

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Galloway for Congress

ADDRESS (number and street)

141 Sage Brush Trail

Suite D

Ormond Beach

FL

32174

☐ Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00586628

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

FL

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

2025

through

M M /

D D /

Y Y Y Y

2025

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

Type or Print Name of Treasurer

Olivari, John S., , ,

Signature of Treasurer

Olivari, John S., , ,

Date

M M /

D D /

Y Y Y Y

10

08

2025

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

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Galloway for Congress

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	59970.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	59970.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	5562.05
(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))	0.00	5562.05
8. Cash on Hand at Close of Reporting Period (from Line 27)	4801.61	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	25922.46	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Galloway for Congress

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

0.00

58750.00

(ii) Unitemized

0.00

1220.00

(iii) TOTAL of contributions
from individuals ▶

0.00

59970.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

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

0.00

59970.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

1000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

1000.00

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

0.00

0.00

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

0.00

0.00

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

0.00

60970.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	5562.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	0.00	5562.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4801.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	4801.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4801.61

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 5 OF 9

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4247

Galloway for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Galloway, G G, , Mr.,

Mailing Address

141 Sage Brush Trail
Suite D

City

Ormond Beach

State

FL

ZIP Code

32174

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 30 / 2015

M M / D D / Y Y Y Y

none

0.00 % (apr)

☐ Yes ☒ 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:**SUBTOTALS** This Period This Page (optional).....▶

1000.00

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

PAGE 6 OF 9

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5109

Galloway for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2016

Galloway, G G, , Mr.,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

141 Sage Brush Trail
Suite D

City

Ormond Beach

State

FL

ZIP Code

32174

☐ Personal Funds of the Candidate

Original Amount of Loan

3862.16

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3862.16

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 11 / 2016

M M / D D / Y Y Y Y

12/31/2016

0.00 % (apr)

☐ Yes ☒ 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:**SUBTOTALS** This Period This Page (optional).....▶

3862.16

TOTALS This Period (last page in this line only).....▶

4862.16

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)

PAGE 7 OF 9

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Galloway for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BZ Mailing Services, Inc.

Nature of Debt (Purpose):

Mail outs

Mailing Address 1901 Mason Ave., #103

City

Daytona Beach

State

FL

Zip Code

32117

Outstanding Balance Beginning This Period

289.17

Transaction ID : SD10.5122

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

289.17

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CBC Benchmark Realty

Nature of Debt (Purpose):

Office supplies, postage

Mailing Address 570 Memorial Circle

City

Ormond Beach

State

FL

Zip Code

32174

Outstanding Balance Beginning This Period

1185.30

Transaction ID : SD10.5125

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1185.30

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Front Line Strategies

Nature of Debt (Purpose):

Marketing, media & public relations

Mailing Address 526 E. Park Ave.

City

Tallahassee

State

FL

Zip Code

32301

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.5124

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional) ▶

6474.47

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 8 OF 9

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Galloway for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hundley, Nicholas, , ,

Nature of Debt (Purpose):

Campaign contract labor

Mailing Address 1305 Oak Forest Dr.

City

Ormond Beach

State

FL

Zip Code

32175

Outstanding Balance Beginning This Period

300.00

Transaction ID : SD10.5126

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Main Street Digital

Nature of Debt (Purpose):

Digital marketing consulting

Mailing Address 699 Broad St.
Ste 800

City

Augusta

State

GA

Zip Code

30901

Outstanding Balance Beginning This Period

6000.00

Transaction ID : SD10.5121

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MBI Direct Mail

Nature of Debt (Purpose):

post card mail out

Mailing Address 710 W. New Hampshire Ave.

City

DeLand

State

FL

Zip Code

32720

Outstanding Balance Beginning This Period

9000.00

Transaction ID : SD10.5123

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9000.00

1) **SUBTOTALS** This Period This Page (optional)

15300.00

2) **TOTALS** This Period (last page this line number only)3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 9

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Galloway for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sigma Alpha Epsilon Fraternity

Nature of Debt (Purpose):

Donation for campaign volunteering

Mailing Address 600 S. Clyde Morris Blvd.

City

Daytona Beach

State

FL

Zip Code

32114

Outstanding Balance Beginning This Period

125.00

Transaction ID : SD10.5128

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

125.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Argyle Agency

Nature of Debt (Purpose):

Ad and mail out photos

Mailing Address 880 Airport Rd.
Suite 109

City

Ormond Beach

State

FL

Zip Code

32174

Outstanding Balance Beginning This Period

- 839.17

Transaction ID : SD10.5120

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

- 839.17

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

- 714.17

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

21060.30

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

4862.16

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

25922.46