

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 BAREEBE, QUINCY

ADDRESS (number and street) 1121 ANNAPOLIS RD #158 ODEONTON MD 21113 CITY STATE ZIP CODE

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00854315 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT MD 05

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 11 / 02 / 2023 through M M / D D / Y Y Y Y 12 / 31 / 2023

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 Namugenyi, Diana, , , Signature of Treasurer Namugenyi, Diana, , , Date M M / D D / Y Y Y Y 02 / 28 / 2024

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

SUMMARY PAGE of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

BAREEBE, QUINCY

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

	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))	<input type="text" value="24720.00"/>	<input type="text" value="24720.00"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="1700.00"/>	<input type="text" value="1700.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="23020.00"/>	<input type="text" value="23020.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="26721.23"/>	<input type="text" value="26721.23"/>
(b) Total Offsets to Operating Expenditures (from Line 14)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<input type="text" value="26721.23"/>	<input type="text" value="26721.23"/>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<input type="text" value="1648.77"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="5500.00"/>	

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

BAREEBE, QUINCY

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 02 / 2023 To: M M / D D / Y Y Y Y 12 / 31 / 2023

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).....	16465.00	16465.00
(ii) Unitemized	8255.00	8255.00
(iii) TOTAL of contributions from individuals	24720.00	24720.00
(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))..	24720.00	24720.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	5500.00	5500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5500.00	5500.00
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).....	30220.00	30220.00

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.....	26721.23	26721.23
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	1700.00	1700.00
(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)).....	1700.00	1700.00
21. OTHER DISBURSEMENTS	150.00	150.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	28571.23	28571.23

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30220.00
25. SUBTOTAL (add Line 23 and Line 24).....	30220.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28571.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1648.77

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

Form/Schedule: F3N

Transaction ID :

This report is being filed late due to the forming of the new committee and misunderstanding of the filing requirements and thresholds. We sincerely appolgize and have hired a professional compliance firm to ensure we are compliant with all FEC regulations going forward.

Form/Schedule:

Transaction ID:

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 29
(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)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
Assisted Living LLC

Mailing Address 13828 Bethpage Lane

City Silver Spring State MD Zip Code 20906

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

Name of Employer Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 13 / 2023

Transaction ID : SA11AI.4275

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Assisted Living LLC

Mailing Address 13828 Bethpage Lane

City Silver Spring State MD Zip Code 20906

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

Name of Employer Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 21 / 2023

Transaction ID : SA11AI.4350

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Bhatti, Nadeem, , ,

Mailing Address 14904 Meriwether dr

City Glenelg State MD Zip Code 21737

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

Name of Employer Occupation
Access Financial Self employed

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 13 / 2023

Transaction ID : SA11AI.4293

Amount of Each Receipt this Period
250.00

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 7 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
Dent, Gloria, , ,

Mailing Address 1203 Sappling Drive

City Severn State MD Zip Code 21144

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

Name of Employer Genergi Logistics Occupation Owner

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 13 / 2023

Transaction ID : SA11AI.4279

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ELIMIMIAN, OSEIKHUEMEN, , ,

Mailing Address 3202 CARLENE CT

City UPPER MARLBORO State MD Zip Code 20772

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

Name of Employer Psychotherapeautic Rehabilitation Serv Occupation Residential Coordinator

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 13 / 2023

Transaction ID : SA11AI.4274

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Eriekpare, Splendour, , ,

Mailing Address 665 Realm Ct W

City Odenton State MD Zip Code 21113

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

Name of Employer H&H Inc Occupation Healthcare

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2023

Transaction ID : SA11AI.4238

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 8 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
Ferguson-Augustus, Wanda, , ,

Mailing Address 32 Puritan Rd

City Newton	State MA	Zip Code 02461
----------------	-------------	-------------------

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

Name of Employer Best Efforts	Occupation Best Efforts
----------------------------------	----------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 26 / 2023

Transaction ID : SA11AI.4439

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Frimpong, Nicholas, , ,

Mailing Address 5945 Glen Willow Way

City Ellicott City	State MD	Zip Code 21043
-----------------------	-------------	-------------------

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

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

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 06 / 2023

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Harvey, Perry, , ,

Mailing Address 8382 Gatewood Dr

City Jessup	State MD	Zip Code 20794
----------------	-------------	-------------------

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

Name of Employer Doloff Printing INC	Occupation Prepress
---	------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 06 / 2023

Transaction ID : SA11AI.4192

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: (check only one)		PAGE 9 OF 29	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
JOHNSON, ANAIE, , ,

Mailing Address 196ERTTER 201

City Laurel	State MD	Zip Code 20724
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FEC ID number of contributing federal political committee.

Name of Employer SELF EMPLOYED	Occupation HAIR STYLIST
-----------------------------------	----------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		08		2023

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Kasasa, Betty, , ,

Mailing Address 8220 brink road

City Gaithersburg	State MD	Zip Code 20882
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Laytonville Estates	Occupation Businesswoman
---	-----------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		07		2023

Transaction ID : SA11AI.4207

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Mironov, Alex, , ,

Mailing Address 18508 Kingshill Rd

City Germantown	State MD	Zip Code 20874
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Klappenberger & Son Montgomery Co	Occupation CEO
---	-------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		11		2023

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
Mwanja, Caleb, , ,

Mailing Address 18909 Red Oak Ln

City Triangle State VA Zip Code 22172

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 08 / 2023

Transaction ID : SA11AI.4227

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Nakyejwe, Faridah L, , ,

Mailing Address 2406 Merritt Dive

City Jessup State MD Zip Code 20794

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

Name of Employer HMC Occupation Healthcare worker

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2023

Transaction ID : SA11AI.4233

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NAMATOVU, SHINA, , ,

Mailing Address 1133COLUMBIA PIKE D9

City Silver Spring State MD Zip Code 20904

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

Name of Employer BRIDGE POINT HOSPITAL Occupation SECURITY

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 08 / 2023

Transaction ID : SA11AI.4225

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
NAMATOVU, SHINA, , ,

Mailing Address 1133COLUMBIA PIKE D9

City Silver Spring State MD Zip Code 20904

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

Name of Employer BRIDGE POINT HOSPITAL Occupation SECURITY

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 11 / 2023

Transaction ID : SA11AI.4256

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Namugera, Ritah, , ,

Mailing Address 220 Marina View Ct

City Essex State MD Zip Code 21221

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

Name of Employer Royal HomeCare Occupation CNA

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 08 / 2023

Transaction ID : SA11AI.4223

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Namusoke, Jesica, , ,

Mailing Address 527Ellison ct

City Frederick State MD Zip Code 21703

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

Name of Employer Excellence home healthcare Occupation caretaker

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 11 / 2023

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period
300.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
Nwankwo, Enie, , ,

Mailing Address 15302 Pine Tree Way

City Bowie State MD Zip Code 20721

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

Name of Employer Merendis LLC Occupation Owner

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 10 / 2023

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ogidiolu, Mike, , ,

Mailing Address 7434 Ricksway road

City Pikesville State MD Zip Code 21208

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

Name of Employer Pacesetter Health Systems Inc Occupation Healthcare

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 10 / 2023

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Osman, Kabuye, , ,

Mailing Address 2621 Orchard Oriole Way

City Odenton State MD Zip Code 21113

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

Name of Employer Royal Homecare Occupation Nursing Assistant

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2023

Transaction ID : SA11AI.4234

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5350.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
Osman, Kabuye, , ,

Mailing Address 2621 Orchard Oriole Way

City Odenton State MD Zip Code 21113

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

Name of Employer Royal Homecare Occupation Nursing Assistant

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 21 / 2023

Transaction ID : SA11AI.4355

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Osman, Kabuye, , ,

Mailing Address 2621 Orchard Oriole Way

City Odenton State MD Zip Code 21113

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

Name of Employer Royal Homecare Occupation Nursing Assistant

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 21 / 2023

Transaction ID : SA11AI.4364

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name (Last, First, Middle Initial)
owuma, alexandria, , ,

Mailing Address 220 marina view court

City Baltimore State MD Zip Code 21221

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

Name of Employer BLACK BEAUTY EVENTS INC Occupation Event designer

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 14 / 2023

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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 14 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
owuma, alexandria, , ,

Mailing Address 220 marina view court

City Baltimore State MD Zip Code 21221

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

Name of Employer BLACK BEAUTY EVENTS INC Occupation Event designer

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 16 2023

Transaction ID : SA11AI.4314

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
owuma, alexandria, , ,

Mailing Address 220 marina view court

City Baltimore State MD Zip Code 21221

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

Name of Employer BLACK BEAUTY EVENTS INC Occupation Event designer

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 18 2023

Transaction ID : SA11AI.4317

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
owuma, alexandria, , ,

Mailing Address 220 marina view court

City Baltimore State MD Zip Code 21221

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

Name of Employer BLACK BEAUTY EVENTS INC Occupation Event designer

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 19 2023

Transaction ID : SA11AI.4431

Amount of Each Receipt this Period
1300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
owuma, alexandria, , ,

Mailing Address 220 marina view court

City Baltimore	State MD	Zip Code 21221
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer BLACK BEAUTY EVENTS INC	Occupation Event designer
---	------------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4372

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Owusu, Frank, , ,

Mailing Address 9603 Mcwhorter Farm Court

City Damascus	State MD	Zip Code 20872
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Self employed	Occupation Business owner
-----------------------------------	------------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
peoples, falisa, , ,

Mailing Address 14701 turner wootton parkway

City Upper Marlboro	State MD	Zip Code 20774
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer private	Occupation Nurse
-----------------------------	---------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4360

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="625.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
Rowe, Tedeisha, , ,

Mailing Address 8250 Georgia Ave

City Silver Spring State MD Zip Code 20910-5077

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

Name of Employer ALIC LLC Occupation Attorney

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2023

Transaction ID : SA11AI.4377

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Royal Homecare

Mailing Address 2288 Blue Waer Blvd

City Odenton State MD Zip Code 21113

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

Name of Employer Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2023

Transaction ID : SA11AI.4433

Amount of Each Receipt this Period
2000.00

Memo Item
Permissible contribution, LLC sole ownership

C. Full Name (Last, First, Middle Initial)
Sendi, Tezira, , ,

Mailing Address 9315 hilltop Ct

City Laurel State MD Zip Code 20708

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

Name of Employer Village MD Occupation Enrollment specialist

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
460.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 14 / 2023

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2650.00

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 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
Sendi, Tezira, , ,

Mailing Address 9315 hilltop Ct

City Laurel State MD Zip Code 20708

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

Name of Employer Village MD Occupation Enrollment specialist

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
510.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 03 / 2023

Transaction ID : SA11AI.4187

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Sendi, Tezira, , ,

Mailing Address 9315 hilltop Ct

City Laurel State MD Zip Code 20708

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

Name of Employer Village MD Occupation Enrollment specialist

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
610.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 08 / 2023

Transaction ID : SA11AI.4226

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Sendi, Tezira, , ,

Mailing Address 9315 hilltop Ct

City Laurel State MD Zip Code 20708

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

Name of Employer Village MD Occupation Enrollment specialist

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 14 / 2023

Transaction ID : SA11AI.4294

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
Sendi, Tezira, , ,

Mailing Address 9315 hilltop Ct

City Laurel State MD Zip Code 20708

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

Name of Employer Village MD Occupation Enrollment specialist

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2023

Transaction ID : SA11AI.4339

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Tyler, Kevin, , ,

Mailing Address 8373 Piney Orchard Parkway Suite 1

City Severn State MD Zip Code 21113

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

Name of Employer Kevin N Tyler Sr. Occupation Chief Executive Officer

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 06 / 2023

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Ukachukwu, George, , ,

Mailing Address 2526 Edgcombe Cr. N

City Baltimore State MD Zip Code 21215

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

Name of Employer Retired Occupation Retired

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 13 / 2023

Transaction ID : SA11AI.4285

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)..... ▶

550.00

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 29
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
White, Harold, , ,

Mailing Address 9890 W Wagon Trail Dr

City Littleton State CO Zip Code 80123

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

Name of Employer Lend Atlantic Occupation Lender

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2023

Transaction ID : SA11AI.4330

Amount of Each Receipt this Period
500.00

Memo Item

B. 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

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

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	16465.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 20 OF 29	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

A. Full Name (Last, First, Middle Initial)
BAREEBE, QUINCY

Mailing Address 1121 ANNAPOLIS RD
#158

City ODENTON	State MD	Zip Code 21113
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00854315

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

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 02 / 2023

Transaction ID : SA13A.4414

Amount of Each Receipt this Period
500.00

Memo Item
Candidate Loan

B. Full Name (Last, First, Middle Initial)
BAREEBE, QUINCY

Mailing Address 1121 ANNAPOLIS RD
#158

City ODENTON	State MD	Zip Code 21113
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00854315

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

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2023

Transaction ID : SA13A.4447

Amount of Each Receipt this Period
5000.00

Memo Item
Loan from candidate

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

SUBTOTAL of Receipts This Page (optional)..... ▶	5500.00
TOTAL This Period (last page this line number only)..... ▶	5500.00

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 21 OF 29	
	<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)
BAREEBE, QUINCY

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. ActBlue		M M / D D / Y Y Y Y 12 / 31 / 2023
Mailing Address 366 Summer Street		FEC Identification Number
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Credit Card Fees		<input type="checkbox"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2024	2332.71
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB17.4448
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Alycor		M M / D D / Y Y Y Y 12 / 26 / 2023
Mailing Address 12808 Sutters Lane		FEC Identification Number
City Bowie	State MD	Zip Code 20720
Purpose of Disbursement General Consulting		<input type="checkbox"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2024	1750.00
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB17.4104
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Aroma Ultra Lounge		M M / D D / Y Y Y Y 12 / 26 / 2023
Mailing Address 4000 Town Center Blvd		FEC Identification Number
City Bowie	State MD	Zip Code 20716
Purpose of Disbursement Event Costs		<input type="checkbox"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2024	496.65
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB17.4110
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4579.36
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 29			
	<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)
BAREEBE, QUINCY

Full Name (Last, First, Middle Initial) A. Bukirwa, Abishag, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2023
Mailing Address 220 marina view court		FEC Identification Number C
City Baltimore	State MD	Zip Code 21221
Purpose of Disbursement		Amount of Each Disbursement this Period 1260.00
Candidate Name		Transaction ID : SB17.4108
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Costco		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2023
Mailing Address 16006 Crain Hwy		FEC Identification Number C
City Brandywine	State MD	Zip Code 20613
Purpose of Disbursement Food for event, paid to Paula Willman		Amount of Each Disbursement this Period 1023.23
Candidate Name		Transaction ID : SB17.4136
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CTK Strategies		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2023
Mailing Address 504 S Milton Ave		FEC Identification Number C
City Baltimore	State MD	Zip Code 21224
Purpose of Disbursement Printing		Amount of Each Disbursement this Period 564.49
Candidate Name		Transaction ID : SB17.4140
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1824.49
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 29	
	<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)
BAREEBE, QUINCY

Full Name (Last, First, Middle Initial)
A. CTK Strategies

Mailing Address 504 S Milton Ave

City Baltimore State MD Zip Code 21224

Purpose of Disbursement General Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2023

FEC Identification Number: C

Amount of Each Disbursement this Period: 3437.50

Transaction ID : SB17.4417

Memo Item

Full Name (Last, First, Middle Initial)
B. Curtis, Frederick, , ,

Mailing Address 504 S Milton Ave

City Baltimore State MD Zip Code 21224

Purpose of Disbursement General Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2023

FEC Identification Number: C

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.4416

Memo Item

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

Mailing Address 6181 Old Dobbin Ln #300

City Columbia State MD Zip Code 21045

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 13 / 2023

FEC Identification Number: C

Amount of Each Disbursement this Period: 201.39

Transaction ID : SB17.4114

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 8638.89

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 29	
	<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)
BAREEBE, QUINCY

Full Name (Last, First, Middle Initial) A. Ikea		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2023
Mailing Address 10100 Baltimore Ave		FEC Identification Number C
City College Park	State MD	Zip Code 20740
Purpose of Disbursement Office Expenses	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 219.42	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4112
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Kabuye, Osman, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2023
Mailing Address 2621 Orchard Oriole way		FEC Identification Number C
City Odenton	State MD	Zip Code 21113
Purpose of Disbursement Wages	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4106
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Kirkland, Walter, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2023
Mailing Address 8618 Savannah River Rd		FEC Identification Number C
City Laurel	State MD	Zip Code 20724
Purpose of Disbursement Wages	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4418
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2219.42
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 25 OF 29	
	<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)
BAREEBE, QUINCY

Full Name (Last, First, Middle Initial)

A. Moving Pictures

Mailing Address 18 Cockeysville Rd Suite 212

City Cockeysville State MD Zip Code 21030

Purpose of Disbursement Photo and Videography

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2023

FEC Identification Number: C

Amount of Each Disbursement this Period: 3317.00

Transaction ID : SB17.4423

Memo Item

Full Name (Last, First, Middle Initial)

B. Moving Pictures

Mailing Address 18 Cockeysville Rd Suite 212

City Cockeysville State MD Zip Code 21030

Purpose of Disbursement Photography

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 20 / 2023

FEC Identification Number: C

Amount of Each Disbursement this Period: 3800.00

Transaction ID : SB17.4102

Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Newson Photography

Mailing Address 2454 Lakeview Ave

City Baltimore State MD Zip Code 21217

Purpose of Disbursement Photography

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2023

FEC Identification Number: C

Amount of Each Disbursement this Period: 636.00

Transaction ID : SB17.4138

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 7753.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 29		
	<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)
BAREEBE, QUINCY

Full Name (Last, First, Middle Initial) A. Ukachukwu, George, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2023
Mailing Address 2526 Edgcombe Cr. N		FEC Identification Number C
City Baltimore	State MD	Zip Code 21215
Purpose of Disbursement Printing	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 269.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4132
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Willman, Paula, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2023
Mailing Address 822 Rockville Pike		FEC Identification Number C
City Rokville	State MD	Zip Code 20852
Purpose of Disbursement Event Food	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1023.23	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4134
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1292.23
TOTAL This Period (last page this line number only).....▶	26307.39

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 29	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
BAREEBE, QUINCY

Full Name (Last, First, Middle Initial) A. Nwankwo, Enie, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2023	
Mailing Address 15302 Pine Tree Way			FEC Identification Number C	
City Bowie	State MD	Zip Code 20721	Amount of Each Disbursement this Period 1700.00	
Purpose of Disbursement Refund for over limit contribution			Transaction ID : SB20A.4421	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			<input type="checkbox"/> Memo Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			<input type="checkbox"/> Memo Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1700.00
TOTAL This Period (last page this line number only).....▶	1700.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4414**
BAREEBE, QUINCY

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
BAREEBE, QUINCY			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
1121 ANNAPOLIS RD			<input type="checkbox"/> Other (specify) ▼
#158			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
ODENTON	MD	21113	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 02 / 2023	M M / D D / Y Y Y Y 11/5/2024	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:

SUBTOTALS This Period This Page (optional).....▶	500.00
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) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4447**
BAREEBE, QUINCY

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
BAREEBE, QUINCY			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
1121 ANNAPOLIS RD			<input type="checkbox"/> Other (specify) ▼
#158			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
ODENTON	MD	21113	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 01 / 2023	M M / D D / Y Y Y Y 11/5/2024	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:

SUBTOTALS This Period This Page (optional).....▶	5000.00
TOTALS This Period (last page in this line only).....▶	5500.00

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