FL Zip Code: 34655

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed Occupation: Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 350.00

Date of Receipt: 10 / 27 / 2025

Transaction ID : A-372

Amount of Each Receipt this Period: 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Henley, Sheryl, , ,

Mailing Address 404 Park Ridge Ave

City: Tampa State: FL Zip Code: 33617

FEC ID number of contributing federal political committee: C

Name of Employer: Not Employed Occupation: Not Employed

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 250.00

Date of Receipt: 11 / 19 / 2025

Transaction ID : A-479

Amount of Each Receipt this Period: 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Henley, Sheryl, , ,

Mailing Address 404 Park Ridge Ave

City: Tampa State: FL Zip Code: 33617

FEC ID number of contributing federal political committee: C

Name of Employer: Not Employed Occupation: Not Employed

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 12 / 18 / 2025

Transaction ID : A-699

Amount of Each Receipt this Period: 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Hernandez,, Danielle, , , Esq.  
Mailing Address 7132 Samuel Ivy Drive  
City Tampa State FL Zip Code 33619  
FEC ID number of contributing federal political committee. C  
Name of Employer DVH Law Group Occupation Attorney  
Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2025  
Transaction ID : A-397  
Amount of Each Receipt this Period  
500.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
James, Cathy, , ,  
Mailing Address 11803 Rossmayne Drive  
City Riverview State FL Zip Code 33569  
FEC ID number of contributing federal political committee. C  
Name of Employer Tampa Hillsborough Homeless Initiative Occupation Finance Manager  
Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2025  
Transaction ID : A-812  
Amount of Each Receipt this Period  
1000.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Jones, Rodney, , ,  
Mailing Address 18120 Sugar Brooke Dr  
City Tampa State FL Zip Code 33647  
FEC ID number of contributing federal political committee. C  
Name of Employer Retired Occupation Retired  
Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2025  
Transaction ID : A-637  
Amount of Each Receipt this Period  
250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1750.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 12 OF 57

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
 Krivanek, Robin, , ,  
 Mailing Address 13901 Shell Point Plaza  
 #418-S  
 City Fort Myers State FL Zip Code 33908  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 13 2025  
**Transaction ID : A-315**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
 Lott, Brian, , ,  
 Mailing Address 304 West Hilda Street  
 City Tampa State FL Zip Code 33603  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Teco Occupation Marketing  
 Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 19 2025  
**Transaction ID : A-765**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
 McGovern, Katherine, , ,  
 Mailing Address 4364 Royal Ridge Drive  
 City Dallas State TX Zip Code 75229  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Retired Occupation Attorney  
 Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 24 2025  
**Transaction ID : A-490**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

750.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Metz, Adam, , ,

Mailing Address 777 North Ashley Drive Apt 1407

City Tampa	State FL	Zip Code 33602
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Prescient Edge Corp.	Occupation Defense Contractor
--	----------------------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A-961**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Morris, Mark, , , MD

Mailing Address 2533 W Maryland Ave

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

FEC ID number of contributing federal political committee.

Name of Employer Judeo Christian Health Clinic	Occupation Retired
---	-----------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A-446**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 3158 Gracefield Rd Apt 201

City Silver Spring	State MD	Zip Code 20904
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A-931**

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text" value=""/>

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 14 OF 57	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Musetta, Michael, , ,

Mailing Address 2314 N. Riverside Drive

City Tampa	State FL	Zip Code 33602-1838
---------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer Retired	Occupation Court Reporter
-----------------------------	------------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A-516**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Nicklason, Judith, , ,

Mailing Address 3158 Gracefield Road  
#612

City Silver Spring	State MD	Zip Code 20904
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A-930**

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Redner, Joe, , ,

Mailing Address 4005 W Spruce St

City Tampa	State FL	Zip Code 33607
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A-548**

Amount of Each Receipt this Period

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 57	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Redner, Joe, , ,

Mailing Address 4005 W Spruce St

City Tampa	State FL	Zip Code 33607
---------------	-------------	-------------------

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

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 10 / 2025

**Transaction ID : A-579**

Amount of Each Receipt this Period  
50.00

Memo Item

Earmark via ActBlue on 2025-12-14

**B.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1232.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 14 / 2025

**Transaction ID : A-579CM**

Amount of Each Receipt this Period  
279.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

**C.** Full Name (Last, First, Middle Initial)  
Reed, Calvin, , ,

Mailing Address 3301 Bayshore Boulevard #1706

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

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2025

**Transaction ID : A-539**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

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

Mailing Address 3812 N Arlington Ave

City Tampa State FL Zip Code 33603-4710

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

Name of Employer Retired Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2025

**Transaction ID : A-374**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 3812 N Arlington Ave

City Tampa State FL Zip Code 33603-4710

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

Name of Employer Retired Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2025

**Transaction ID : A-416**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Stoy, Kathleen, , ,

Mailing Address 907 Tomlinson Dr

City Lutz State FL Zip Code 33549

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

Name of Employer Retired Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2025

**Transaction ID : A-319**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 57  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Stumpf, Eugene, , ,

Mailing Address 530 E 23rd St

City New York State NY Zip Code 10010

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

Name of Employer Equator Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 13 / 2025

**Transaction ID : A-443**

Amount of Each Receipt this Period  
300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Sueling, Melissa, , ,

Mailing Address 4517 Cheval Blvd

City Lutz State FL Zip Code 33558

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

Name of Employer Self Employed Occupation Advisor

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  
12 / 08 / 2025

**Transaction ID : A-569**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Swope, Dale, , ,

Mailing Address 1234 E. 5th Avenue

City Tampa State FL Zip Code 33605

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

Name of Employer Swope, Rodante P.A. Occupation Managing Partner

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  
12 / 17 / 2025

**Transaction ID : A-623**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 18 OF 57	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Townsend, Cl, , ,

Mailing Address 2785 Golf Lake Dr

City Plant City	State FL	Zip Code 33566
--------------------	-------------	-------------------

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

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

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  
10 / 24 / 2025

**Transaction ID : A-349**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Yokeum, David, , ,

Mailing Address 7337 Stonegate, Blvd

City Parkland	State FL	Zip Code 33076
------------------	-------------	-------------------

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

Name of Employer WCAworld	Occupation Chairman
------------------------------	------------------------

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  
12 / 02 / 2025

**Transaction ID : A-524**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	18609.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 57  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Overman, Kimberly, D, ,

Mailing Address 4610 N Central Ave

City Tampa State FL Zip Code 33603

FEC ID number of contributing federal political committee. **C** H6FL15200

Name of Employer Not Employed Occupation Not Employed

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  
11 / 19 / 2025

**Transaction ID : A-538**

Amount of Each Receipt this Period  
7000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Overman, Kimberly, D, ,

Mailing Address 4610 N Central Ave

City Tampa State FL Zip Code 33603

FEC ID number of contributing federal political committee. **C** H6FL15200

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 24 / 2025

**Transaction ID : A-536**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9000.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2025
Mailing Address P.O. Box 441146		FEC Identification Number C
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement credit card processing fees	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 147.92	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-1430 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2025
Mailing Address P.O. Box 441146		FEC Identification Number C
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement credit card processing fees	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 71.29	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-1123 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2025
Mailing Address P.O. Box 441146		FEC Identification Number C
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement credit card processing fees	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 48.94	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-1039 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	268.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A. Computare.partners**

Full Name (Last, First, Middle Initial)

Mailing Address 701 South Howard Avenue #106-813

City Tampa State FL Zip Code 33606

Purpose of Disbursement Compliance & Accounting Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 01 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1500.00

Transaction ID : B-257

Memo Item

**B. Computare.partners**

Full Name (Last, First, Middle Initial)

Mailing Address 701 South Howard Avenue #106-813

City Tampa State FL Zip Code 33606

Purpose of Disbursement Compliance & Accounting Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 11 / 02 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1500.00

Transaction ID : B-403

Memo Item

**C. Computare.partners**

Full Name (Last, First, Middle Initial)

Mailing Address 701 South Howard Avenue #106-813

City Tampa State FL Zip Code 33606

Purpose of Disbursement Compliance & Accounting Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 12 / 19 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1500.00

Transaction ID : B-757

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 4500.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 57			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial)  
**A. Doyle Stategies, LLC**

Mailing Address 1501 Little Hawk Lane

City Panama City Beach State FL Zip Code 32413

Purpose of Disbursement political consultin Category/Type 004

Candidate Name

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

State: District:

Date of Disbursement M M / D D / Y Y Y Y  
11 / 24 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 5250.00

Transaction ID : B-503

Memo Item

Full Name (Last, First, Middle Initial)  
**B. E3N**

Mailing Address 521 Autumn Circle

City Pingree Grove State IL Zip Code 60140

Purpose of Disbursement Fundraising Consulting Category/Type 003

Candidate Name

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

State: District:

Date of Disbursement M M / D D / Y Y Y Y  
12 / 04 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 3500.00

Transaction ID : B-553

Memo Item

Full Name (Last, First, Middle Initial)  
**C. E3N**

Mailing Address 521 Autumn Circle

City Pingree Grove State IL Zip Code 60140

Purpose of Disbursement fundraising consulting Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement M M / D D / Y Y Y Y  
12 / 29 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 3847.25

Transaction ID : B-933

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 12597.25

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 57			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement workspace productivity tools	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 148.78	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-412 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement workspace productivity tools	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 8.81	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-472 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2025
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement workspace productivity tools	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 13.47	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-532 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	171.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 57			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2025
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement workspace productivity tools	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 175.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-529
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Gunn Printing</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2025
Mailing Address 4415 West Doctor Martin Luther Kin		FEC Identification Number C
City Tampa	State FL	Zip Code 33614
Purpose of Disbursement printing	Category/Type 003	
Candidate Name	Amount of Each Disbursement this Period 260.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-370
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Gunn Printing</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2025
Mailing Address 4415 West Doctor Martin Luther Kin		FEC Identification Number C
City Tampa	State FL	Zip Code 33614
Purpose of Disbursement printing	Category/Type 003	
Candidate Name	Amount of Each Disbursement this Period 147.28	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-422
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	582.63
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 57			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gusto</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2025		
Mailing Address 525 20th Street			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94107	Amount of Each Disbursement this Period 55.00		
Purpose of Disbursement Payroll processing		Category/ Type 001	Transaction ID : B-276		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Gusto</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2025		
Mailing Address 525 20th Street			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94107	Amount of Each Disbursement this Period 1477.67		
Purpose of Disbursement Payroll expense		Category/ Type 001	Transaction ID : B-297		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Gusto</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2025		
Mailing Address 525 20th Street			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94107	Amount of Each Disbursement this Period 395.58		
Purpose of Disbursement payroll taxes		Category/ Type 001	Transaction ID : B-299		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1928.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gusto</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
Mailing Address 525 20th Street		FEC Identification Number C
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Payroll expense	001 Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1477.67	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-363 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gusto</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
Mailing Address 525 20th Street		FEC Identification Number C
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement payroll taxes	001 Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 388.26	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-365 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gusto</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2025
Mailing Address 525 20th Street		FEC Identification Number C
City San Francisco	State CA	Zip Code 94107
Purpose of Disbursement Payroll processing	001 Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 55.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-471 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1920.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A. Gusto**

Full Name (Last, First, Middle Initial)

Mailing Address 525 20th Street

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Payroll expense  Category/Type

Candidate Name

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

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
11 / 14 / 2025

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : B-456

Memo Item

**B. Gusto**

Full Name (Last, First, Middle Initial)

Mailing Address 525 20th Street

City San Francisco State CA Zip Code 94107

Purpose of Disbursement payroll taxes  Category/Type

Candidate Name

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

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
11 / 14 / 2025

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : B-458

Memo Item

**C. Gusto**

Full Name (Last, First, Middle Initial)

Mailing Address 525 20th Street

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Payroll expense  Category/Type

Candidate Name

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

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
11 / 25 / 2025

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : B-506

Memo Item

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gusto</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2025	
Mailing Address 525 20th Street			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94107	Amount of Each Disbursement this Period 388.26	
Purpose of Disbursement payroll taxes		Category/ Type 001	Transaction ID : B-508	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Gusto</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025	
Mailing Address 525 20th Street			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94107	Amount of Each Disbursement this Period 55.00	
Purpose of Disbursement Payroll processing		Category/ Type 001	Transaction ID : B-537	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Ike Media, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2025	
Mailing Address 711 East Hollywood Street			FEC Identification Number C	
City Tampa	State FL	Zip Code 33604	Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement design services		Category/ Type 004	Transaction ID : B-502	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	843.26
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Internal Revenue Service			M M / D D / Y Y Y Y 10 / 15 / 2025	
Mailing Address PO Box 1214			FEC Identification Number	
City Charlotte		State NC	Zip Code 28201	
Purpose of Disbursement federal unemployment taxes		001		
Candidate Name		Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026		
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Amount of Each Disbursement this Period			1.33	
Transaction ID : B-300			<input checked="" type="checkbox"/> Memo Item MEMO: Subvendor of-Gusto	

Full Name (Last, First, Middle Initial)			Date of Disbursement	
B. Internal Revenue Service			M M / D D / Y Y Y Y 10 / 15 / 2025	
Mailing Address PO Box 1214			FEC Identification Number	
City Charlotte		State NC	Zip Code 28201	
Purpose of Disbursement federal income tax		001		
Candidate Name		Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026		
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Amount of Each Disbursement this Period			123.06	
Transaction ID : B-301			<input checked="" type="checkbox"/> Memo Item MEMO: Subvendor of-Gusto	

Full Name (Last, First, Middle Initial)			Date of Disbursement	
C. Internal Revenue Service			M M / D D / Y Y Y Y 10 / 31 / 2025	
Mailing Address PO Box 1214			FEC Identification Number	
City Charlotte		State NC	Zip Code 28201	
Purpose of Disbursement federal income tax		001		
Candidate Name		Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026		
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Amount of Each Disbursement this Period			123.06	
Transaction ID : B-366			<input checked="" type="checkbox"/> Memo Item MEMO: Subvendor of-Gusto	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A. Internal Revenue Service**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1214

City Charlotte State NC Zip Code 28201

Purpose of Disbursement federal income tax Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 11 / 14 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 123.06

Transaction ID : B-459

Memo Item MEMO: Subvendor of-Gusto

**B. Internal Revenue Service**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1214

City Charlotte State NC Zip Code 28201

Purpose of Disbursement federal income tax Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 11 / 28 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 123.06

Transaction ID : B-509

Memo Item MEMO: Subvendor of-Gusto

**C. LA Harris and Associates, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 100 Bleu Brook Drive

City Harrodsburg State KY Zip Code 40330

Purpose of Disbursement Fundraising consulting and travel Category/Type 003

Candidate Name

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

State: District:

Date of Disbursement: 10 / 11 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 3500.00

Transaction ID : B-305

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 3500.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A. LA Harris and Associates, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 100 Bleu Brook Drive

City Harrodsburg State KY Zip Code 40330

Purpose of Disbursement Fundraising consulting Category/Type 003

Candidate Name

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

State: District:

Date of Disbursement 11 / 24 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 3500.00

Transaction ID : B-501

Memo Item

**B. Manigold, Haley, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5143 Shakespeare Drive

City Dover State FL Zip Code 33527

Purpose of Disbursement payroll Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 15 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1477.67

Transaction ID : B-298

Memo Item MEMO: Subvendor of-Gusto

**C. Manigold, Haley, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5143 Shakespeare Drive

City Dover State FL Zip Code 33527

Purpose of Disbursement payroll Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 31 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1477.67

Transaction ID : B-364

Memo Item MEMO: Subvendor of-Gusto

**SUBTOTAL** of Disbursements This Page (optional).....▶ 3500.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A. Manigold, Haley, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5143 Shakespeare Drive

City Dover State FL Zip Code 33527

Purpose of Disbursement payroll Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 11 / 14 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1477.67

Transaction ID : B-457

Memo Item MEMO: Subvendor of-Gusto

**B. Manigold, Haley, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5143 Shakespeare Drive

City Dover State FL Zip Code 33527

Purpose of Disbursement payroll Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 11 / 25 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1477.67

Transaction ID : B-507

Memo Item MEMO: Subvendor of-Gusto

**C. Medicare**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 790355

City St. Louis State MO Zip Code 63179

Purpose of Disbursement medicare tax Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 15 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 50.28

Transaction ID : B-303

Memo Item MEMO: Subvendor of-Gusto

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A. Medicare**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 790355

City St. Louis State MO Zip Code 63179

Purpose of Disbursement: medicare tax Category/Type: 001

Candidate Name

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

State: District:

Date of Disbursement: 10 / 31 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 50.26

Transaction ID : B-368

Memo Item MEMO: Subvendor of-Gusto

**B. Medicare**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 790355

City St. Louis State MO Zip Code 63179

Purpose of Disbursement: medicare tax Category/Type: 001

Candidate Name

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

State: District:

Date of Disbursement: 11 / 14 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 50.26

Transaction ID : B-461

Memo Item MEMO: Subvendor of-Gusto

**C. Medicare**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 790355

City St. Louis State MO Zip Code 63179

Purpose of Disbursement: medicare tax Category/Type: 001

Candidate Name

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

State: District:

Date of Disbursement: 11 / 28 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 50.26

Transaction ID : B-511

Memo Item MEMO: Subvendor of-Gusto

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 57			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. New World Tampa</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2025		
Mailing Address 810 East Skagway Avenue			FEC Identification Number C		
City Tampa	State FL	Zip Code 33604	Amount of Each Disbursement this Period 1160.25		
Purpose of Disbursement event catering		Category/ Type 003	Transaction ID : B-369		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Numero, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2025		
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number C		
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 135.62		
Purpose of Disbursement credit card processing fees		Category/ Type 003	Transaction ID : B-261		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Numero, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2025		
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number C		
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 1750.00		
Purpose of Disbursement crm software		Category/ Type 001	Transaction ID : B-274		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3045.87
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 60.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-266 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 15.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-267 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement crm software		001
Candidate Name		Amount of Each Disbursement this Period 1049.05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-278 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1125.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 1.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-269 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 18.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-323 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 3.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-324 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	24.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 3.79
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-326 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 1.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-330 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 3.57
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-344 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 24.02
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-360 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 48.77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-376 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 28.02
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-382 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	100.81
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 57			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Numero, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2025	
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number <b>C</b>	
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 47.82	
Purpose of Disbursement credit card processing fees		Category/ Type 003	Transaction ID : B-391	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Numero, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025	
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number <b>C</b>	
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 16.71	
Purpose of Disbursement credit card processing fees		Category/ Type 003	Transaction ID : B-392	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Numero, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2025	
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number <b>C</b>	
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 1750.00	
Purpose of Disbursement crm software		Category/ Type 003	Transaction ID : B-410	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1814.53
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Numero, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2025	
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number C	
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 18.75	
Purpose of Disbursement credit card processing fees		Category/ Type 003	Transaction ID : B-414	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:    District:				

Full Name (Last, First, Middle Initial) <b>B. Numero, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2025	
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number C	
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 4.50	
Purpose of Disbursement credit card processing fees		Category/ Type 003	Transaction ID : B-415	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:    District:				

Full Name (Last, First, Middle Initial) <b>C. Numero, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2025	
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number C	
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 9.38	
Purpose of Disbursement credit card processing fees		Category/ Type 003	Transaction ID : B-419	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:    District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	32.63
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 57			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Numero, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2025		
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number C		
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 3.75		
Purpose of Disbursement credit card processing fees		Category/ Type 003	Transaction ID : B-435		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Numero, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2025		
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number C		
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 9.38		
Purpose of Disbursement credit card processing fees		Category/ Type 003	Transaction ID : B-441		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Numero, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025		
Mailing Address 695 Town Center Drive Suite 1100			FEC Identification Number C		
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 3.75		
Purpose of Disbursement credit card processing fees		Category/ Type 003	Transaction ID : B-447		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16.88
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees.		Amount of Each Disbursement this Period 20.63
Candidate Name		Transaction ID : B-464
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type 003	

Full Name (Last, First, Middle Initial) <b>B. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees.		Amount of Each Disbursement this Period 3.75
Candidate Name		Transaction ID : B-475
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type 003	

Full Name (Last, First, Middle Initial) <b>C. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees.		Amount of Each Disbursement this Period 403.13
Candidate Name		Transaction ID : B-486
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/ Type 003	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	427.51
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

**A. Numero, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 695 Town Center Drive  
Suite 1100

City Costa Mesa State CA Zip Code 92626

Purpose of Disbursement credit card processing fees Category/Type 003

Candidate Name

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

State: District:

Date of Disbursement: 12 / 02 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 0.38

Transaction ID : B-523

Memo Item

**B. Numero, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 695 Town Center Drive  
Suite 1100

City Costa Mesa State CA Zip Code 92626

Purpose of Disbursement credit card processing fees. Category/Type 003

Candidate Name

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

State: District:

Date of Disbursement: 12 / 03 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 5.25

Transaction ID : B-530

Memo Item

**C. Numero, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 695 Town Center Drive  
Suite 1100

City Costa Mesa State CA Zip Code 92626

Purpose of Disbursement credit card processing fees. Category/Type 003

Candidate Name

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

State: District:

Date of Disbursement: 12 / 04 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 37.50

Transaction ID : B-541

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 43.13

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 10.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-563 <input type="checkbox"/> Memo Item
State:                  District:		

Full Name (Last, First, Middle Initial) <b>B. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 13.13
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-570 <input type="checkbox"/> Memo Item
State:                  District:		

Full Name (Last, First, Middle Initial) <b>C. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 22.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-576 <input type="checkbox"/> Memo Item
State:                  District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	46.51
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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

NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 7.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-581 <input type="checkbox"/> Memo Item
State:    District:		

Full Name (Last, First, Middle Initial) <b>B. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 9.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-616 <input type="checkbox"/> Memo Item
State:    District:		

Full Name (Last, First, Middle Initial) <b>C. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement crm software		003
Candidate Name		Amount of Each Disbursement this Period 1750.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-632 <input type="checkbox"/> Memo Item
State:    District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1766.88
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 19.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-620 <input type="checkbox"/> Memo Item
State:    District:		

Full Name (Last, First, Middle Initial) <b>B. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 0.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-626 <input type="checkbox"/> Memo Item
State:    District:		

Full Name (Last, First, Middle Initial) <b>C. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees		003
Candidate Name		Amount of Each Disbursement this Period 44.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-694 <input type="checkbox"/> Memo Item
State:    District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	64.53
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees	Category/ Type 003	Amount of Each Disbursement this Period 14.93
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : B-797 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees	Category/ Type 003	Amount of Each Disbursement this Period 27.25
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : B-804 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees	Category/ Type 003	Amount of Each Disbursement this Period 9.75
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : B-809 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	51.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees	Category/ Type 003	Amount of Each Disbursement this Period 37.50
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : B-947 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Numero, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number C
City Costa Mesa	State CA	Zip Code 92626
Purpose of Disbursement credit card processing fees	Category/ Type 003	Amount of Each Disbursement this Period 1.13
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : B-960 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Social Security Administration</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2025
Mailing Address 6401 Security Boulevard		FEC Identification Number C
City Baltimore	State MD	Zip Code 21235
Purpose of Disbursement social security tax	Category/ Type 001	Amount of Each Disbursement this Period 214.92
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : B-302 <input checked="" type="checkbox"/> Memo Item MEMO: Subvendor of-Gusto	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	38.63
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial)			Date of Disbursement	
<b>A. Social Security Administration</b>			M M / D D / Y Y Y Y 10 / 31 / 2025	
Mailing Address 6401 Security Boulevard			FEC Identification Number	
City Baltimore	State MD	Zip Code 21235	C	
Purpose of Disbursement social security tax		Category/ Type 001	Amount of Each Disbursement this Period	
Candidate Name			214.94	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-367	
State:	District:		<input checked="" type="checkbox"/> Memo Item MEMO: Subvendor of-Gusto	

Full Name (Last, First, Middle Initial)			Date of Disbursement	
<b>B. Social Security Administration</b>			M M / D D / Y Y Y Y 11 / 14 / 2025	
Mailing Address 6401 Security Boulevard			FEC Identification Number	
City Baltimore	State MD	Zip Code 21235	C	
Purpose of Disbursement social security tax		Category/ Type 001	Amount of Each Disbursement this Period	
Candidate Name			214.94	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-460	
State:	District:		<input checked="" type="checkbox"/> Memo Item MEMO: Subvendor of-Gusto	

Full Name (Last, First, Middle Initial)			Date of Disbursement	
<b>C. Social Security Administration</b>			M M / D D / Y Y Y Y 11 / 28 / 2025	
Mailing Address 6401 Security Boulevard			FEC Identification Number	
City Baltimore	State MD	Zip Code 21235	C	
Purpose of Disbursement social security tax		Category/ Type 001	Amount of Each Disbursement this Period	
Candidate Name			214.94	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-510	
State:	District:		<input checked="" type="checkbox"/> Memo Item MEMO: Subvendor of-Gusto	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 57			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial)

**A. The Webb Works Video Productions**

Mailing Address 4713 West Fielder Street

City Tampa State FL Zip Code 33611

Purpose of Disbursement photography Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 11 / 03 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 500.00

Transaction ID : B-411

Memo Item

Full Name (Last, First, Middle Initial)

**B. Upwork**

Mailing Address 530 Lytton Avenue #301

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement IT consulting Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 02 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 183.75

Transaction ID : B-277

Memo Item

Full Name (Last, First, Middle Initial)

**C. Upwork**

Mailing Address 530 Lytton Avenue #301

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement IT consulting Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 14 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 262.50

Transaction ID : B-468

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 946.25

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 57			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial)			Date of Disbursement											
A. Upwork			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>20</td> <td></td> <td>2025</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		20		2025
M M	/	D D	/	Y Y Y Y										
10		20		2025										
Mailing Address 530 Lytton Avenue #301			FEC Identification Number											
City Palo Alto		State CA	Zip Code 94301											
Purpose of Disbursement IT consulting		Category/Type 001												
Candidate Name			Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			78.75											
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID : B-469											
State: District:			<input type="checkbox"/> Memo Item											

Full Name (Last, First, Middle Initial)			Date of Disbursement											
B. Upwork			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>27</td> <td></td> <td>2025</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		27		2025
M M	/	D D	/	Y Y Y Y										
10		27		2025										
Mailing Address 530 Lytton Avenue #301			FEC Identification Number											
City Palo Alto		State CA	Zip Code 94301											
Purpose of Disbursement IT consulting		Category/Type 001												
Candidate Name			Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			148.75											
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID : B-470											
State: District:			<input type="checkbox"/> Memo Item											

Full Name (Last, First, Middle Initial)			Date of Disbursement											
C. Upwork			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>03</td> <td></td> <td>2025</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	11		03		2025
M M	/	D D	/	Y Y Y Y										
11		03		2025										
Mailing Address 530 Lytton Avenue #301			FEC Identification Number											
City Palo Alto		State CA	Zip Code 94301											
Purpose of Disbursement IT consulting		Category/Type 001												
Candidate Name			Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			43.75											
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID : B-407											
State: District:			<input type="checkbox"/> Memo Item											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	271.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 57			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Overman for Congress**

Full Name (Last, First, Middle Initial)

**A. Upwork**

Mailing Address 530 Lytton Avenue #301

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement IT consulting Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 11 / 17 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 61.25

Transaction ID : B-500

Memo Item

Full Name (Last, First, Middle Initial)

**B. Upwork**

Mailing Address 530 Lytton Avenue #301

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement IT consulting Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 12 / 08 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 78.75

Transaction ID : B-595

Memo Item

Full Name (Last, First, Middle Initial)

**C. Upwork**

Mailing Address 530 Lytton Avenue #301

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement IT consulting Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 12 / 22 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 82.69

Transaction ID : B-929

Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 222.69

**TOTAL** This Period (last page this line number only) ..... ▶ 43230.06

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Overman for Congress** Transaction ID : **C-538**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Overman, Kimberly, D, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 4610 N Central Ave			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Tampa	State FL	ZIP Code 33603	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7000.00	0.00	7000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 19 / 2025	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	7000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Overman for Congress** Transaction ID : C-536

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Overman, Kimberly, D, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 4610 N Central Ave			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Tampa	State FL	ZIP Code 33603	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 24 / 2025	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	2000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	9000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Overman for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>E3N</b>			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 521 Autumn Circle			
City Pingree Grove	State IL	Zip Code 60140	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : D-554</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="3847.25"/>	Payment This Period <input style="width:100%;" type="text" value="3847.25"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Overman, Kimberly, D, ,</b>			Nature of Debt (Purpose): Inkind of office supplies, tickets, computer software
Mailing Address 4610 N Central Ave			
City Tampa	State FL	Zip Code 33603	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="5087.32"/>	<b>Transaction ID : D-279</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="4038.27"/>	

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

Outstanding Balance Beginning This Period <input style="width:100%;" type="text"/>	
Amount Incurred This Period <input style="width:100%;" type="text"/>	Payment This Period <input style="width:100%;" type="text"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width:100%;" type="text" value="4038.27"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input style="width:100%;" type="text" value="4038.27"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input style="width:100%;" type="text" value="9000.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input style="width:100%;" type="text" value="13038.27"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : D-279

Outstanding Debt Amount of 5087.32 was reduced in the amount of 1049.05 by forgiveness

Form/Schedule:

Transaction ID: