

**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

QUINCY BAREEBE FOR CONGRESS

ADDRESS (number and street)

1121 ANNAPOLIS ROAD

#158

Check if different  
than previously  
reported. (ACC)

ODENTON

MD

21113

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00854315

3. IS THIS  
REPORTNEW  
(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  
07 / 01 / 2025

through

M M / D D / Y Y Y Y  
09 / 30 / 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 Namugenyi, Diana, , ,

Signature of Treasurer

Namugenyi, Diana, , ,

Date

M M / D D / Y Y Y Y  
01 / 13 / 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.

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

**QUINCY BAREEBE FOR CONGRESS**

Report Covering the Period:

From:

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

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 20439.45                | 27319.45                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 20439.45                | 27319.45                           |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 95798.45                | 134758.79                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 95798.45                | 134758.79                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 502752.58               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 819665.22               |                                    |

**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

QUINCY BAREEBE 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).....

11155.00

15225.00

(ii) Unitemized .....

9284.45

12094.45

(iii) TOTAL of contributions  
from individuals ▶

20439.45

27319.45

(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))..

20439.45

27319.45

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

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

500000.00

610000.00

(b) All Other Loans.....

0.00

0.00

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

500000.00

610000.00

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

0.00

0.00

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

0.00

17.81

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

520439.45

637337.26

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 95798.45                      | 134758.79                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 95798.45                      | 134758.79                          |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 78111.58  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 520439.45 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 598551.03 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 95798.45  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 502752.58 |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 39

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

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Akinshola, Tinu, , ,

Mailing Address 14808 Blackburn Road

City

Burtonsville

State

MD

Zip Code

20866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WMATA

Occupation  
Compliance Specio

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  
09 12 2025

Transaction ID : SA11AI.5878

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Bruce, Xavier, , ,

Mailing Address 7245 Mainstream Way

City

Columbia

State

MD

Zip Code

21044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coach

Occupation  
Uplift

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

234.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 23 2025

Transaction ID : SA11AI.5930

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Bruce, Xavier, , ,

Mailing Address 7245 Mainstream Way

City

Columbia

State

MD

Zip Code

21044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coach

Occupation  
Uplift

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

284.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 23 2025

Transaction ID : SA11AI.5931

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

200.00

**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 39

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

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Bruce, Xavier, , ,

**A.**

Mailing Address 7245 Mainstream Way

City

Columbia

State

MD

Zip Code

21044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coach

Occupation

Uplift

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

334.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 23 2025

Transaction ID : SA11AI.5932

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Collins, Patrick, , ,

**B.**

Mailing Address 14654 Willamette Avenue

City

Chino

State

CA

Zip Code

91710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

E Mortgage Capital

Occupation

Realtor

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 07 2025

Transaction ID : SA11AI.6014

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Dunn, Donna, , ,

**C.**

Mailing Address 7 Ridge Ave

City

Mattapoisett

State

MA

Zip Code

02739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Town of Mariom

Occupation

Teachrt

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 08 2025

Transaction ID : SA11AI.5734

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

325.00

# **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)

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

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Dunn, Donna, , ,

**A.**

Mailing Address 7 Ridge Ave

City

Mattapoisett

State

MA

Zip Code

02739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Town of Mariom

Occupation

Teachrt

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 08 2025

Transaction ID : SA11AI.5736

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Dunn, Donna, , ,

**B.**

Mailing Address 7 Ridge Ave

City

Mattapoisett

State

MA

Zip Code

02739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Town of Mariom

Occupation

Teachrt

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 08 2025

Transaction ID : SA11AI.5738

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

dunn, tim, , ,

**C.**

Mailing Address 7 ridge ave

City

Mattapoisett

State

MA

Zip Code

02739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

baxter international

Occupation

service operations manager

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 06 2025

Transaction ID : SA11AI.5737

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

100.00

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

PAGE 8 OF 39

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

George, Benedicta, , ,

**A.**

Mailing Address 1684 Langley drive

City

Hagerstown

State

MD

Zip Code

21740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 23 2025

Transaction ID : SA11AI.5988

Amount of Each Receipt this Period

100.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

George, Benedicta, , ,

Mailing Address 1684 Langley drive

City

Hagerstown

State

MD

Zip Code

21740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 23 2025

Transaction ID : SA11AI.5990

Amount of Each Receipt this Period

100.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Katasi, Sophie, , ,

Mailing Address 7525 Resch Loop

City

Glen Burnie

State

MD

Zip Code

21061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Washington Post

Occupation

Product Manager

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 30 2025

Transaction ID : SA11AI.5943

Amount of Each Receipt this Period

250.00

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

450.00

**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 39

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

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Kwesiga, Brian, , ,

**A.**

Mailing Address 7408 Macon Drive

City

Glen Burnie

State

MD

Zip Code

21060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RTX

Occupation

Principal Systems Engineer

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 05 2025

Transaction ID : SA11AI.5935

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mitchell, Arcell, , ,

**B.**

Mailing Address 6309 Seventh St.

City

Alexandria

State

VA

Zip Code

22312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USCIS HQ

Occupation

AI/ML Architect

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  
08 30 2025

Transaction ID : SA11AI.6000

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mudde, Dennis, , ,

**C.**

Mailing Address 61 Queen Anne Court 38

City

Weymouth

State

MA

Zip Code

02189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocates

Occupation

Direct care

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 08 2025

Transaction ID : SA11AI.5717

Amount of Each Receipt this Period

550.00

☐ Memo Item

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

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

4300.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 39

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

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mudde, Dennis, , ,

**A.**

Mailing Address 61 Queen Anne Court 38

City

Weymouth

State

MA

Zip Code

02189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocates

Occupation  
Direct care

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 12 2025

Transaction ID : SA11AI.5722

Amount of Each Receipt this Period

550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

muyanja, moses, , ,

**B.**

Mailing Address 164 lexington road

City

Billerica

State

MA

Zip Code

01821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
home health aide

Occupation  
boston private nursing

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  
08 23 2025

Transaction ID : SA11AI.5707

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Najjombwe, Ruth, , ,

**C.**

Mailing Address 200 Trotter Road Apt 411

City

Weymouth

State

MA

Zip Code

02190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charles River Center

Occupation  
Residential Counselor

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1145.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 06 2025

Transaction ID : SA11AI.5716

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

700.00

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

PAGE 11 OF 39

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Najjombwe, Ruth, , ,

**A.**

Mailing Address 200 Trotter Road Apt 411

City

Weymouth

State

MA

Zip Code

02190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charles River CenterOccupation  
Residential Counselor

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1625.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 10  |   | 2025        |

Transaction ID : SA11AI.5719

Amount of Each Receipt this Period

480.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Najjombwe, Ruth, , ,

**B.**

Mailing Address 200 Trotter Road Apt 411

City

Weymouth

State

MA

Zip Code

02190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charles River CenterOccupation  
Residential Counselor

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1675.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 08  |   | 06  |   | 2025        |

Transaction ID : SA11AI.5720

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Najjombwe, Ruth, , ,

**C.**

Mailing Address 200 Trotter Road Apt 411

City

Weymouth

State

MA

Zip Code

02190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charles River CenterOccupation  
Residential Counselor

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1725.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 09  |   | 06  |   | 2025        |

Transaction ID : SA11AI.5721

Amount of Each Receipt this Period

50.00

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

580.00

# **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 12 OF 39

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

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

NAMAYEGA, SANDRA, , ,

**A.**

Mailing Address 1809 TRIPPLE FEATHER RD

City  
Severn

State  
MD

Zip Code  
21144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NURSE

Occupation  
JOHN HOPKINS

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  
08 05 2025

Transaction ID : SA11AI.5959

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NAMAYEGA, SANDRA, , ,

**B.**

Mailing Address 1809 TRIPPLE FEATHER RD

City  
Severn

State  
MD

Zip Code  
21144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NURSE

Occupation  
JOHN HOPKINS

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 30 2025

Transaction ID : SA11AI.5963

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NAMAYEGA, SANDRA, , ,

**C.**

Mailing Address 1809 TRIPPLE FEATHER RD

City  
Severn

State  
MD

Zip Code  
21144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NURSE

Occupation  
JOHN HOPKINS

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 05 2025

Transaction ID : SA11AI.5965

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

250.00

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

PAGE 13 OF 39

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Ponte, Jonathan, , ,

**A.** Mailing Address 15 Saw Mill , Unit 201

City

North Kingstown

State

RI

Zip Code

02852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Small Business Advisors LLC

Occupation

Loan Broker

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 08  |   | 15  |   | 2025        |

Transaction ID : SA11AI.5743

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Rogers, Michael, , ,

**B.** Mailing Address 8613 Indian Springs Rd

City

Laurel

State

MD

Zip Code

20724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Best efforts

Occupation

Best efforts

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.5811

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Sarpong, Kobby, , ,

**C.** Mailing Address 13708 Kings Isle Ct

City

Bowie

State

MD

Zip Code

20721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Redeemers Church of Christ

Occupation

Pastor

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 08  |   | 19  |   | 2025        |

Transaction ID : SA11AI.5800

Amount of Each Receipt this Period

1050.00

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

3050.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 39

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

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Sebakijje, Ronald, , ,

**A.**

Mailing Address 7525 Resch Loop

City

Glen Burnie

State

MD

Zip Code

21061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

QQQ

Occupation

Engineer

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  
09 05 2025

Transaction ID : SA11AI.5944

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Sendi, Tezira, , ,

**B.**

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: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 01 2025

Transaction ID : SA11AI.5789

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Sendi, Tezira, , ,

**C.**

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: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 02 2025

Transaction ID : SA11AI.5790

Amount of Each Receipt this Period

100.00

☐ 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:  
(check only one)

PAGE 15 OF 39

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

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Sendi, Tezira, , ,

**A.**

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: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 29 2025

Transaction ID : SA11AI.5793

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Singh, Sonia, , ,

**B.**

Mailing Address 5 Bell Bluff ct

City

Gaithersburg

State

MD

Zip Code

20879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GD

Occupation

Human Resources

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  
09 18 2025

Transaction ID : SA11AI.5900

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Tyler, Kevin, , ,

**C.**

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: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 25 2025

Transaction ID : SA11AI.5960

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

400.00

**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)

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

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Yenchi, Eric, , ,

**A.**

Mailing Address 8102 Kittama Dr

City  
CLINTON

State  
MD

Zip Code  
20735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Standard Healthcare Plus

Occupation  
Nurse Practitioner

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  
08 29 2025

Transaction ID : SA11AI.6018

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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

Full Name (Last, First, Middle Initial)

**C.**

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)..... ▶

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

250.00

11155.00

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

PAGE 17 OF 39

|                              |                                         |                              |                              |                             |
|------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b            | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12  | <input checked="" type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

BAREEBE, QUINCY, , ,

**A.**

Mailing Address 1121 ANNAPOLIS RD

#158

City

ODENTON

State

MD

Zip Code

21113

FEC ID number of contributing  
federal political committee.**C** H4MD05235

Name of Employer

Royal Home Care and Staffing

Occupation

Owner

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

610000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA13A.6077

Amount of Each Receipt this Period

500000.00

☐ Memo Item

Loan from candidate

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

500000.00

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

500000.00

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

PAGE 18 OF 39

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

QUINCY BAREEBE FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address 366 Summer Street

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 13  |   | 2025    |

City  
SomervilleState  
MAZip Code  
02144

FEC Identification Number

C

Purpose of Disbursement  
CC Fees

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.6035

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address 366 Summer Street

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 18  |   | 2025    |

City  
SomervilleState  
MAZip Code  
02144

FEC Identification Number

C

Purpose of Disbursement  
CC Fees

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.6034

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address 366 Summer Street

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 30  |   | 2025    |

City  
SomervilleState  
MAZip Code  
02144

FEC Identification Number

C

Purpose of Disbursement  
CC Fees

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

419.85

Transaction ID : SB17.6036

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

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

3069.85

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

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

PAGE 19 OF 39

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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

NAME OF COMMITTEE (In Full)

QUINCY BAREEBE FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Andama, Donna, , ,**

Mailing Address 17741 Larchmont ter.

City  
GaithersburgState  
MDZip Code  
20877Purpose of Disbursement  
Wages

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.6025

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Andama, Donna, , ,**

Mailing Address 17741 Larchmont ter.

City  
GaithersburgState  
MDZip Code  
20877Purpose of Disbursement  
Wages

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.6026

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Aramide**

Mailing Address 13499 Baltimore Ave

City  
LaurelState  
MDZip Code  
20707Purpose of Disbursement  
Styalist Consulting

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1547.60

Transaction ID : SB17.6038

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

1947.60

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

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

PAGE 20 OF 39

|                                               |                             |                              |                              |
|-----------------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                           | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

QUINCY BAREEBE FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Aramide**

Mailing Address 13499 Baltimore Ave

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 30  |   | 2025    |

City  
LaurelState  
MDZip Code  
20707

FEC Identification Number

C

Purpose of Disbursement  
Stylist Consulting

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1012.29

Transaction ID : SB17.6039

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                            |                   |                                  |
|--------------------------------------------|-------------------|----------------------------------|
| <input checked="checked" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>                   | Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Atuhaire, Caroline, , ,**

Mailing Address EBII Group Corp

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 05  |   | 2025    |

City  
WashingtonState  
DCZip Code  
20004

FEC Identification Number

C

Purpose of Disbursement  
Wages

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

334.00

Transaction ID : SB17.6024

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                            |                   |                                  |
|--------------------------------------------|-------------------|----------------------------------|
| <input checked="checked" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>                   | Other (specify) ▼ |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Belle, Kim, , ,**

Mailing Address 13499 Baltimore Ave

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 30  |   | 2025    |

City  
LaurelState  
MDZip Code  
20707

FEC Identification Number

C

Purpose of Disbursement  
Videographer

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.6030

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                            |                   |                                  |
|--------------------------------------------|-------------------|----------------------------------|
| <input checked="checked" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>                   | Other (specify) ▼ |                                  |

State:

District:

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

2846.29

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

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

PAGE 21 OF 39

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

QUINCY BAREEBE FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. DECOTEAU, KESTON, , ,**

Mailing Address 4338 Parkside Dr

City  
BaltimoreState  
MDZip Code  
21206Purpose of Disbursement  
Photography

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2040.50

Transaction ID : SB17.6028

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Dent Consulting Group**

Mailing Address 7526 Connelley Dr

City  
HanoverState  
MDZip Code  
21076Purpose of Disbursement  
Rent

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 5 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1680.00

Transaction ID : SB17.6040

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Genergi Logistics**

Mailing Address 7526 Connelley Drive Suite C

City  
HanoverState  
MDZip Code  
21076Purpose of Disbursement  
General Consulting - Direct Mail

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 4 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

16903.75

Transaction ID : SB17.6043

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

20624.25

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

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

PAGE 22 OF 39

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

QUINCY BAREEBE FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Genergi Logistics**

Mailing Address 7526 Connelley Drive Suite C

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 21  |   | 2025    |

City  
HanoverState  
MDZip Code  
21076

FEC Identification Number

C

Purpose of Disbursement  
General Consulting - Direct Mail

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

25220.23

Transaction ID : SB17.6044

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For: 2026

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Genergi Logistics**

Mailing Address 7526 Connelley Drive Suite C

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 04  |   | 2025    |

City  
HanoverState  
MDZip Code  
21076

FEC Identification Number

C

Purpose of Disbursement  
General Consulting, consulting and staffing fees

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

13100.00

Transaction ID : SB17.6045

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For: 2026

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Genergi Logistics**

Mailing Address 7526 Connelley Drive Suite C

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 27  |   | 2025    |

City  
HanoverState  
MDZip Code  
21076

FEC Identification Number

C

Purpose of Disbursement  
General Consulting - Direct Mail

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

14392.00

Transaction ID : SB17.6046

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For: 2026

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State:

District:

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

52712.23

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

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

PAGE 23 OF 39

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

QUINCY BAREEBE FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Kingdom Celebration**

Mailing Address 952 Annapolis Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 29  |   | 2025    |

City  
GambrillsState  
MDZip Code  
21054

FEC Identification Number

C

Purpose of Disbursement  
Fundraising

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2250.00

Transaction ID : SB17.6053

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Numero Inc**

Mailing Address 695 Town Center Dr.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 07  |   | 2025    |

City  
Costa MesaState  
CAZip Code  
92626

FEC Identification Number

C

Purpose of Disbursement  
Database

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1350.00

Transaction ID : SB17.6055

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Numero Inc**

Mailing Address 695 Town Center Dr.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 02  |   | 2025    |

City  
Costa MesaState  
CAZip Code  
92626

FEC Identification Number

C

Purpose of Disbursement  
Database

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1045.00

Transaction ID : SB17.6056

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

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

4645.00

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

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

PAGE 24 OF 39

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

QUINCY BAREEBE FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Numero Inc**

Mailing Address 695 Town Center Dr.

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

City  
Costa MesaState  
CAZip Code  
92626

FEC Identification Number

C

Purpose of Disbursement  
Database

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

582.30

Transaction ID : SB17.6057

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. Scale to Win**

Mailing Address 13742 Harper St

Date of Disbursement

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

City  
Santa AnaState  
CAZip Code  
92703

FEC Identification Number

C

Purpose of Disbursement  
Database

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3979.00

Transaction ID : SB17.6059

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. Sebakijje, Wasswa, , ,**

Mailing Address 7525 Resch Loop

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 8 |   | 2 | 0 | 2 | 5 |

City  
Glen BurnieState  
MDZip Code  
21061

FEC Identification Number

C

Purpose of Disbursement  
Financial Consulting

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

825.00

Transaction ID : SB17.6033

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

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

5386.30

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

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

PAGE 25 OF 39

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Sendi, Tezira, , ,**

Mailing Address 9315 hilltop Ct

City  
LaurelState  
MDZip Code  
20708Purpose of Disbursement  
Wages

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**600.00**

Transaction ID : SB17.6031

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. She Rises**

Mailing Address P.O Box 52

City  
BurtonsvilleState  
MDZip Code  
20866Purpose of Disbursement  
Tickets to event for campaign staff

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**520.00**

Transaction ID : SB17.6061

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Slay to Success**

Mailing Address 2818 Broad Wing Dr

City  
OdentonState  
MDZip Code  
21113Purpose of Disbursement  
Candidate clothing for event

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 2 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**500.00**

Transaction ID : SB17.6063

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**1620.00****TOTAL** This Period (last page this line number only).....▶

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

PAGE 26 OF 39

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**QUINCY BAREEBE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Square**

Mailing Address 225 Varick Street

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 9 |   | 2 | 0 | 2 | 5 |

City  
New YorkState  
NYZip Code  
10014Purpose of Disbursement  
Bank Fees

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

153.29

Transaction ID : SB17.6065

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Square**

Mailing Address 225 Varick Street

Date of Disbursement

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

City  
New YorkState  
NYZip Code  
10014Purpose of Disbursement  
Bank Fees

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

35.62

Transaction ID : SB17.6066

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. Square**

Mailing Address 225 Varick Street

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 7 |   | 2 | 0 | 2 | 5 |

City  
New YorkState  
NYZip Code  
10014Purpose of Disbursement  
Bank Fees

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

35.62

Transaction ID : SB17.6067

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

224.53

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

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

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

QUINCY BAREEBE FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Square**

Mailing Address 225 Varick Street

City  
New YorkState  
NYZip Code  
10014Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 9 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

20.60

Transaction ID : SB17.6068

☐ Memo Item**B. Stronghart Productions**

Mailing Address 7808 Braygreen Rd #7

City  
LaurelState  
MDZip Code  
20707Purpose of Disbursement  
Social Media

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 4 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

575.00

Transaction ID : SB17.6070

☐ Memo Item**C. Van Mason, Camera, , ,**

Mailing Address 338 Fairfield Drive

City  
SevernState  
MDZip Code  
21144Purpose of Disbursement  
Wages

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.6021

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

1195.60

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

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

PAGE 28 OF 39

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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

NAME OF COMMITTEE (In Full)

QUINCY BAREEBE FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Van Mason, Camera, , ,**

Mailing Address 338 Fairfield Drive

City  
SevernState  
MDZip Code  
21144Purpose of Disbursement  
Wages

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.6022

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Zend LLC**

Mailing Address 7404 Executive Place

City  
LanhamState  
MDZip Code  
20706Purpose of Disbursement  
Advertising

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

850.00

Transaction ID : SB17.6076

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                                  |
|--------------------------|-------------------|----------------------------------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

1100.00

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

95371.65

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

PAGE 29 OF 39

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4414

QUINCY BAREEBE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

BAREEBE, QUINCY, , ,

Mailing Address

1121 ANNAPOLIS RD  
#158

City

ODENTON

State

MD

ZIP Code

21113

☒ Personal Funds of the Candidate

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

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)

☐ 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).....▶

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

PAGE 30 OF 39

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4447

QUINCY BAREEBE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

BAREEBE, QUINCY, , ,

Mailing Address

1121 ANNAPOLIS RD  
#158

City

ODENTON

State

MD

ZIP Code

21113

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

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)

☐ 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).....▶

5000.00

**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**

PAGE 31 OF 39

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5198

QUINCY BAREEBE FOR CONGRESS

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

Election: 2024

BAREEBE, QUINCY, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1121 ANNAPOLIS RD  
#158

City

State

ZIP Code

ODENTON

MD

21113

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 18 / 2024

M M / D D / Y Y Y Y

11/5/24

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).....▶

15000.00

**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**

PAGE 32 OF 39

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5194

QUINCY BAREEBE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

BAREEBE, QUINCY, , ,

Mailing Address

1121 ANNAPOLIS RD  
#158

City

ODENTON

State

MD

ZIP Code

21113

☒ Personal Funds of the Candidate

Original Amount of Loan

24500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

24500.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 07 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

11/5/24

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).....▶

24500.00

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

PAGE 33 OF 39

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5197

QUINCY BAREEBE FOR CONGRESS

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

Election: 2024

BAREEBE, QUINCY, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1121 ANNAPOLIS RD  
#158

City

ODENTON

State

MD

ZIP Code

21113

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 12 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

11/5/24

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).....▶

20000.00

**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**

PAGE 34 OF 39

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5196

QUINCY BAREEBE FOR CONGRESS

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

Election: 2024

BAREEBE, QUINCY, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1121 ANNAPOLIS RD  
#158

City

ODENTON

State

MD

ZIP Code

21113

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 15 / 2024

M M / D D / Y Y Y Y

11/5/24

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).....▶

30000.00

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

PAGE 35 OF 39

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5195

QUINCY BAREEBE FOR CONGRESS

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

Election: 2024

BAREEBE, QUINCY, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1121 ANNAPOLIS RD  
#158

City

ODENTON

State

MD

ZIP Code

21113

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 / 22 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

11/5/24

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).....▶

10000.00

**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**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5298

QUINCY BAREEBE FOR CONGRESS

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

Election: 2024

BAREEBE, QUINCY, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1121 ANNAPOLIS RD  
#158

City

State

ZIP Code

ODENTON

MD

21113

☒ Personal Funds of the Candidate

Original Amount of Loan

4165.22

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4165.22

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 31 / 2024

M M / D D / Y Y Y Y

12/31/24

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).....▶

4165.22

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

PAGE 37 OF 39

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5421

QUINCY BAREEBE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

BAREEBE, QUINCY, , ,

Mailing Address

1121 ANNAPOLIS RD  
#158

City

ODENTON

State

MD

ZIP Code

21113

☒ Personal Funds of the Candidate

Original Amount of Loan

100500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100500.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 02 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

11/5/24

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).....▶

100500.00

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5492

QUINCY BAREEBE FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

BAREEBE, QUINCY, , ,

Mailing Address

1121 ANNAPOLIS RD  
#158

City

ODENTON

State

MD

ZIP Code

21113

☒ Personal Funds of the Candidate

Original Amount of Loan

110000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

110000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

12/31/26

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).....▶

110000.00

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

PAGE 39 OF 39

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6077

QUINCY BAREEBE FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

BAREEBE, QUINCY, , ,

Mailing Address

1121 ANNAPOLIS RD  
#158

City

ODENTON

State

MD

ZIP Code

21113

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 30 / 2025

M M / D D / Y Y Y Y

12/31/26

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).....▶

500000.00

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

819665.22

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