

**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

Elizabeth Anderson for Congress

ADDRESS (number and street)

PO Box 43234



Check if different than previously reported. (ACC)

Vestavia Hilla

AL

35243

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00857342

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

STATE ▼ DISTRICT

AL

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

11 10 2023

through

M M / D D / Y Y Y Y

12 31 2023

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

Type or Print Name of Treasurer Anderson, Elizabeth, , ,

Signature of Treasurer

Anderson, Elizabeth, , ,

Date

M M / D D / Y Y Y Y

02 10 2024

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

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

Elizabeth Anderson for Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 10 2023

To:

M M / D D / Y Y Y Y
12 31 2023

	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))	7212.00	7212.00
(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))	7212.00	7212.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5254.05	5254.05
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	5254.05	5254.05
8. Cash on Hand at Close of Reporting Period (from Line 27)	7395.90	
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)	3480.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Elizabeth Anderson for Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 10 2023

To:

M M / D D / Y Y Y Y
12 31 2023**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

3255.00

3255.00

(ii) Unitemized

315.00

315.00

(iii) TOTAL of contributions
from individuals ▶

3570.00

3570.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

3642.00

3642.00

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

7212.00

7212.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

3480.00

3480.00

(b) All Other Loans.....

0.00

0.00

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

3480.00

3480.00

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

0.00

0.00

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

0.00

0.00

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

10692.00

10692.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5254.05	5254.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5254.05	5254.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1957.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10692.00
25. SUBTOTAL (add Line 23 and Line 24).....	12649.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5254.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7395.90

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

PAGE 5 OF 10

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

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)

Elizabeth Anderson for Congress

Full Name (Last, First, Middle Initial)

Northrop, Emily, M, ,

A.

Mailing Address 212 Woodside Dr

City

Birmingham

State

AL

Zip Code

35210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period

1000.00



Memo Item

B.

Full Name (Last, First, Middle Initial)

Northrop, Emily, M, ,

Mailing Address 212 Woodside Dr

City

Birmingham

State

AL

Zip Code

35210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1005.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	3	

Transaction ID : SA11AI.4109

Amount of Each Receipt this Period

5.00



Memo Item

C.

Full Name (Last, First, Middle Initial)

Northrop, John O, , ,

Mailing Address 222 Raymond Dr

City

Homewood

State

AL

Zip Code

35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period

1000.00



Memo Item

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

2005.00

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)

PAGE 6 OF 10

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

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NAME OF COMMITTEE (In Full)

Elizabeth Anderson for Congress

Full Name (Last, First, Middle Initial)

Sturdevant, Marsha, , ,

A. Mailing Address 5172 Stonehaven Drive

City

Birmingham

State

AL

Zip Code

35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2023			

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Talley, Kelly, , ,

B. Mailing Address 5031 8th Terrance S

City

Birmingham

State

AL

Zip Code

35212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tatum Design

Occupation

Web Developer

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2023			

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period

250.00

☐ 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)..... ▶

1250.00

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

3255.00

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

PAGE 7 OF 10

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

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NAME OF COMMITTEE (In Full)

Elizabeth Anderson for Congress

Full Name (Last, First, Middle Initial)

Anderson, Elizabeth, , ,

A.

Mailing Address PO Box 43234

City

Vestavia Hills

State

AL

Zip Code

35243

FEC ID number of contributing
federal political committee.

C H4AL06189

Name of Employer

LunarLab Benefit LLC

Occupation

Entrepreneur

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 10 2023

Transaction ID : SA11D.4116

Amount of Each Receipt this Period

3480.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Anderson, Elizabeth, , ,

Mailing Address PO Box 43234

City

Vestavia Hills

State

AL

Zip Code

35243

FEC ID number of contributing
federal political committee.

C H4AL06189

Name of Employer

LunarLab Benefit LLC

Occupation

Entrepreneur

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7026.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 17 2023

Transaction ID : SA11D.4117

Amount of Each Receipt this Period

66.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Anderson, Elizabeth, , ,

Mailing Address PO Box 43234

City

Vestavia Hills

State

AL

Zip Code

35243

FEC ID number of contributing
federal political committee.

C H4AL06189

Name of Employer

LunarLab Benefit LLC

Occupation

Entrepreneur

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7122.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 19 2023

Transaction ID : SA11D.4118

Amount of Each Receipt this Period

96.00

☐ Memo Item

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

3642.00

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

3642.00

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

PAGE 8 OF 10

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

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NAME OF COMMITTEE (In Full)

Elizabeth Anderson for Congress

Full Name (Last, First, Middle Initial)

Anderson, Elizabeth, , ,

A. Mailing Address PO Box 43234

City
Vestavia HillsState
ALZip Code
35243FEC ID number of contributing
federal political committee.

C H4AL06189

Name of Employer
LunarLab Benefit LLCOccupation
Entrepreneur

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6960.00

Date of Receipt

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

Transaction ID : SA13A.4140

Amount of Each Receipt this Period

3480.00

☐ Memo Item
Qualifying Fee

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

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

3480.00

3480.00

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 10

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Elizabeth Anderson for Congress

Full Name (Last, First, Middle Initial)

A. Alabama Democratic Party

Mailing Address PO Box 950

City
MontgomeryState
ALZip Code
36101Purpose of Disbursement
Party qualifying fee

001

Candidate Name
Elizabeth Anderson for CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11	/	10	/	2023

FEC Identification Number

C C00857342

Amount of Each Disbursement this Period

3480.00

Transaction ID : SB17.4125

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. EMac Consulting

Mailing Address 5229 Dresden Road

City
BirminghamState
ALZip Code
35210Purpose of Disbursement
Fundraising Consulting

001

Candidate Name
Elizabeth Anderson for CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12	/	20	/	2023

FEC Identification Number

C C00857342

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4123

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ 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).....▶

4980.00

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

4980.00

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

PAGE 10 OF 10

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4140

Elizabeth Anderson for Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Anderson, Elizabeth, , ,

Mailing Address

PO Box 43234

City

Vestavia Hills

State

AL

ZIP Code

35243

☒ Personal Funds of the Candidate

Original Amount of Loan

3480.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3480.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 10 / 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).....▶

3480.00

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

3480.00

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