



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) Mendelson for Chairman 2018	2. OCF Identification Number PCCCCC186906
Address 1239 E Street, SE	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 20003	

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

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 6/11/2018 through 8/10/2018		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 297,891.93	
(c) Total Receipts [from Line (16)]	\$ 43,359.45	\$ 626,883.34
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 341,251.38	
7. Total Expenditures (from Line 22)	\$ 198,485.20	\$ 484,703.16
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 142,766.18	
9. Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D)	\$ 0.00	\$ 0.00
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.

Mr. Daniel H. Wedderburn

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

08/26/2019

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) Mendelson for Chairman 2018	REPORT COVERING THE PERIOD FROM: 6/11/2018 TO: 8/10/2018	
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)	\$ 37,128.00	\$ 596,551.89 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)	\$ 6,231.45	\$ 29,331.45 11(c)
(d) The Candidate (Schedule A-3)	\$ 0.00	\$ 1,000.00 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)]	\$ 43,359.45	\$ 626,883.34 11(g)
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]	\$ 43,359.45	\$ 626,883.34 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 197,985.20	\$ 483,687.16 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)	\$ 500.00	\$ 1,000.00 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)]	\$ 500.00	\$ 1,000.00 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	\$ 16.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 0.00	\$ 16.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 198,485.20	\$ 484,703.16 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	297,891.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	43,359.45
25. SUBTOTAL (add Lines 23 and 24)	\$	341,251.38
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)	\$	198,485.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	\$	142,766.18

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)

Mendelson for Chairman 2018

1. Full Name, Mailing Address and Zip Code Kolaleh Jones 14004 Floyd ST, Upper Marlboro, MD 20772	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) 06/11/2018	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Vice Presidente/CIO Name and Address of Employer Children's Hational Medical Center		
Aggregate Year-To-date			\$ 150.00
2. Full Name, Mailing Address and Zip Code William E. Quirk 2480 16th St NW, Washington, DC 20009	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) 06/11/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Director Name and Address of Employer Children's Hational Medical Center		
Aggregate Year-To-date			\$ 100.00
3. Full Name, Mailing Address and Zip Code Toni G. Verstandig 5212 Upton Ter NW, Washington, DC 20016	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) 06/11/2018	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Sr. Analyst Name and Address of Employer Center for Middle East Peace		
Aggregate Year-To-date			\$ 1,000.00
4. Full Name, Mailing Address and Zip Code Mike Williams 7960 Glenbrook Rd, Bethesda, MD 20814	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) 06/11/2018	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
5. Full Name, Mailing Address and Zip Code Deodato M. Arruda 4 Lobao Dr, Danvers, MA 01923	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) 06/18/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Senior Official Name and Address of Employer Security Assurance Management, Inc.		
Aggregate Year-To-date			\$ 250.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2018

6. Full Name, Mailing Address and Zip Code Katherine Tierney Blando 1808 Hoban Rd NW, Washington, DC 20007	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) 06/18/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Nurse Practitioner Name and Address of Employer Washington Hospital Center		
Aggregate Year-To-date			\$ 250.00
7. Full Name, Mailing Address and Zip Code Cheryle W. Wanner-Doggett 1100 G St NW, Washington, DC 20005	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) 06/18/2018	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation CEO Name and Address of Employer Doggett Enterprises 1100 G St NW, Washington, DC 20005		
Aggregate Year-To-date			\$ 1,000.00
8. Full Name, Mailing Address and Zip Code Marie Drissel 2135 Bancroft Pl NW, Washington, DC 20008	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) 06/18/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Self-employed		
Aggregate Year-To-date			\$ 1,000.00
9. Full Name, Mailing Address and Zip Code Marilyn A. Harris 5123 Yuma St NW, 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) 06/18/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer retired		
Aggregate Year-To-date			\$ 100.00
10. Full Name, Mailing Address and Zip Code Cynthia L. Howar 3940 Highwood Ct NW, Washington, DC 20007	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) 06/18/2018	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Realtor Name and Address of Employer Washington Fine Properties		
Aggregate Year-To-date			\$ 200.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2018

11. Full Name, Mailing Address and Zip Code J. W. Lanum 407 Constitution 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) 06/18/2018	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer security Assurance Management Inc.		
Aggregate Year-To-date			\$ 150.00
12. Full Name, Mailing Address and Zip Code Daniel Miller 1704 35th St NW, Washington, DC 20007	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) 06/18/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Realtor Name and Address of Employer Washington Fine Properties		
Aggregate Year-To-date			\$ 100.00
13. Full Name, Mailing Address and Zip Code Mark H. Tuohey III 1655 Kalmia Rd 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) 06/18/2018	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Baker Hostetler		
Aggregate Year-To-date			\$ 1,000.00
14. Full Name, Mailing Address and Zip Code Beverley R. Wheeler 3527 10th St NW, Washington, DC 20010	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) 06/18/2018	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Director Name and Address of Employer DC Hunger Solutions		
Aggregate Year-To-date			\$ 200.00
15. Full Name, Mailing Address and Zip Code Berman and Company 1090 Vermont Ave NW, Washington, DC 20005	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) 06/18/2018	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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2018

16. Full Name, Mailing Address and Zip Code DOPS, INC 116 Pates Dr, Fort Washington, MD 20744	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) 06/18/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
17. Full Name, Mailing Address and Zip Code Powell Manufacturing Industries Inc 258 35th St NE, Washington, DC 20019	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) 06/18/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 100.00
18. Full Name, Mailing Address and Zip Code Save Our Tip System Initiative 77 1625 K St NW, Washington, DC 20006	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) 06/18/2018	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Business	Occupation		
Business Type Other-Restaurants Campaign to Save Tip System	Name and Address of Employer		
Aggregate Year-To-date			\$ 1,500.00
19. Full Name, Mailing Address and Zip Code Elizabeth Johnson Hudson 2600 W 7th ST, Fort Worth, TX 76107	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) 06/18/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation		
	Name and Address of Employer retired		
Aggregate Year-To-date			\$ 500.00
20. Full Name, Mailing Address and Zip Code Patrick A. Burke 4837 W St NW, Washington, DC 20007	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) 06/18/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Executive Director		
	Name and Address of Employer DC Police Foundation		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2018

	Aggregate Year-To-date			\$ 250.00
21. Full Name, Mailing Address and Zip Code Douglass Sloan 313 Nicholson 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) 06/18/2018	Amount of Each Receipt This Period \$ 250.00	
Contributor Type Individual	Occupation Consultant			
	Name and Address of Employer Self-employed			
	Aggregate Year-To-date			\$ 250.00
22. Full Name, Mailing Address and Zip Code Malcolm E. Peabody 2811 Dumbarton St NW, Washington, DC 20007	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) 06/18/2018	Amount of Each Receipt This Period \$ 500.00	
Contributor Type Individual	Occupation			
	Name and Address of Employer retired			
	Aggregate Year-To-date			\$ 500.00
23. Full Name, Mailing Address and Zip Code Celeste Duffie 4573 B St 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) 06/18/2018	Amount of Each Receipt This Period \$ 51.00	
Contributor Type Individual	Occupation Community Relations Specialist			
	Name and Address of Employer DC Government, DPW 2000 14th St NW, Washington, DC 20009			
	Aggregate Year-To-date			\$ 51.00
24. Full Name, Mailing Address and Zip Code Security Assurance Management Inc 910 17th St NW, Washington, DC 20006	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) 06/18/2018	Amount of Each Receipt This Period \$ 1,500.00	
Contributor Type Business	Occupation			
Business Type Corporation	Name and Address of Employer			
	Aggregate Year-To-date			\$ 1,500.00
25. Full Name, Mailing Address and Zip Code Daniel A. Estrada 3044 R St NW, Washington, DC 20007	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) 06/18/2018	Amount of Each Receipt This Period \$ 1,500.00	
Contributor Type Individual	Occupation			
	Name and Address of Employer			

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2018

	Aggregate Year-To-date		\$ 1,500.00
26. Full Name, Mailing Address and Zip Code Robert C. McDiarmid 3625 Fulton St NW, Washington, DC 20007	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) 06/18/2018	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Spiegel & McDiarmid		
	Aggregate Year-To-date		\$ 150.00
27. Full Name, Mailing Address and Zip Code David L. Wessell 1908 Foxview Cir NW, Washington, DC 20007	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) 06/18/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Executive Vice President Name and Address of Employer Children's National Medical Center 111 Michigan Ave NW, Washington, DC 20010		
	Aggregate Year-To-date		\$ 500.00
28. Full Name, Mailing Address and Zip Code Diann Heine 3924 Legation 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) 06/18/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Name and Address of Employer		
	Aggregate Year-To-date		\$ 250.00
29. Full Name, Mailing Address and Zip Code Stanley A. Boucree 801 Key Hwy, Baltimore, MD 21230	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) 06/21/2018	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Individual	Occupation Dentist Name and Address of Employer Self-employed		
	Aggregate Year-To-date		\$ 1,500.00
30. Full Name, Mailing Address and Zip Code Steven C. Boyle 3115 Leland 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) 06/21/2018	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Individual	Occupation Executive Development Officer Name and Address of Employer Edens		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2018

		Aggregate Year-To-date		\$ 1,500.00
31. Full Name, Mailing Address and Zip Code J Delores Foster 1418 Madison 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) 06/21/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Name and Address of Employer			
		Aggregate Year-To-date		\$ 100.00
32. Full Name, Mailing Address and Zip Code Howard N. Johnson 614 4th Pl SW, 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) 06/21/2018	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation Name and Address of Employer retired			
		Aggregate Year-To-date		\$ 50.00
33. Full Name, Mailing Address and Zip Code Corbett A. Price 3520 Massachusetts Ave NW, Washington, DC 20007	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) 06/21/2018	Amount of Each Receipt This Period \$ 1,500.00	
Contributor Type Individual	Occupation CEO Name and Address of Employer Kurron Capital, LLC			
		Aggregate Year-To-date		\$ 1,500.00
34. Full Name, Mailing Address and Zip Code Chrystie B. Price 3520 Massachusetts Ave NW, Washington, DC 20007	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) 06/21/2018	Amount of Each Receipt This Period \$ 1,500.00	
Contributor Type Individual	Occupation Owner Name and Address of Employer Veritas of Washington, LLC			
		Aggregate Year-To-date		\$ 1,500.00
35. Full Name, Mailing Address and Zip Code David Clay Simmons 1249 Maryland 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) 06/21/2018	Amount of Each Receipt This Period \$ 250.00	
Contributor Type Individual	Occupation Name and Address of Employer			

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2018

	Aggregate Year-To-date		\$ 250.00
36. Full Name, Mailing Address and Zip Code CCA of Tennessee 10 Burton Hills Blvd, Nashville, TN 37215	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) 06/21/2018	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
	Aggregate Year-To-date		\$ 1,500.00
37. Full Name, Mailing Address and Zip Code Willco Construction Company Inc 7811 Montrose Rd, Rockville, MD 20854	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) 06/21/2018	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
	Aggregate Year-To-date		\$ 1,000.00
38. Full Name, Mailing Address and Zip Code Paul Bachman 4001 9th St N, Arlington, VA 22203	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) 08/06/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Professor		
	Name and Address of Employer University of the District of Columbia		
	Aggregate Year-To-date		\$ 500.00
39. Full Name, Mailing Address and Zip Code Marilyn T. Brown 3060 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) 08/06/2018	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Education Consultant		
	Name and Address of Employer Self-employed		
	Aggregate Year-To-date		\$ 200.00
40. Full Name, Mailing Address and Zip Code Hollywood Women & Men's Hairstylist 1901 Q St NW, Washington, DC 20009	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) 08/06/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business	Occupation		
Business Type Sole Proprietorship	Name and Address of Employer		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2018

	Aggregate Year-To-date			\$ 500.00
41. Full Name, Mailing Address and Zip Code Pfizer Inc. 6730 Lenox Center Ct, Memphis, TN 38115	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) 08/06/2018	Amount of Each Receipt This Period \$ 1,500.00	
Contributor Type Business	Occupation			
Business Type Corporation	Name and Address of Employer			
	Aggregate Year-To-date			\$ 1,500.00
42. Full Name, Mailing Address and Zip Code Mary Levy 3534 T St NW, Washington, DC 20007	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) 08/06/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation			
	Name and Address of Employer retired			
	Aggregate Year-To-date			\$ 100.00
43. Full Name, Mailing Address and Zip Code CJ Donatelli 4416 East West Hwy, Bethesda, MD 20814	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) 08/06/2018	Amount of Each Receipt This Period \$ 1,500.00	
Contributor Type Individual	Occupation			
	Name and Address of Employer			
	Aggregate Year-To-date			\$ 1,500.00
44. Full Name, Mailing Address and Zip Code Christopher Boesen 330 Pennsylvania Ave SE, Washington, DC 20003	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) 08/06/2018	Amount of Each Receipt This Period \$ 1,000.00	
Contributor Type Individual	Occupation Consultant			
	Name and Address of Employer Tiber Creek Associates of Capital Hill, Inc 330 Pennsylvania Ave SE, Washington, DC 20003			
	Aggregate Year-To-date			\$ 1,000.00
45. Full Name, Mailing Address and Zip Code MaryAnn Miller 3001 Veazey Ter NW, Washington, DC 20008	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) 08/06/2018	Amount of Each Receipt This Period \$ 51.00	
Contributor Type Individual	Occupation			
	Name and Address of Employer retired			

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2018

		Aggregate Year-To-date		\$ 51.00
46. Full Name, Mailing Address and Zip Code Larry Berman 1545 18th St NW, Washington, DC 20036		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) 08/06/2018 Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual		Occupation Name and Address of Employer retired		
		Aggregate Year-To-date		\$ 25.00
47. Full Name, Mailing Address and Zip Code Laurie Corkey 1658 Waters Edge Ln, Reston, VA 20190		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) 08/06/2018 Amount of Each Receipt This Period \$ 300.00
Contributor Type Individual		Occupation Name and Address of Employer retired		
		Aggregate Year-To-date		\$ 300.00
48. Full Name, Mailing Address and Zip Code Conrad Cafritz 1660 L St NW, Washington, DC 20036		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) 08/06/2018 Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual		Occupation Real Estate Name and Address of Employer Self-employed		
		Aggregate Year-To-date		\$ 1,000.00
49. Full Name, Mailing Address and Zip Code Thomas Sneeringer 3806 Jenifer 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) 08/06/2018 Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual		Occupation Consultant Name and Address of Employer Self-employed 3806 Jenifer St NW, Washington, DC 20015		
		Aggregate Year-To-date		\$ 175.00
50. Full Name, Mailing Address and Zip Code Jim Tufa 5704 36th Ave, Hyattsville, MD 20782		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) 08/06/2018 Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual		Occupation Program Coordinator Name and Address of Employer DC Government		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2018

		Aggregate Year-To-date		\$ 25.00
51. Full Name, Mailing Address and Zip Code Daniel Tangherlini 638 D St NE, Washington, DC 20002	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) 08/06/2018	Amount of Each Receipt This Period \$ 1,000.00	
Contributor Type Individual	Occupation Founder Name and Address of Employer Tangherlini LLC 638 D St NE, Washington, DC 20002			
		Aggregate Year-To-date		\$ 1,000.00
52. Full Name, Mailing Address and Zip Code John Guggenmos 1301 Rhode Island Ave NW, Washington, DC 20005	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) 08/06/2018	Amount of Each Receipt This Period \$ 1,500.00	
Contributor Type Individual	Occupation Niteclub Name and Address of Employer Self-employed 1301 Rhode Island Ave NW, Washington, DC 20005			
		Aggregate Year-To-date		\$ 1,500.00
53. Full Name, Mailing Address and Zip Code Deborah Holmes 3905 24th St 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) 08/06/2018	Amount of Each Receipt This Period \$ 51.00	
Contributor Type Individual	Occupation Name and Address of Employer Not employed			
		Aggregate Year-To-date		\$ 51.00
54. Full Name, Mailing Address and Zip Code Peter Gillon 3020 Chain Bridge Rd NW, Washington, DC 20016	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) 08/06/2018	Amount of Each Receipt This Period \$ 500.00	
Contributor Type Individual	Occupation Attorney Name and Address of Employer Pillsbury Winthrop Shaw Pittman 1200 17th St NW, Washington, DC 20036			
		Aggregate Year-To-date		\$ 500.00
55. Full Name, Mailing Address and Zip Code Joseph Wolfe 1348 E Capitol St NE, Washington, DC 20003	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) 08/06/2018	Amount of Each Receipt This Period \$ 375.00	
Contributor Type Individual	Occupation Analyst Name and Address of Employer DC City Council 1350 Pennsylvania Ave NW, Washington, DC 20004			

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2018

		Aggregate Year-To-date		\$ 375.00
56. Full Name, Mailing Address and Zip Code Marie Peoples 1429 Geranium 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) 08/06/2018	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation Name and Address of Employer retired			
		Aggregate Year-To-date		\$ 75.00
57. Full Name, Mailing Address and Zip Code Thomas Sneeringer 3806 Jenifer 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) 08/06/2018	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation Consultant Name and Address of Employer Self-employed 3806 Jenifer St NW, Washington, DC 20015			
		Aggregate Year-To-date		\$ 175.00
58. Full Name, Mailing Address and Zip Code Anthony Lewis 2125 14th St NW, Washington, DC 20009	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) 08/06/2018	Amount of Each Receipt This Period \$ 250.00	
Contributor Type Individual	Occupation Vice Presideent Name and Address of Employer Verizon 1300 I St NW, Washington, DC 20005			
		Aggregate Year-To-date		\$ 250.00
59. Full Name, Mailing Address and Zip Code Dr. Allen Chin 6150 Windward Dr, Burke, VA 22015	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) 08/06/2018	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation Name and Address of Employer retired			
		Aggregate Year-To-date		\$ 25.00
60. Full Name, Mailing Address and Zip Code SSMC IV, LP 12435 Park Potomac Ave, Potomac, MD 20854	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) 08/06/2018	Amount of Each Receipt This Period \$ 1,500.00	
Contributor Type Business	Occupation Name and Address of Employer			
Business Type Other-LP				

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2018

	Aggregate Year-To-date		\$ 1,500.00
61. Full Name, Mailing Address and Zip Code Carr Properties Partnership. LP 1615 L St NW, Washington, DC 20036	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) 08/06/2018	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Business	Occupation		
Business Type Other-LP	Name and Address of Employer		
	Aggregate Year-To-date		\$ 1,500.00
62. Full Name, Mailing Address and Zip Code Jay Castano 700 Capitol Square Pl SW, 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) 08/07/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation		
	Name and Address of Employer		
	Aggregate Year-To-date		\$ 200.00
63. Full Name, Mailing Address and Zip Code Marilou Righini 1921 Biltmore St NW, Washington, DC 20009	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) 08/07/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation		
	Name and Address of Employer		
	Aggregate Year-To-date		\$ 200.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 37,128.00

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)

Mendelson for Chairman 2018

1. Full Name, Mailing Address and Zip Code Baker & Hostetler DC PAC 1050 Connecticut Ave NW, Washington, DC 20036	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) 06/18/2018	Amount of Each Receipt This Period \$ 731.45
Contributor Type Other PAC or Committee - PAC			
Aggregate Year-To-date			\$ 731.45
2. Full Name, Mailing Address and Zip Code Caribbean-American Political Action Committee 1000 15th St NW, Washington, DC 20036	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) 06/18/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Other PAC or Committee - non-business			
Aggregate Year-To-date			\$ 500.00
3. Full Name, Mailing Address and Zip Code International Association of Firefighters Local 26 608 S. Kenton Rd 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) 06/18/2018	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Labor Sponsored PAC			
Aggregate Year-To-date			\$ 1,500.00
4. Full Name, Mailing Address and Zip Code SEIU MD/DC State Council 15 School St, Annapolis, MD 21401	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) 06/21/2018	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Labor Sponsored PAC			
Aggregate Year-To-date			\$ 1,500.00
5. Full Name, Mailing Address and Zip Code CSX Corporation Good Government Fnd 1331 Pennsylvania Ave NW, 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) 06/21/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Corporate Sponsored PAC			
Aggregate Year-To-date			\$ 500.00
6. Full Name, Mailing Address and Zip Code Brotherhood of Locomotive Engineers and Trainmen 7011 E Pleasant Valley Rd, Independence, OH 44131	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) 08/06/2018	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Labor Sponsored PAC			
Aggregate Year-To-date			\$ 1,500.00

TOTAL This Period (Aggregate of all Receipt pages)	\$ 6,231.45
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FULL Name of Committee (Name of Candidate, if Candidate is reporting)

Mendelson for Chairman 2018

1. Full Name, Mailing Address and Zip Code Square Inc. 1455 Market Street, San Francisco, CA 94103	Purpose of Expenditure Bank Fees	Date (month, day, year) 06/11/2018	Amount of Each Expenditure This Period \$ 61.88
Occupation	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code Eric Rogers 3720 Southern Ave SE, Washington, DC 20020	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 06/18/2018	Amount of Each Expenditure This Period \$ 2,500.00
Occupation Campaign Manager	Name and Address of Employer Mendelson for Chairman 2018 1239 E St SE, Washington, DC 20003		
3. Full Name, Mailing Address and Zip Code ActBlue 366 Summer Street, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 06/18/2018	Amount of Each Expenditure This Period \$ 390.12
Occupation	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code Winning Mark 1220 Southwest Morrison St, Portland , OR 97205	Purpose of Expenditure Advertising	Date (month, day, year) 06/18/2018	Amount of Each Expenditure This Period \$ 164,103.04
Occupation	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code Philip Mendelson 1239 E St SE, Washington, DC 20003	Purpose of Expenditure Campaign Materials	Date (month, day, year) 06/18/2018	Amount of Each Expenditure This Period \$ 4,483.76
Occupation DC Council Chairman	Name and Address of Employer DC Government 1350 Pennsylvania Ave NW, Washington, DC 20004		
6. Full Name, Mailing Address and Zip Code Dennis Jaffe 2400 16th St NW, Washington, DC 20009	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 06/18/2018	Amount of Each Expenditure This Period \$ 3,000.00
Occupation	Name and Address of Employer		
7. Full Name, Mailing Address and Zip Code Robert Green 2903 Georgia Ave NW, Washington, DC 20001	Purpose of Expenditure Campaign Materials	Date (month, day, year) 06/18/2018	Amount of Each Expenditure This Period \$ 7,500.00
Occupation	Name and Address of Employer		

8. Full Name, Mailing Address and Zip Code Philip Mendelson 1239 E St SE, Washington, DC 20003	Purpose of Expenditure Petty Cash	Date (month, day, year) 06/18/2018	Amount of Each Expenditure This Period \$ 20.00
Occupation DC Council Chairman	Name and Address of Employer DC Government 1350 Pennsylvania Ave NW, Washington, DC 20004		
9. Full Name, Mailing Address and Zip Code Brixton 901 U St NW, Washington, DC 20001	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 06/19/2018	Amount of Each Expenditure This Period \$ 5,375.60
Occupation	Name and Address of Employer		
10. Full Name, Mailing Address and Zip Code Gelberg Signs 6511 Chillum Pl NW, Washington, DC 20012	Purpose of Expenditure Campaign Materials	Date (month, day, year) 06/20/2018	Amount of Each Expenditure This Period \$ 2,565.31
Occupation	Name and Address of Employer		
11. Full Name, Mailing Address and Zip Code Michael Coscia 304 12th St SE, Washington, DC 20003	Purpose of Expenditure Printing	Date (month, day, year) 06/20/2018	Amount of Each Expenditure This Period \$ 2,643.75
Occupation	Name and Address of Employer		
12. Full Name, Mailing Address and Zip Code Josh Gibson 1791 Lanier Pl NW, Washington, DC 20009	Purpose of Expenditure Rental	Date (month, day, year) 07/23/2018	Amount of Each Expenditure This Period \$ 88.00
Occupation	Name and Address of Employer		
13. Full Name, Mailing Address and Zip Code Eric Rogers 3720 Southern Ave SE, Washington, DC 20020	Purpose of Expenditure Printing	Date (month, day, year) 07/23/2018	Amount of Each Expenditure This Period \$ 343.69
Occupation Campaign Manager	Name and Address of Employer Mendelson for Chairman 2018 1239 E St SE, Washington, DC 20003		
14. Full Name, Mailing Address and Zip Code Ana R. Harvey 1239 E St SE, Washington, DC 20003	Purpose of Expenditure Campaign Materials	Date (month, day, year) 07/23/2018	Amount of Each Expenditure This Period \$ 1,442.32
Occupation	Name and Address of Employer		
15. Full Name, Mailing Address and Zip Code Dennis Jaffe 2400 16th St NW, Washington, DC 20009	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 07/23/2018	Amount of Each Expenditure This Period \$ 500.00
Occupation	Name and Address of Employer		

16. Full Name, Mailing Address and Zip Code Philip Mendelson 1239 E St SE, Washington, DC 20003	Purpose of Expenditure Campaign Materials	Date (month, day, year) 07/24/2018	Amount of Each Expenditure This Period \$ 2,236.05
Occupation DC Council Chairman	Name and Address of Employer DC Government 1350 Pennsylvania Ave NW, Washington, DC 20004		
17. Full Name, Mailing Address and Zip Code ActBlue 366 Summer Street, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 08/06/2018	Amount of Each Expenditure This Period \$ 247.98
Occupation	Name and Address of Employer		
18. Full Name, Mailing Address and Zip Code Dennis Jaffe 2400 16th St NW, Washington, DC 20009	Purpose of Expenditure Campaign Materials	Date (month, day, year) 08/08/2018	Amount of Each Expenditure This Period \$ 483.70
Occupation	Name and Address of Employer		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 197,985.20

Mendelson for Chairman 2018

1. Sale of Tickets (list by event below)*	\$	<u>0.00</u>
2. Mass Collections (list by event below)	\$	<u>0.00</u>
3. Sale of Items	\$	<u>0.00</u>
4. Total cash/check contributions of \$49.00 or less from individuals	\$	<u>0.00</u>
TOTAL (carry forward to Line 12 of Detailed Summary Page)	\$	<u>0.00</u>

LIST OF SALES AND COLLECTIONS BY EVENT

Date of Event (Month, Day, Year)	Type of Event	Amount From Sale of Tickets This Period	Amount From Mass Collections This Period
TOTAL THIS PERIOD (Aggregate the subtotal of all Sales and Collections Pages)		\$ 0.00	\$ 0.00

* After completion of the above list by event, use the appropriate sub-schedule of Schedule A to list the date, full name and mailing address (occupation and principal place of business, if any) of each person who has purchased one or more tickets for events such as dinners, luncheons, rallies, and similar fund-raising events during this reporting period, and whose ticket purchases are in excess of \$49, or whose total ticket purchases to date for the calendar year (aggregate) are in excess of \$49. Attach the appropriate sub-scheduleSchedule A to this Schedule, and identify it as Part 2 of Schedule C.