

**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

through

M M /

D D /

Y Y Y Y

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

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:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	6625.00	6880.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6625.00	6880.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	38531.23	38960.34
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	38531.23	38960.34
8. Cash on Hand at Close of Reporting Period (from Line 27)	78111.58	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	319665.22	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

QUINCY BAREEBE FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 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).....

4070.00

4070.00

(ii) Unitemized

2555.00

2810.00

(iii) TOTAL of contributions
from individuals ▶

6625.00

6880.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

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

6625.00

6880.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

110000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

110000.00

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

0.00

0.00

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

17.81

17.81

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

6642.81

116897.81

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	38531.23	38960.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	38531.23	38960.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	110000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6642.81
25. SUBTOTAL (add Line 23 and Line 24).....	116642.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	38531.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	78111.58

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3A

Transaction ID :

Amendment adds expense purposes that failed to import

Form/Schedule:

Transaction ID:

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

PAGE 6 OF 23

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

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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 ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	5	

Transaction ID : SA11AI.5559

Amount of Each Receipt this Period

300.00



Memo Item

Full Name (Last, First, Middle Initial)

MATOVU, ISAAC, , ,

B.

Mailing Address 4410 W DONNER DR

City

Laveen Village

State

AZ

Zip Code

85339

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

Glee living LLC

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	5	

Transaction ID : SA11AI.5563

Amount of Each Receipt this Period

1000.00



Memo Item

Full Name (Last, First, Middle Initial)

MINROV, ALEX, , ,

C.

Mailing Address 18508 KINGSHILL RD

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer

CEO

Occupation

ACTA SHIPPING

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	5	

Transaction ID : SA11AI.5531

Amount of Each Receipt this Period

400.00



Memo Item

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

1700.00

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

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

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

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NAME OF COMMITTEE (In Full)

QUINCY BAREEBE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Nabukeera, Matilda, , ,

A. Mailing Address 9004 Early April WayCity
ColumbiaState
MDZip Code
21046FEC ID number of contributing
federal political committee.

C

Name of Employer
Not EmployedOccupation
Not Employed

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
05 13 2025

Transaction ID : SA11AI.5507

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Najjombwe, Ruth, , ,

B. Mailing Address 200 Trotter Road Apt 411City
WeymouthState
MAZip Code
02190FEC 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 ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 06 2025

Transaction ID : SA11AI.5502

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Najjombwe, Ruth, , ,

C. Mailing Address 200 Trotter Road Apt 411City
WeymouthState
MAZip Code
02190FEC 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 ▼

1045.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 05 2025

Transaction ID : SA11AI.5526

Amount of Each Receipt this Period

20.00

☐ Memo Item

2020.00

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

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

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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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 ▼

1095.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	2	5

Transaction ID : SA11AI.5541

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Turina, Agenes, , ,

B. Mailing Address 2621 orchard oriole way

City

Odenton

State

MD

Zip Code

21113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not EmployedOccupation
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
0	5		0	2		2	0	2	5

Transaction ID : SA11AI.5498

Amount of Each Receipt this Period

300.00

☐ 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

Amount of Each Receipt this Period

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

350.00

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

4070.00

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

PAGE 9 OF 23

☒ 17	☐ 18	☐ 19a	☐ 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. ActBlue

Mailing Address 366 Summer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	5

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

59.06

Transaction ID : SB17.5672

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	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
0	6		2	5		2	0	2	5

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

9.69

Transaction ID : SB17.5671

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	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
0	6		3	0		2	0	2	5

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

23.34

Transaction ID : SB17.5670

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

92.09

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

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

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☒ 17	☐ 18	☐ 19a	☐ 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. Andama, Donna, , ,

Mailing Address 17741 Larchmont ter.

City
GaithersburgState
MDZip Code
20877Purpose of Disbursement
Event Tickets

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.5698

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Aton LLC

Mailing Address 626C Admiral Dr

City
AnnapolisState
MDZip Code
21401Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.5679

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Aton LLC

Mailing Address 626C Admiral Dr

City
AnnapolisState
MDZip Code
21401Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.5680

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

6800.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 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. Dent Consulting Group

Mailing Address 7526 Connelley Dr

City
HanoverState
MDZip Code
21076Purpose of Disbursement
General Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6500.00

Transaction ID : SB17.5684

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dent Consulting Group

Mailing Address 7526 Connelley Dr

City
HanoverState
MDZip Code
21076Purpose of Disbursement
General Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.5681

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dent Consulting Group

Mailing Address 7526 Connelley Dr

City
HanoverState
MDZip Code
21076Purpose of Disbursement
General Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

6553.09

Transaction ID : SB17.5685

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

18053.09

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

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

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☒ 17	☐ 18	☐ 19a	☐ 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. Dent Consulting Group

Mailing Address 7526 Connelley Dr

City
HanoverState
MDZip Code
21076Purpose of Disbursement
General Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2200.00

Transaction ID : SB17.5682

☐ Memo Item**B. Dent Consulting Group**

Mailing Address 7526 Connelley Dr

City
HanoverState
MDZip Code
21076Purpose of Disbursement
General Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

8086.00

Transaction ID : SB17.5683

☐ Memo Item**C. NGP VAN**

Mailing Address 655 15th St NW #650

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Direct Mail

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

965.00

Transaction ID : SB17.5689

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

11251.00

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

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

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NAME OF COMMITTEE (In Full)

QUINCY BAREEBE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Swahili Villa

Mailing Address 10800 Rhode Island Ave N

Date of Disbursement

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

City
BeltsvilleState
MDZip Code
20705

FEC Identification Number

CPurpose of Disbursement
Volunteer Meals

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

315.88

Transaction ID : SB17.5694

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Uganda Martyrs Society

Mailing Address 11720 Beltsville Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2025

City
BeltsvilleState
MDZip Code
20705

FEC Identification Number

CPurpose of Disbursement
Charity Donation

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5695

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Wetati Academy

Mailing Address 4018 Campus Dr

Date of Disbursement

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

City
College ParkState
MDZip Code
20742

FEC Identification Number

CPurpose of Disbursement
Charity Donation

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.5697

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

2015.88

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

38212.06

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 23

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/10.4414

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)
LOANSUse 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/10.4447

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

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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 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 17 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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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

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

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

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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/10.5197

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

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

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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 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

☒ 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

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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 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

☒ 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

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

ODENTON

State

MD

ZIP Code

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

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 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)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 23

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

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

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).....▶

319665.22

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