



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, D.C. 20003

REPORT OF RECEIPTS AND EXPENDITURES
FOR CANDIDATES, PRINCIPAL CAMPAIGN OR POLITICAL COMMITTEES,
POLITICAL ACTION COMMITTEES, INDEPENDENT EXPENDITURE COMMITTEES

SUMMARY PAGE

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Elect Linda for US Rep Committee 2024	2. OCF Identification Number PCCREP247336
Address 6430 Blair Road, NW	3. Is this report an Amendment? (Yes or No) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City, State and Zip Code Washington, DC 20012	

4. TYPE OF REPORT: **June 10th Report**

This REPORT contains activity for: **Primary Election**

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 3/11/2024 through 6/10/2024		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 0.00	
(c) Total Receipts [from Line (16)]	\$ 4,568.87	\$ 4,568.87
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 4,568.87	
7. Total Expenditures (from Line 22)	\$ 3,218.87	\$ 3,218.87
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 1,350.00	
9. Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D)	\$ 19,306.62	\$ 19,306.62
10. (a) Loans Owed By the Committee to the Candidate (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) Loans from other sources made to the Committee (itemize all on Schedule E-1)	\$ 0.00	\$ 0.00

CERTIFICATIONS/OATHS AND AFFIRMATIONS OF FILERS OF REPORTS OF RECEIPTS AND EXPENDITURES

(1) OATH OR AFFIRMATION OF CANDIDATE IF FILING

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY, THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT I USED ALL REASONABLE DUE DILIGENCE TO ENSURE THAT I AND THE POLITICAL COMMITTEES AFFILIATED/AUTHORIZED BY MY CAMPAIGN ARE IN COMPLIANCE WITH THE REPORTING REQUIREMENTS OF THE DISTRICT OF COLUMBIA CAMPAIGN FINANCE ACT OF 2011, AND HAVE ADVISED ALL CONTRIBUTORS OF THE OBLIGATIONS IMPOSED ON CONTRIBUTORS BY THE CAMPAIGN FINANCE ACT.

TYPE OR PRINT FULL NAME OF CANDIDATE

SIGNATURE OF CANDIDATE

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(2) OATH OR AFFIRMATION OF COMMITTEE TREASURER

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE, CORRECT AND COMPLETE.

David Meadows

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

06/28/2024

SIGNATURE OF TREASURER

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(3) OATH OR AFFIRMATION OF COMMITTEE TREASURER OF INDEPENDENT EXPENDITURE COMMITTEE

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT THE COMMITTEE HAS MADE NO CONTRIBUTIONS OR TRANSFER OF FUNDS TO ANY PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION COMMITTEE.

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(4) OATH OR AFFIRMATION OF COMMITTEE TREASURER OF POLITICAL ACTION COMMITTEE

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT THE CONTRIBUTIONS RECEIVED BY THE COMMITTEE AND THE EXPENDITURES MADE HAVE NOT BEEN CONTROLLED OR DIRECTED BY ANY PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL PARTY.

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND EXPENDITURES
OCF Form 16, Page 2**

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Elect Linda for US Rep Committee 2024	REPORT COVERING THE PERIOD FROM: 3/11/2024 TO: 6/10/2024	
I. RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE T0-DATE CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 2,300.00	\$ 2,300.00 11(a)
(b) Political Party Committees (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) The Candidate (Schedule A-3)	\$ 268.87	\$ 268.87 11(d)
(e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4)	\$ 2,000.00	\$ 2,000.00 11(e)
(f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the candidate or committee (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) Non Contribution Receipts (Schedule A-8)	\$ 0.00	\$ 0.00 11(g)
(h) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e), (f) and (g)]	\$ 4,568.87	\$ 4,568.87 11(h)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS		
(a) Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 13(b)
(c) Total Loans [add Lines 13(a) and (b)]	\$ 0.00	\$ 0.00 13(c)
14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5)	\$ 0.00	\$ 0.00 14
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$ 0.00	\$ 0.00 15
16. TOTAL RECEIPTS [add Lines 11(g), 12, 13(c), 14 and 15]	\$ 4,568.87	\$ 4,568.87 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 3,218.87	\$ 3,218.87 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) Of Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 19(b)
(c) Total Loan Repayments [add Lines 19(a) and 19(b)]	\$ 0.00	\$ 0.00 19(c)
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Organizations Other Than Political Committees (Schedule B-2)	\$ 0.00	\$ 0.00 20(a)
(b) Political Party Committees (Schedule B-3)	\$ 0.00	\$ 0.00 20(b)
(c) Other Political Committees and PACs (Schedule B-4)	\$ 0.00	\$ 0.00 20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]	\$ 0.00	\$ 0.00 20(d)
21. OTHER EXPENDITURES		
(a) Independent Expenditures (Schedule B-5)	\$ 0.00	\$ 0.00 21(a)
(b) Offsets to Receipts (Schedule B-6)	\$ 0.00	\$ 0.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 0.00	\$ 0.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 3,218.87	\$ 3,218.87 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		4,568.87
25. SUBTOTAL (add Lines 23 and 24)		4,568.87
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)		3,218.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		1,350.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Committee (Name of Candidate, if Candidate is reporting) Elect Linda for US Rep Committee 2024			
1. Full Name, Mailing Address and Zip Code Yvette Lewis 3609 Denmark Pl, Bowie, MD 20721	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/10/2024	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 250.00
2. Full Name, Mailing Address and Zip Code James Bubar 3206 Tennyson St NW, Washington, DC 20015	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/15/2024	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Self 1776 K St NW, Washington, DC 20006		
Aggregate Year-To-date			\$ 100.00
3. Full Name, Mailing Address and Zip Code Alicia Andrews 2839 S 67th E Ave, Tulsa, OK 74129	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/18/2024	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Chair Name and Address of Employer Oklahoma Democratic Party 2839 S 67th E Ave, Tulsa, OK 74129		
Aggregate Year-To-date			\$ 25.00
4. Full Name, Mailing Address and Zip Code Casey Steinau 2081 Atwood Ave, Madison, WI 53704	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/19/2024	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Staffer Name and Address of Employer WI State Senate		
Aggregate Year-To-date			\$ 50.00
5. Full Name, Mailing Address and Zip Code Lee Wilson 1312 44th Pl SE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/24/2024	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Contractor/Consultant Name and Address of Employer Self Employed 1312 44th Pl SE, Washington, DC 20019		
Aggregate Year-To-date			\$ 25.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Elect Linda for US Rep Committee 2024

<p>6. Full Name, Mailing Address and Zip Code Dennis Hawkes 1009 Quebec Pl NW, Washington, DC 20010</p>	<p>Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)</p>	<p>Date (month, day, year) 05/01/2024</p>	<p>Amount of Each Receipt This Period \$ 125.00</p>
<p>Contributor Type Individual</p>	<p>Occupation Name and Address of Employer Retired</p>		
<p>Aggregate Year-To-date</p>			<p>\$ 125.00</p>
<p>7. Full Name, Mailing Address and Zip Code Christopher Turner 7208 Blair Rd NW, Washington, DC 20012</p>	<p>Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)</p>	<p>Date (month, day, year) 05/04/2024</p>	<p>Amount of Each Receipt This Period \$ 50.00</p>
<p>Contributor Type Individual</p>	<p>Occupation Attorney Name and Address of Employer SelfEmployed 7208 Blair Rd NW, Washington, DC 20012</p>		
<p>Aggregate Year-To-date</p>			<p>\$ 50.00</p>
<p>8. Full Name, Mailing Address and Zip Code Alan Holt 2321 36th St SE, Washington, DC 20020</p>	<p>Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)</p>	<p>Date (month, day, year) 05/06/2024</p>	<p>Amount of Each Receipt This Period \$ 125.00</p>
<p>Contributor Type Individual</p>	<p>Occupation Name and Address of Employer Retired</p>		
<p>Aggregate Year-To-date</p>			<p>\$ 125.00</p>
<p>9. Full Name, Mailing Address and Zip Code Dorothy Gray 212 Whittier St NW, Washington, DC 20012</p>	<p>Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)</p>	<p>Date (month, day, year) 05/20/2024</p>	<p>Amount of Each Receipt This Period \$ 1,000.00</p>
<p>Contributor Type Individual</p>	<p>Occupation Name and Address of Employer Retired</p>		
<p>Aggregate Year-To-date</p>			<p>\$ 1,000.00</p>
<p>10. Full Name, Mailing Address and Zip Code Vivette Davidson 11614 Bonaventure Dr, Upper Marlboro, MD 20774</p>	<p>Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)</p>	<p>Date (month, day, year) 05/21/2024</p>	<p>Amount of Each Receipt This Period \$ 250.00</p>
<p>Contributor Type Individual</p>	<p>Occupation Name and Address of Employer Not Employed</p>		
<p>Aggregate Year-To-date</p>			<p>\$ 250.00</p>

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Elect Linda for US Rep Committee 2024

11. Full Name, Mailing Address and Zip Code Sharon Shanklin-Brown 4635 Alabama Ave SE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/30/2024	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 100.00
12. Full Name, Mailing Address and Zip Code Doxie McCoy 3142 Berry Rd NE, Washington, DC 20018	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/30/2024	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Senior Counsel Name and Address of Employer D.C. Government 1400 I St NW, Washington, DC 20005		
Aggregate Year-To-date			\$ 50.00
13. Full Name, Mailing Address and Zip Code Damon Childs 221 Whittier St NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/02/2024	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 50.00
14. Full Name, Mailing Address and Zip Code Becky Vaughn 225 Whittier St NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/06/2024	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Self Employed 225 Whittier St NW, Washington, DC 20012		
Aggregate Year-To-date			\$ 100.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 2,300.00

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

Full Name of Committee (Name of Candidate, if Candidate is reporting)
Elect Linda for US Rep Committee 2024

	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Palm Cards	Date (month, day, year) 04/24/2024	Amount of Each Receipt This Period \$ 69.93
Aggregate Year-To-date			\$ 69.93
	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Palm Cards	Date (month, day, year) 05/07/2024	Amount of Each Receipt This Period \$ 67.90
Aggregate Year-To-date			\$ 137.83
	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Palm Cards	Date (month, day, year) 05/31/2024	Amount of Each Receipt This Period \$ 131.04
Aggregate Year-To-date			\$ 268.87

TOTAL This Period (Aggregate of all Receipt pages)	\$ 268.87
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TRANSFERS FROM AUTHORIZED COMMITTEES OF THE CANDIDATE IDENTIFIED IN THIS REPORT

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Full Name of Committee (Name of Candidate, if Candidate is reporting)
Elect Linda for US Rep Committee 2024

1. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month, day, year)	Amount of Each Receipt This Period
Elect Linda for US REP 6430 Blair Rd NW, Washington, DC 20012	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Other (Specify) Transfer <input type="checkbox"/> In Kind (Specify)	04/01/2024	\$ 2,000.00
Aggregate Year-To-date			\$ 2,000.00

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TOTAL This Period (Aggregate of all Receipt pages)	\$ 2,000.00
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FULL Name of Committee (Name of Candidate, if Candidate is reporting)

Elect Linda for US Rep Committee 2024

1. Full Name, Mailing Address and Zip Code Linda Gray 212 Whittier St NW, Washington, DC 20012	Purpose of Expenditure In-Kind	Date (month, day, year) 04/24/2024	Amount of Each Expenditure This Period \$ 69.93
Occupation	Name and Address of Employer Retired		
2. Full Name, Mailing Address and Zip Code Linda Gray 212 Whittier St NW, Washington, DC 20012	Purpose of Expenditure In-Kind	Date (month, day, year) 05/07/2024	Amount of Each Expenditure This Period \$ 67.90
Occupation	Name and Address of Employer Retired		
3. Full Name, Mailing Address and Zip Code Anthony Woods 808 Bladensburg Rd NE, Washington, DC 20002	Purpose of Expenditure Consultant	Date (month, day, year) 05/22/2024	Amount of Each Expenditure This Period \$ 450.00
Occupation Consulta	Name and Address of Employer Self 808 Bladensburg Rd NE, Washington, DC 20002		
4. Full Name, Mailing Address and Zip Code Anthony Woods 808 Bladensburg Rd NE, Washington, DC 20002	Purpose of Expenditure Consultant	Date (month, day, year) 05/31/2024	Amount of Each Expenditure This Period \$ 2,000.00
Occupation Consulta	Name and Address of Employer Self 808 Bladensburg Rd NE, Washington, DC 20002		
5. Full Name, Mailing Address and Zip Code Linda Gray 212 Whittier St NW, Washington, DC 20012	Purpose of Expenditure In-Kind	Date (month, day, year) 05/31/2024	Amount of Each Expenditure This Period \$ 131.04
Occupation	Name and Address of Employer Retired		
6. Full Name, Mailing Address and Zip Code Anthony Woods 808 Bladensburg Rd NE, Washington, DC 20002	Purpose of Expenditure Consultant	Date (month, day, year) 06/08/2024	Amount of Each Expenditure This Period \$ 500.00
Occupation Consulta	Name and Address of Employer Self 808 Bladensburg Rd NE, Washington, DC 20002		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 3,218.87

**SCHEDULE D
DEBTS AND OBLIGATIONS
Excluding Loans**

Full Name of Committee (Name of Candidate, if Candidate is reporting) Elect Linda for US Rep Committee 2024	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1. Full Name, Mailing Address and Zip Code of Debtor or Creditor Forest Printing Company 7214 West Madison Street, Washington, IL 60130	\$ 0.00	\$ 3,345.62	\$ 0.00	\$ 3,345.62
Nature of Debt (Purpose) Campaign Signs	Terms	Date Incurred 05/15/2024	Date Due	Interest Rate 0.00 % (apr)
2. Full Name, Mailing Address and Zip Code of Debtor or Creditor SB DIGITAL 2010 Massachusetts Ave NW Suite 200, Washington, DC 20036	\$ 0.00	\$ 5,961.00	\$ 0.00	\$ 5,961.00
Nature of Debt (Purpose) Campaign digital ads	Terms	Date Incurred 05/21/2024	Date Due	Interest Rate 0.00 % (apr)
3. Full Name, Mailing Address and Zip Code of Debtor or Creditor Second Street Associates 10 G Street NE Suite 600, Washington, DC 20002	\$ 0.00	\$ 10,000.00	\$ 0.00	\$ 10,000.00
Nature of Debt (Purpose) Campaign Consulting	Terms	Date Incurred 06/10/2024	Date Due	Interest Rate 0.00 % (apr)
<p>TOTAL This Period (aggregate the subtotal of all Debts and Obligations Schedules)</p>				<p>\$ 19,306.62</p>