

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.

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.

(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.

Mr. Ben Soto

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

07/30/2015

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) FreshPAC	REPORT COVERING THE PERIOD FROM: 2/1/2015 TO: 7/31/2015	
I. RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE TO-DATE CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 117,000.00	\$ 117,000.00 11(a)
(b) Political Party Committees (Schedule A-1)	\$ 5,000.00	\$ 5,000.00 11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$ 5,000.00	\$ 5,000.00 11(c)
(d) The Candidate (Schedule A-3)	\$ 0.00	\$ 0.00 11(d)
(e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4)	\$ 0.00	\$ 0.00 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) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e) and (f)]	\$ 127,000.00	\$ 127,000.00 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS		
(a) Loans owed BY The Candidate/PCC or the Committee (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) Loans owed TO The Candidate/PCC or 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]	\$ 127,000.00	\$ 127,000.00 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 33,012.00	\$ 33,012.00 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans owed BY the Candidate/PCC or the Committee (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) Of Loans owed TO the Candidate/PCC or 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)	\$ 1,000.00	\$ 1,000.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 1,000.00	\$ 1,000.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 34,012.00	\$ 34,012.00 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 127,000.00
25. SUBTOTAL (add Lines 23 and 24)		\$ 127,000.00
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)		\$ 34,012.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		\$ 92,988.00

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) FreshPAC			
1. Full Name, Mailing Address and Zip Code The Warrenton Group 5335 Wisconsin Avenue NW STE 440, Washington, DC 20015	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) 06/30/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
2. Full Name, Mailing Address and Zip Code W. Eric Magwood 217 P Street NW, Washington, DC 20001	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) 06/30/2015	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 1,000.00
3. Full Name, Mailing Address and Zip Code Frederick L. Hill 912 F Street NW Apt 208, Washington, DC 20004	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) 06/30/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
4. Full Name, Mailing Address and Zip Code Roger K. Clark 1415 Montague St NW, Washington, DC 20011	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) 06/30/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 250.00
5. Full Name, Mailing Address and Zip Code SP Associates III, LLC 4800 Hampden Ln STE 300, Bethesda, MD 20814	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) 06/30/2015	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 1,000.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

FreshPAC

<p>6. Full Name, Mailing Address and Zip Code Pennsylvania Building Associates C/O Willco 7811 Montrose Rd STE 200, Potomac, MD 20854</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) 06/30/2015</p>	<p>Amount of Each Receipt This Period \$ 2,000.00</p>
<p>Contributor Type Business Business Type Corporation</p>	<p>Occupation Name and Address of Employer</p>		
<p>Aggregate Year-To-date</p>			<p>\$ 2,000.00</p>
<p>7. Full Name, Mailing Address and Zip Code 1722 Eye St Assoc LP C/O Willco 7811 Montrose Rd STE 200, Potomac, MD 20854</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) 06/30/2015</p>	<p>Amount of Each Receipt This Period \$ 2,000.00</p>
<p>Contributor Type Business Business Type Corporation</p>	<p>Occupation Name and Address of Employer</p>		
<p>Aggregate Year-To-date</p>			<p>\$ 2,000.00</p>
<p>8. Full Name, Mailing Address and Zip Code Vermont Assoc C/O Willco 7811 Montrose Rd STE 200, Ptomac, MD 20854</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) 06/30/2015</p>	<p>Amount of Each Receipt This Period \$ 2,000.00</p>
<p>Contributor Type Business Business Type Corporation</p>	<p>Occupation Name and Address of Employer</p>		
<p>Aggregate Year-To-date</p>			<p>\$ 2,000.00</p>
<p>9. Full Name, Mailing Address and Zip Code CLH New York Ave, LLC C/O Willco 7811 Montrose Rd STE 200, Potomac, MD 20854</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) 06/30/2015</p>	<p>Amount of Each Receipt This Period \$ 2,000.00</p>
<p>Contributor Type Business Business Type Limited Liability Company</p>	<p>Occupation Name and Address of Employer</p>		
<p>Aggregate Year-To-date</p>			<p>\$ 2,000.00</p>
<p>10. Full Name, Mailing Address and Zip Code Vanguard Building LP C/O Willco 7811 Montrose Rd STE 200, Potomac, MD 20854</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) 06/30/2015</p>	<p>Amount of Each Receipt This Period \$ 2,000.00</p>
<p>Contributor Type Business Business Type Corporation</p>	<p>Occupation Name and Address of Employer</p>		
<p>Aggregate Year-To-date</p>			<p>\$ 2,000.00</p>

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

FreshPAC

11. Full Name, Mailing Address and Zip Code Republic Properties Corp 1280 Maryland Ave SW STE 280, Washington, DC 20024	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) 06/30/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
12. Full Name, Mailing Address and Zip Code Florida Investment Group LLLP 3800 Frederick Ave, Baltimore, MD 21229	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) 06/30/2015	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 1,000.00
13. Full Name, Mailing Address and Zip Code Capital City Asset Management LLC 11701 Bowman Green Dr, Reston, VA 20190	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) 06/30/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
14. Full Name, Mailing Address and Zip Code Pegeen Townsend 225 McKeon Rd, Severna Park, MD 38120	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) 06/30/2015	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
15. Full Name, Mailing Address and Zip Code Kenneth & Stacy Samet 8820 Burdette Rd, Bethesda, MD 20817	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) 06/30/2015	Amount of Each Receipt This Period \$ 2,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 2,000.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

FreshPAC

16. Full Name, Mailing Address and Zip Code Eric & Laura Wagner 711 E Timber Branch Pkwy, Alexandria, VA 22302	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) 06/30/2015	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 1,000.00
17. Full Name, Mailing Address and Zip Code Karen & Stephen Evans 1120 Balls Hill Rd, McLean, VA 22101	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) 06/30/2015	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 1,000.00
18. Full Name, Mailing Address and Zip Code Christine Swearingen 3022 Chestnut St NW, Washington, DC 20015	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) 06/30/2015	Amount of Each Receipt This Period \$ 750.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 750.00
19. Full Name, Mailing Address and Zip Code Oliver & Mable Johnson II 14717 Dover Rd, Reistertown, MD 21136	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) 06/30/2015	Amount of Each Receipt This Period \$ 750.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 750.00
20. Full Name, Mailing Address and Zip Code John & Sally Sullivan 5005 Cedar Croft Dr, Bethesda, MD 20814	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) 06/30/2015	Amount of Each Receipt This Period \$ 750.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 750.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

FreshPAC

21. Full Name, Mailing Address and Zip Code Michael & Theresa Curran 3551 Cattail Creek Dr, Glenwood, MD 21738	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) 06/30/2015	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 1,000.00	
22. Full Name, Mailing Address and Zip Code First Veitch Street Corporation PO Box 60587, Potomac, MD 20859	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) 06/30/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 10,000.00	
23. Full Name, Mailing Address and Zip Code Phinis Jones 1847 Woodmont Place SE, Washington, DC 20020	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) 07/06/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 10,000.00	
24. Full Name, Mailing Address and Zip Code Buwa Binite 72 V St NW, Washington, DC 20020	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 checked="" type="checkbox"/> Other (Specify) Wire <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/07/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 10,000.00	
25. Full Name, Mailing Address and Zip Code Obiora & Kymber Lovett Menkiti 1673 Myrtle 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) 07/10/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 10,000.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

FreshPAC

26. Full Name, Mailing Address and Zip Code Mary Joy Maxwell 20265 Water Mark Place, Potomac Falls, VA 20165	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) 07/22/2015	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 1,000.00
27. Full Name, Mailing Address and Zip Code Emmanuel S. Bailey 4002 Cotton Tree Lane, Burtonsville, MD 20866	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) 07/24/2015	Amount of Each Receipt This Period \$ 5,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 5,000.00
28. Full Name, Mailing Address and Zip Code Preservation Services, LLC 11200 Rockville Pike STE 250, Rockville, MD 20852	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) 07/27/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 117,000.00

ITEMIZED RECEIPTS FROM POLITICAL PARTY COMMITTEES

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

FreshPAC

1. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month, day, year)	Amount of Each Receipt This Period
CSX Corporation Good Government Fund A Multipandidate Qualified Committee 1351 Pennsylvania Ave NW Ste 500 National PL, Washington, DC 20004	<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)	06/30/2015	\$ 5,000.00
Contributor Type Other;#A Multicandidate Qualified Committee			
	Aggregate Year-To-date		\$ 5,000.00

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TOTAL This Period (Aggregate of all Receipt pages)	\$ 5,000.00
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ITEMIZED RECEIPTS FROM COMMITTEES OTHER THAN POLITICAL COMMITTEES AUTHORIZED BY THE SAME CANDIDATE

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

1. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month, day, year)	Amount of Each Receipt This Period
Federal Express Political Action Committee 942 S Shady Grove Rd 1st FL, Memphis, TN 38120	<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)	06/30/2015	\$ 5,000.00
Contributor Type Corporate Sponsored PAC	Aggregate Year-To-date		\$ 5,000.00

(This area is intentionally left blank for additional itemized receipts.)

TOTAL This Period (Aggregate of all Receipt pages) **\$ 5,000.00**

**SCHEDULE B
ITEMIZED OPERATING EXPENDITURES**

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

FreshPAC

1. Full Name, Mailing Address and Zip Code EagleBank 1425 K Street, NW, Washington, DC 20005	Purpose of Expenditure Bank Fees	Date (month, day, year) 07/06/2015	Amount of Each Expenditure This Period \$ 12.00
Occupation	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code Hart Research Associates 1724 Connecticut Avenue NW, Washington, DC 20009	Purpose of Expenditure Polling/Mailing List	Date (month, day, year) 07/16/2015	Amount of Each Expenditure This Period \$ 33,000.00
Occupation	Name and Address of Employer		

TOTAL This Period (Aggregate of all expenditure pages)

\$ 33,012.00

OFFSET TO RECEIPTS (RETURN CHECKS, NON-SUFFICIENT FUND FEES, ETC.,)

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

FreshPAC

1. Full Name, Mailing Address and Zip Code	Offset Type	Date	Offset Amount This
		(month, day, year)	Period
SP Associates III, LLC 4800 Hampden Ln STE 300, Bethesda, MD 20814	Return Check and Fees	07/06/2015	\$ 1,000.00

TOTAL This Period (Aggregate of all expenditure pages)

\$ 1,000.00