

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 Friends of Jakeya Johnson

ADDRESS (number and street) 6200 Baltimore Avenue Ste 300 #1015 Riverdale MD 20737 Check if different than previously reported. (ACC) CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00916080 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT MD 04

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 05 / 30 / 2025 through M M / D D / Y Y Y Y 12 / 31 / 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 James, Christene, , , Signature of Treasurer James, Christene, , , Date M M / D D / Y Y Y Y 01 / 27 / 2026

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

Friends of Jakeya Johnson

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="6683.99"/>	<input type="text" value="6683.99"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	<input type="text" value="6683.99"/>	<input type="text" value="6683.99"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="5527.48"/>	<input type="text" value="5527.48"/>
(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="5527.48"/>	<input type="text" value="5527.48"/>
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	<input type="text" value="1396.74"/>	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="240.23"/>	

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

Friends of Jakeya Johnson

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).....	4155.00	4155.00
(ii) Unitemized.....	2528.99	2528.99
(iii) TOTAL of contributions from individuals ▶	6683.99	6683.99
(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))..	6683.99	6683.99
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	1209.45	1209.45
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1209.45	1209.45
<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>	7893.44	7893.44

**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.....	5527.48	5527.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	969.22	969.22
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	969.22	969.22
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) ►	6496.70	6496.70

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7893.44
25. SUBTOTAL (add Line 23 and Line 24).....	7893.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6496.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1396.74

# 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 12  
(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)  
**Friends of Jakeya Johnson**

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

Mailing Address 2401 Friendship Heights Dr

City: Fort Washington      State: MD      Zip Code: 20744

FEC ID number of contributing federal political committee: C

Name of Employer: Inova Health      Occupation: Physician

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  
12 / 20 / 2025

Transaction ID : SA11AI.4278

Amount of Each Receipt this Period  
100.00

Memo Item donation

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

Mailing Address 12703 Bridle Pl

City: Bowie      State: MD      Zip Code: 20715

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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 23 / 2025

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period  
250.00

Memo Item donation

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

Mailing Address 109 Nassau Dr

City: Lawrenceville      State: NJ      Zip Code: 08648

FEC ID number of contributing federal political committee: C

Name of Employer: IPAS      Occupation: Program Director

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 / 21 / 2025

Transaction ID : SA11AI.4257

Amount of Each Receipt this Period  
250.00

Memo Item donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 6 OF 12	
<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	

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)  
**Friends of Jakeya Johnson**

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

Mailing Address 6200 Baltimore Avenue  
Suite 300 #1015

City Riverdale	State MD	Zip Code 20737
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6MD04332

Name of Employer Tides	Occupation Grants Specialists
---------------------------	----------------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1214.45

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 21 / 2025

**Transaction ID : SA11AI.4151**

Amount of Each Receipt this Period  
5.00

Memo Item  
donation

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

Mailing Address 5609 Sherier PI NW

City Washington	State DC	Zip Code 20016
--------------------	-------------	-------------------

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

Name of Employer Bright Holler Productions	Occupation Producer
---	------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2025

**Transaction ID : SA11AI.4311**

Amount of Each Receipt this Period  
3300.00

Memo Item  
In-kind -

**C.** Full Name (Last, First, Middle Initial)  
Trevor-Wright, Claudia, , ,

Mailing Address 6 Border Road

City Natick	State MA	Zip Code 01760
----------------	-------------	-------------------

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

Name of Employer ASEC	Occupation Director
--------------------------	------------------------

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 / 06 / 2025

**Transaction ID : SA11AI.4209**

Amount of Each Receipt this Period  
250.00

Memo Item  
donation

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3555.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	4155.00

# 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 7 OF 12	
<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	

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)  
**Friends of Jakeya Johnson**

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

Mailing Address 6200 Baltimore Avenue  
Suite 300 #1015

City Riverdale	State MD	Zip Code 20737
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6MD04332

Name of Employer Tides	Occupation Grants Specialists
---------------------------	----------------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1209.45

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 01 / 2025

**Transaction ID : SA13A.4403**

Amount of Each Receipt this Period  
1209.45

Memo Item  
early campaign startup costs

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1209.45
<b>TOTAL</b> This Period (last page this line number only).....▶	1209.45

# 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 8 OF 12	
	<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)  
**Friends of Jakeya Johnson**

Full Name (Last, First, Middle Initial) <b>A. Canva</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2025
Mailing Address 3212 E. Cesar Chavez Street building 1		FEC Identification Number C C00916080
City Austin	State TX	Zip Code 78702
Purpose of Disbursement campaign literature- Postcards for canvassing		Amount of Each Disbursement this Period 105.00
Candidate Name Friends of Jakeya Johnson		Transaction ID : SB17.4106
Office Sought: <input checked="" 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: MD	District: 04	

Full Name (Last, First, Middle Initial) <b>B. Canva</b>		Date of Disbursement MM / DD / YYYY 11 / 24 / 2025
Mailing Address 3212 E. Cesar Chavez Street building 1		FEC Identification Number C C00916080
City Austin	State TX	Zip Code 78702
Purpose of Disbursement Monthly pro subscription		Amount of Each Disbursement this Period 12.99
Candidate Name Friends of Jakeya Johnson		Transaction ID : SB17.4133
Office Sought: <input checked="" 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: MD	District: 04	

Full Name (Last, First, Middle Initial) <b>C. Palmer, Emma, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 30 / 2025
Mailing Address 5609 Sherier PI NW		FEC Identification Number C
City Washington	State DC	Zip Code 20016
Purpose of Disbursement In-kind -		Amount of Each Disbursement this Period 3300.00
Candidate Name		Transaction ID : SB17.4312
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3417.99
<b>TOTAL</b> This Period (last page this line number only).....▶	3417.99



# 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 9 OF 12	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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)  
**Friends of Jakeya Johnson**

Full Name (Last, First, Middle Initial) <b>A. Johnson, Jakeya, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2025
Mailing Address 6200 Baltimore Avenue Suite 300 #1015		FEC Identification Number <b>C</b> C00916080
City Riverdale	State MD	Zip Code 20737
Purpose of Disbursement loan reimbursement		Amount of Each Disbursement this Period 100.00
Candidate Name Friends of Jakeya Johnson		Transaction ID : <b>SB19A.4416</b>
Office Sought: <input checked="" 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: MD	District: 04	

Full Name (Last, First, Middle Initial) <b>B. Johnson, Jakeya, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2025
Mailing Address 6200 Baltimore Avenue Suite 300 #1015		FEC Identification Number <b>C</b> C00916080
City Riverdale	State MD	Zip Code 20737
Purpose of Disbursement loan reimbursement		Amount of Each Disbursement this Period 70.00
Candidate Name Friends of Jakeya Johnson		Transaction ID : <b>SB19A.4417</b>
Office Sought: <input checked="" 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: MD	District: 04	

Full Name (Last, First, Middle Initial) <b>C. Johnson, Jakeya, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2025
Mailing Address 6200 Baltimore Avenue Suite 300 #1015		FEC Identification Number <b>C</b> C00916080
City Riverdale	State MD	Zip Code 20737
Purpose of Disbursement Loan reimbursement		Amount of Each Disbursement this Period 100.00
Candidate Name Friends of Jakeya Johnson		Transaction ID : <b>SB19A.4418</b>
Office Sought: <input checked="" 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: MD	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	270.00
<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 10 OF 12	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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)  
**Friends of Jakeya Johnson**

Full Name (Last, First, Middle Initial) <b>A. Johnson, Jakeya, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2025
Mailing Address 6200 Baltimore Avenue Suite 300 #1015			FEC Identification Number <b>C</b> C00916080
City Riverdale	State MD	Zip Code 20737	Amount of Each Disbursement this Period 49.22
Purpose of Disbursement Loan reimbursement		Category/ Type	Transaction ID : <b>SB19A.4419</b>
Candidate Name Friends of Jakeya Johnson			<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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: MD District: 04			

Full Name (Last, First, Middle Initial) <b>B. Johnson, Jakeya, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2025
Mailing Address 6200 Baltimore Avenue Suite 300 #1015			FEC Identification Number <b>C</b> C00916080
City Riverdale	State MD	Zip Code 20737	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement Loan reimbursement		Category/ Type	Transaction ID : <b>SB19A.4420</b>
Candidate Name Friends of Jakeya Johnson			<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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: MD District: 04			

Full Name (Last, First, Middle Initial) <b>C. Johnson, Jakeya, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2025
Mailing Address 6200 Baltimore Avenue Suite 300 #1015			FEC Identification Number <b>C</b> C00916080
City Riverdale	State MD	Zip Code 20737	Amount of Each Disbursement this Period 150.00
Purpose of Disbursement Loan reimbursement		Category/ Type	Transaction ID : <b>SB19A.4421</b>
Candidate Name Friends of Jakeya Johnson			<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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: MD District: 04			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	399.22
<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 11 OF 12	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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)  
**Friends of Jakeya Johnson**

Full Name (Last, First, Middle Initial) <b>A. Johnson, Jakeya, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2025
Mailing Address 6200 Baltimore Avenue Suite 300 #1015			FEC Identification Number <b>C</b> C00916080
City Riverdale	State MD	Zip Code 20737	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Loan reimbursement		Category/ Type	Transaction ID : <b>SB19A.4422</b>
Candidate Name Friends of Jakeya Johnson			<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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: MD District: 04			

Full Name (Last, First, Middle Initial) <b>B. Johnson, Jakeya, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025
Mailing Address 6200 Baltimore Avenue Suite 300 #1015			FEC Identification Number <b>C</b> C00916080
City Riverdale	State MD	Zip Code 20737	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement loan reimbursement		Category/ Type	Transaction ID : <b>SB19A.4423</b>
Candidate Name Friends of Jakeya Johnson			<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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: MD District: 04			

Full Name (Last, First, Middle Initial) <b>C. Johnson, Jakeya, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2025
Mailing Address 6200 Baltimore Avenue Suite 300 #1015			FEC Identification Number <b>C</b> C00916080
City Riverdale	State MD	Zip Code 20737	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement loan reimbursement		Category/ Type	Transaction ID : <b>SB19A.4424</b>
Candidate Name Friends of Jakeya Johnson			<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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: MD District: 04			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	969.22

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

NAME OF COMMITTEE (In Full) **Friends of Jakeya Johnson** Transaction ID : **SC/10.4403**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2026
Johnson, Jakeya, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 6200 Baltimore Avenue Suite 300 #1015			<input type="checkbox"/> General
City Riverdale			<input type="checkbox"/> Other (specify) ▼
State MD	ZIP Code 20737	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 1209.45	Cumulative Payment To Date 969.22	Balance Outstanding at Close of This Period 240.23
------------------------------------	--------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 01 / 2025	12/31/2026	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).....▶	240.23
<b>TOTALS</b> This Period (last page in this line only).....▶	240.23

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