



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, D.C. 20009**

**REPORT OF RECEIPTS AND EXPENDITURES
FOR A CONSTITUENT-SERVICE PROGRAM**

SUMMARY PAGE

1. Full Name of Constituent-Service Program Our Ward 5	2. OCF Identification Number CSSCC5125305
Address (Number and Street) 217 P Street, NW	3. Is this report an Amendment? (Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State and Zip Code Washington, DC 20001	

4. TYPE OF REPORT: **January 1st Report**

CONSTITUENT-SERVICE PROGRAM SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR- TO-DATE
5. Covering Period 10/2/2016 through 1/1/2017		
6. (a) Cash on Hand January 1		\$ 5,790.37
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,514.88	
(c) Total Receipts (from Line (16))	\$ 8,878.00	\$ 8,878.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B)	\$ 11,392.88	
7. Total Expenditures (from Line 24)	\$ 5,977.51	\$ 11,117.75
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 5,415.37	
9. Debts and Obligations Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) All Other Loans (itemize all on Schedule-E1)	\$ 0.00	\$ 0.00

CERTIFICATIONS/OATHS AND AFFIRMATIONS OF FILERS OF REPORTS OF RECEIPTS AND EXPENDITURES FOR A CONSTITUENT-SERVICE PROGRAM

(1) OATH OR AFFIRMATION OF ELECTED OFFICIAL 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 CONSTITUENT-SERVICE PROGRAM ESTABLISHED BY ME IS 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 ELECTED OFFICIAL

SIGNATURE OF ELECTED OFFICIAL

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 PROGRAM 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.

Adrian Jordan

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

01/04/2017

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
FOR CONSTITUENT-SERVICE PROGRAMS**

1. Full Name of Constituent-Service Program Our Ward 5	REPORT COVERING THE PERIOD FROM: 10/2/2016 TO: 1/1/2017	
I. RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (EXCLUDING LOANS) FROM:		
(a) Itemized monetary contributions from other than the elected official (Schedule A)	\$ 8,878.00	\$ 8,878.00 11(a)
(b) Itemized monetary contributions from the elected official (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Contributions of personal property from other than the elected official (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) Contributions of Personal Property from the elected official (Schedule A-3)	\$ 0.00	\$ 0.00 11(d)
(e) Transfers from Authorized Committees (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions in excess of \$10,000.00 from source not associated with the Elected Official or CSP (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) TOTAL Contributions- Excluding Loans (add lines 11(a) (b), (c), (d), (e) and (f))	\$ 8,878.00	\$ 8,878.00 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS RECEIVED		
(a) Made or guaranteed by the elected Official and or CSP (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) All other Loans (Schedule E-1)	\$ 0.00	\$ 0.00 13(b)
(c) TOTAL Loans (add Lines 13(a), and 13(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(f), 12, 13(c), 14 and 15)	\$ 8,878.00	\$ 8,878.00 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 5,977.51	\$ 11,117.75 17
18. ALL OTHER EXPENDITURES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Loans made or guaranteed by the elected Official and/or Constituent Service Program (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) All other Loans (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. TOTAL EXPENDITURES (add Lines 17, 18, and 19(c))	\$ 5,977.51	\$ 11,117.75 20
III. CASH SUMMARY		
21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	2,514.88
22. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	8,878.00
23. SUBTOTAL (add Lines 21 and 22)	\$	11,392.88
24. TOTAL EXPENDITURES THIS PERIOD (from Line 20)	\$	5,977.51
25. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 24 from Line 23)	\$	5,415.37

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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 Constituent-Service Program Our Ward 5			
1. Full Name, Mailing Address and Zip Code Frederick Jackson 3022 14th St NE, Washington, DC 20017	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) 10/18/2016	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 50.00
2. Full Name, Mailing Address and Zip Code Wanda Foster 141 Randolph Pl NW, Washington, DC 00000	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) 10/18/2016	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 50.00
3. Full Name, Mailing Address and Zip Code James Peters 6955 Greenvale 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) 10/18/2016	Amount of Each Receipt This Period \$ 102.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 102.00
4. Full Name, Mailing Address and Zip Code Kerry Pearson 750 3rd St NW 404 , 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) 10/18/2016	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
5. Full Name, Mailing Address and Zip Code The Kerry S Pearson LLC 750 3rd St #404 , 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) 10/18/2016	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

<p>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.</p>			
<p>Full Name of Constituent-Service Program Our Ward 5</p>			
		<p>Aggregate Year-To-date \$ 500.00</p>	
<p>6. Full Name, Mailing Address and Zip Code Angela Joyner 302 Todd PINE apt 3, Washington, DC 20002</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) 10/18/2016</p>	<p>Amount of Each Receipt This Period \$ 50.00</p>
<p>Contributor Type Individual</p>	<p>Occupation Name and Address of Employer</p>		
		<p>Aggregate Year-To-date \$ 50.00</p>	
<p>7. Full Name, Mailing Address and Zip Code Doxie A McCoy 3142 Berry Road NE, Washington, DC 20018</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) 10/18/2016</p>	<p>Amount of Each Receipt This Period \$ 51.00</p>
<p>Contributor Type Individual</p>	<p>Occupation Name and Address of Employer</p>		
		<p>Aggregate Year-To-date \$ 51.00</p>	
<p>8. Full Name, Mailing Address and Zip Code Stuart Alexander and Associates Inc 777 Brickell Ave Ste 500, Miami, FL 33131</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) 10/18/2016</p>	<p>Amount of Each Receipt This Period \$ 500.00</p>
<p>Contributor Type Business Business Type Corporation</p>	<p>Occupation Name and Address of Employer</p>		
		<p>Aggregate Year-To-date \$ 500.00</p>	
<p>9. Full Name, Mailing Address and Zip Code 2GIP, LLC 1515 Lawrence St NE , Washington, DC 20015</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) 10/18/2016</p>	<p>Amount of Each Receipt This Period \$ 500.00</p>
<p>Contributor Type Business Business Type Limited Liability Company</p>	<p>Occupation Name and Address of Employer</p>		
		<p>Aggregate Year-To-date \$ 500.00</p>	

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program Our Ward 5			
10. Full Name, Mailing Address and Zip Code Debra Truhart 3817 17th Pl NE, Washington, DC 20018	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) 10/18/2016	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 50.00
11. Full Name, Mailing Address and Zip Code Doris Newton Requested, Washington, DC 00000	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) 10/18/2016	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 50.00
12. Full Name, Mailing Address and Zip Code Al's Office Products LLC 717 Kearney St NE, Washington, DC 20017	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) 10/18/2016	Amount of Each Receipt This Period \$ 150.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 150.00
13. Full Name, Mailing Address and Zip Code Rudolph Knott Jr 1815 Monroe St NE, Washington, DC 20018	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) 10/18/2016	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 50.00
14. Full Name, Mailing Address and Zip Code Rhodia Dulic 2419 3rd St NE, Washington, DC 20002	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) 10/18/2016	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program Our Ward 5			
Aggregate Year-To-date			\$ 50.00
15. Full Name, Mailing Address and Zip Code Frederick Allen 119 Rhode Island Ave NE, Washington, DC 20002	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) 10/18/2016	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 25.00
16. Full Name, Mailing Address and Zip Code Donna Dowdy PO Box 65926, Washington, DC 20035	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) 10/18/2016	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 100.00
17. Full Name, Mailing Address and Zip Code Arthur Glover 994 Gadsdenville Rd, Awendaw, SC 29429	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) 10/18/2016	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 100.00
18. Full Name, Mailing Address and Zip Code Blue Skyy Construction LLC 5101 MacArthur Blvd. NW #200, Washington, DC 20016	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) 11/29/2016	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program Our Ward 5			
19. Full Name, Mailing Address and Zip Code W2 TECH LLC 5335 Wisconsin Ave NW STE 440, Washington, DC 20016	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) 11/29/2016	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
20. Full Name, Mailing Address and Zip Code Moore Group of Companies Inc Requested, Washington, DC 00000	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) 12/15/2016	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
21. Full Name, Mailing Address and Zip Code LLoyd Moore 3060 Blaine St, Coconut, FL 33133	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) 12/15/2016	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
22. Full Name, Mailing Address and Zip Code Janene Jackson 2114 Rand PI NE, Washington, DC 20002	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) 12/15/2016	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 250.00
23. Full Name, Mailing Address and Zip Code Aroli Group LLC 3401 8th St NE, Washington, DC 20017	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) 12/15/2016	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

<p>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.</p>			
<p>Full Name of Constituent-Service Program Our Ward 5</p>			
<p>Aggregate Year-To-date</p>			<p>\$ 500.00</p>
<p>24. Full Name, Mailing Address and Zip Code Dantes Partners LLC 72 V St NW , Washington, DC 20001</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) 12/15/2016</p>	<p>Amount of Each Receipt This Period \$ 250.00</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>\$ 250.00</p>
<p>25. Full Name, Mailing Address and Zip Code F&L Construction, Inc 1812 Good Hope Rd 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) 12/30/2016</p>	<p>Amount of Each Receipt This Period \$ 500.00</p>
<p>Contributor Type Business Business Type Corporation</p>	<p>Occupation Name and Address of Employer</p>		
<p>Aggregate Year-To-date</p>			<p>\$ 500.00</p>
<p>26. Full Name, Mailing Address and Zip Code Manatt, Phelps & Phillips, LLP 11355 W. Olympic Boulevard, Los Angeles, CA 90064</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) 12/30/2016</p>	<p>Amount of Each Receipt This Period \$ 500.00</p>
<p>Contributor Type Business Business Type Corporation</p>	<p>Occupation Name and Address of Employer</p>		
<p>Aggregate Year-To-date</p>			<p>\$ 500.00</p>
<p>27. Full Name, Mailing Address and Zip Code Anchor Construction Corporation 2254 25th PINE, Washington, DC 20018</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) 12/30/2016</p>	<p>Amount of Each Receipt This Period \$ 500.00</p>
<p>Contributor Type Business Business Type Corporation</p>	<p>Occupation Name and Address of Employer</p>		
<p>Aggregate Year-To-date</p>			<p>\$ 500.00</p>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Our Ward 5

28. Full Name, Mailing Address and Zip Code Anacostia Realty 6820-B Commercial Dr, Springfield, VA 22151	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) 12/30/2016	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		

Aggregate Year-To-date **\$ 500.00**

29. Full Name, Mailing Address and Zip Code Michael Scott Meers 24 Quincy St, Chevy Chase, MD 20815	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) 12/30/2016	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer		

Aggregate Year-To-date **\$ 500.00**

30. Full Name, Mailing Address and Zip Code Eyob Mamo 7324 Braddock Rd, Annandale, VA 22003	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) 12/30/2016	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer		

Aggregate Year-To-date **\$ 500.00**

TOTAL This Period (Aggregate of all Receipt pages)

\$ 8,878.00

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Full Name of Constituent-Service Program

Our Ward 5

1. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
North Michigan Park Civic Association PO Box 29181, Washington, DC 20017	Supplies	10/05/2016	\$ 200.00
2. Full Name, Mailing Address and Zip Code Pepco 701 9th St NW, Washington, DC 20068	Utility	10/11/2016	\$ 150.00
3. Full Name, Mailing Address and Zip Code DC Water and Sewer 810 First St NE, Washington, DC 20002	Utility	10/12/2016	\$ 150.00
4. Full Name, Mailing Address and Zip Code SD CAC Requested, Washington, DC 00000	Advertising	10/13/2016	\$ 100.00
5. Full Name, Mailing Address and Zip Code Wells Fargo 1301 Pennsylvania Ave NW, Washington, DC 20004	Bank Fees	10/21/2016	\$ 12.00
6. Full Name, Mailing Address and Zip Code Wells Fargo 1301 Pennsylvania Ave NW, Washington, DC 20004	Bank Fees	10/21/2016	\$ 50.00
7. Full Name, Mailing Address and Zip Code Wells Fargo 1301 Pennsylvania Ave NW, Washington, DC 20004	Bank Fees	11/08/2016	\$ 3.00
8. Full Name, Mailing Address and Zip Code Walmart 310 Riggs Rd NE, Washington, DC 20011	Supplies	11/22/2016	\$ 1,781.90
9. Full Name, Mailing Address and Zip Code Walmart 310 Riggs Rd NE, Washington, DC 20011	Supplies	11/22/2016	\$ 2,918.46
10. Full Name, Mailing Address and Zip Code U-Haul 2215 5th St NE, Washington, DC 20002	Rental	11/23/2016	\$ 157.50
11. Full Name, Mailing Address and Zip Code Costco 2441 Market Street NE, Washington, DC 20018	Supplies	12/16/2016	\$ 79.65
12. Full Name, Mailing Address and Zip Code Jon Pratt Requested, Washington, DC 00000	Consultant	12/19/2016	\$ 125.00

13. Full Name, Mailing Address and Zip Code TCB Corporation 3121 Chestnut St NE, Washington, DC 20018	Purpose of Expenditure Consultant	Date (month, day, year) 12/19/2016	Amount of Each Expenditure This Period \$ 125.00
14. Full Name, Mailing Address and Zip Code Avanti Fernandez Requested, Washington, DC 00000	Purpose of Expenditure Consultant	Date (month, day, year) 12/26/2016	Amount of Each Expenditure This Period \$ 125.00
TOTAL This Period (aggregate the subtotal of all expenditure pages)			\$ 5,977.51