



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

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) 3616 Jamison St NE | 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 20018 | |

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

| CONSTITUENT-SERVICE PROGRAM SUMMARY | COLUMN A THIS PERIOD | COLUMN B CUMULATIVE YEAR- TO-DATE |
|--|-------------------------|---|
| 5. Covering Period 7/2/2019 through 10/1/2019 | | |
| 6. (a) Cash on Hand January 1 | | \$ 0.00 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 2,976.55 | |
| (c) Total Receipts (from Line (16)) | \$ 14,531.00 | \$ 15,764.44 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B) | \$ 17,507.55 | |
| 7. Total Expenditures (from Line 24) | \$ 5,306.70 | \$ 10,111.48 |
| 8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)] | \$ 12,200.85 | |
| 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

10/01/2019

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.

**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: 7/2/2019 TO: 10/1/2019 | |
| 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) | \$ 14,531.00 | \$ 15,031.00 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 | \$ 733.44 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)) | \$ 14,531.00 | \$ 15,764.44 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) | \$ 14,531.00 | \$ 15,764.44 16 |
| II. EXPENDITURES | | |
| 17. OPERATING EXPENDITURES (Schedule B) | \$ 5,306.70 | \$ 10,111.48 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)) | \$ 5,306.70 | \$ 10,111.48 20 |
| III. CASH SUMMARY | | |
| 21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | \$ | 2,976.55 |
| 22. TOTAL RECEIPTS THIS PERIOD (from Line 16) | \$ | 14,531.00 |
| 23. SUBTOTAL (add Lines 21 and 22) | \$ | 17,507.55 |
| 24. TOTAL EXPENDITURES THIS PERIOD (from Line 20) | \$ | 5,306.70 |
| 25. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 24 from Line 23) | \$ | 12,200.85 |

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 Corey A Griffin 1515 LAWRENCE 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) 09/27/2019 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Individual | Occupation Name and Address of Employer Self 1515 Lawrence St NE, Washington, DC 20017 | | |
| Aggregate Year-To-date | | \$ 500.00 | |
| 2. Full Name, Mailing Address and Zip Code Lane T Knight Jr 659 Good Shepherd Way, Owings, MD 20736 | 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) 09/27/2019 | Amount of Each Receipt This Period \$ 250.00 |
| Contributor Type Individual | Occupation Doctor Name and Address of Employer Southern Maryland Oral Surgery 3150 W Ward Rd Ste 306, Dunkirk, MD 20754 | | |
| Aggregate Year-To-date | | \$ 250.00 | |
| 3. Full Name, Mailing Address and Zip Code John F Sttles II 1212 12th 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) 09/27/2019 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation Consultant Name and Address of Employer Self | | |
| Aggregate Year-To-date | | \$ 100.00 | |
| 4. Full Name, Mailing Address and Zip Code Rosallah Karim 12903 Contee Manor Rd, Bowie, MD 20721 | 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) 09/27/2019 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Individual | Occupation Name and Address of Employer NA | | |
| Aggregate Year-To-date | | \$ 500.00 | |
| 5. Full Name, Mailing Address and Zip Code Chester A McPherson 3016 Otis 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) 09/27/2019 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation Executive Name and Address of Employer NCCE 444 N Capitol St NW Ste 613, Washington, DC 20001 | | |

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 | | \$ 100.00 |
| 6. Full Name, Mailing Address and Zip Code Latoria M Brent 35 Girard 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) 09/27/2019 | Amount of Each Receipt This Period \$ 150.00 |
| Contributor Type Individual | Occupation Name and Address of Employer Requested | | |
| | Aggregate Year-To-date | | \$ 150.00 |
| 7. Full Name, Mailing Address and Zip Code Stanley Williams 1806 LAWRENCE 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) 09/27/2019 | Amount of Each Receipt This Period \$ 30.00 |
| Contributor Type Individual | Occupation Name and Address of Employer | | |
| | Aggregate Year-To-date | | \$ 30.00 |
| 8. Full Name, Mailing Address and Zip Code David L Hooper 1324 Queen 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) 09/27/2019 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation Name and Address of Employer Retired | | |
| | Aggregate Year-To-date | | \$ 100.00 |
| 9. Full Name, Mailing Address and Zip Code Hayat A Kelil-Brown 3303 Shirley Ln, 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) 09/27/2019 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Individual | Occupation Civil Engineer Name and Address of Employer Hayat Brown LLC 3715 Martin Luther King Jr Ave SE, Washington, DC 20032 | | |
| | Aggregate Year-To-date | | \$ 500.00 |

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Full Name of Constituent-Service Program

Our Ward 5

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|---|---|--|--|
| 10. Full Name, Mailing Address and Zip Code Stephen A Glaude 50A G St SW Unit A, 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) 09/27/2019 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Individual | Occupation Executive Name and Address of Employer CNHED 727 15th St NW, Washington, DC 20005 | | |
| Aggregate Year-To-date | | \$ 500.00 | |
| 11. Full Name, Mailing Address and Zip Code Hashim Hassan 4937 Western Ave 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) 09/27/2019 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Individual | Occupation Real Estate Name and Address of Employer Self 4937 Western Ave NW, Washington, DC 20016 | | |
| Aggregate Year-To-date | | \$ 500.00 | |
| 12. Full Name, Mailing Address and Zip Code Linda D Elam 2833 27th 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) 09/27/2019 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation CEO Name and Address of Employer Amerigroup DC 609 H St NE Ste 200, Washington, DC 20002 | | |
| Aggregate Year-To-date | | \$ 100.00 | |
| 13. Full Name, Mailing Address and Zip Code Jerold J Brown 3303 Shirley Ln, 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) 09/27/2019 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Individual | Occupation Consultant Name and Address of Employer Alvarez & Marsal 655 15th St NW Ste 600, Washington, DC 20005 | | |
| Aggregate Year-To-date | | \$ 500.00 | |
| 14. Full Name, Mailing Address and Zip Code Franklin Wilds 5016 Eastern Ave 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) 09/27/2019 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Individual | Occupation President Name and Address of Employer MSMC 5070 Parkside Ave Ste 2109, Philadelphia, PA 19131 | | |

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 | | \$ 500.00 |
| 15. Full Name, Mailing Address and Zip Code Leslie R Green 1924 Jackson 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) 09/27/2019 | Amount of Each Receipt This Period \$ 250.00 |
| Contributor Type Individual | Occupation CEO Name and Address of Employer Golden Life Ventures 1924 Jackson St NE, Washington, DC 20018 | | |
| | Aggregate Year-To-date | | \$ 250.00 |
| 16. Full Name, Mailing Address and Zip Code Sandra Mattavous Frye 2411 1st St 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) 09/27/2019 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Individual | Occupation Attorney Name and Address of Employer Office of the People's Counsel 1133 15th St NW Ste 500, Washington, DC 20005 | | |
| | Aggregate Year-To-date | | \$ 500.00 |
| 17. Full Name, Mailing Address and Zip Code Aaron S Ward 2513 Stanton Rd 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) 09/27/2019 | Amount of Each Receipt This Period \$ 75.00 |
| Contributor Type Individual | Occupation Manager Name and Address of Employer Office of the People's Counsel 1133 15th St NW Ste 500, Washington, DC 20005 | | |
| | Aggregate Year-To-date | | \$ 75.00 |
| 18. Full Name, Mailing Address and Zip Code Adam C Weers 1055 Thomas Jefferson St NW Ste 600, Washington, DC 20007 | Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input checked="" type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify) | Date (month, day, year) 09/27/2019 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Individual | Occupation Real Estate Name and Address of Employer Trammell Crow Company 1055 Thomas Jefferson St NW Ste 600, Washington, DC 20007 | | |
| | 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 Richard W McPhillips Jr 1111 11th St NW Apt 501, 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) 09/27/2019 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Individual | Occupation Real Estate Name and Address of Employer Trammell Crow Company 1055 Thomas Jefferson St NW Ste 600, Washington, DC 20007 | | |
| Aggregate Year-To-date | | \$ 500.00 | |
| 20. Full Name, Mailing Address and Zip Code Alya M Solomon 3716 Hansberry Ct 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) 09/27/2019 | Amount of Each Receipt This Period \$ 200.00 |
| Contributor Type Individual | Occupation Consumer Affairs Name and Address of Employer Office of the People's Counsel 1133 15th St NW Ste 500, Washington, DC 20005 | | |
| Aggregate Year-To-date | | \$ 200.00 | |
| 21. Full Name, Mailing Address and Zip Code Yvette Alexander 3442 Highwood Dr 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) 09/27/2019 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation Consultant Name and Address of Employer Self Employed 1401 New York Ave NE, Washington, DC 20002 | | |
| Aggregate Year-To-date | | \$ 100.00 | |
| 22. Full Name, Mailing Address and Zip Code Charles Gaither 4260 John Marr Dr, 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) 09/27/2019 | Amount of Each Receipt This Period \$ 51.00 |
| Contributor Type Individual | Occupation Consultant Name and Address of Employer Self | | |
| Aggregate Year-To-date | | \$ 51.00 | |
| 23. Full Name, Mailing Address and Zip Code Jami D Harris-Dunham 423 Quackenbos 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) 09/27/2019 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation Deputy CAO Name and Address of Employer KIPP DC 2600 Virginia Ave NW, Washington, DC 20037 | | |

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 | | \$ 100.00 |
| 24. Full Name, Mailing Address and Zip Code Charles W McNeil 608 Bonhill 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) 09/27/2019 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation Name and Address of Employer | | |
| | Aggregate Year-To-date | | \$ 100.00 |
| 25. Full Name, Mailing Address and Zip Code Doreatha Cook 7513 Republic Ct Apt 304, Alexandria, VA 22306 | 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) 09/27/2019 | Amount of Each Receipt This Period \$ 25.00 |
| Contributor Type Individual | Occupation Retail Development Name and Address of Employer Edens 1272 5th St NE Ste 200, Washington, DC 20002 | | |
| | Aggregate Year-To-date | | \$ 25.00 |
| 26. Full Name, Mailing Address and Zip Code John R Allen 4318 Warren 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) 09/27/2019 | Amount of Each Receipt This Period \$ 250.00 |
| Contributor Type Individual | Occupation Name and Address of Employer | | |
| | Aggregate Year-To-date | | \$ 250.00 |
| 27. Full Name, Mailing Address and Zip Code Jean M Grtoss-Bethel 4411 19th 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) 09/27/2019 | Amount of Each Receipt This Period \$ 25.00 |
| Contributor Type Individual | Occupation Outreach Specialist Name and Address of Employer Office of the People's Counsel 1133 15th St NW Ste 500, Washington, DC 20005 | | |
| | Aggregate Year-To-date | | \$ 25.00 |

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Our Ward 5

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|--|---|--|--|
| 28. Full Name, Mailing Address and Zip Code Ashley S Moore 813 20th 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) 09/27/2019 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation Project Manager Name and Address of Employer Department of Transportation 800 Independence Ave SW, Washington, DC 20591 | | |
| Aggregate Year-To-date | | | \$ 100.00 |
| 29. Full Name, Mailing Address and Zip Code Christine Ewing 1401 New York Ave NE apt 425, 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) 09/27/2019 | Amount of Each Receipt This Period \$ 25.00 |
| Contributor Type Individual | Occupation Facilities Name and Address of Employer GSA 742 S ST SW, Washington, DC 20407 | | |
| Aggregate Year-To-date | | | \$ 25.00 |
| 30. Full Name, Mailing Address and Zip Code Tamara Henry 1518 1st St 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) 09/27/2019 | Amount of Each Receipt This Period \$ 50.00 |
| Contributor Type Individual | Occupation Professor Name and Address of Employer GWU 950 New Hampshire Ave NW, Washington, DC 20037 | | |
| Aggregate Year-To-date | | | \$ 50.00 |
| 31. Full Name, Mailing Address and Zip Code Edmond N Hodge 604 Quincy 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) 09/27/2019 | Amount of Each Receipt This Period \$ 250.00 |
| Contributor Type Individual | Occupation Consultant Name and Address of Employer Self 604 Quincy ST NW, Washington, DC 20011 | | |
| Aggregate Year-To-date | | | \$ 250.00 |
| 32. Full Name, Mailing Address and Zip Code Helen P Mobley 4411 13th Pl 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) 09/27/2019 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation IT Specialist Name and Address of Employer US Government | | |

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Our Ward 5

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|---|---|--|--|
| | Aggregate Year-To-date | | \$ 100.00 |
| 33. Full Name, Mailing Address and Zip Code Kaneedreck N Adams 1391 Pennsylvania Ave SE Unit 458, Washington, DC 20003 | 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) 09/27/2019 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Individual | Occupation Name and Address of Employer | | |
| | Aggregate Year-To-date | | \$ 500.00 |
| 34. Full Name, Mailing Address and Zip Code Solomon Keene Jr 3708 Hansberry Ct 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) 09/27/2019 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation CEO Name and Address of Employer HAWDC 1401 New York Ave NE, Washington, DC 20002 | | |
| | Aggregate Year-To-date | | \$ 100.00 |
| 35. Full Name, Mailing Address and Zip Code Laisha Dougherty 1716 Lanier PL NW, Washington, DC 20009 | Contribution Type <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Money Order <input 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) 09/27/2019 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation Consultasnt Name and Address of Employer Icon Consultants 100 Waugh Dr Ste 300, Houston, TX 77007 | | |
| | Aggregate Year-To-date | | \$ 100.00 |
| 36. Full Name, Mailing Address and Zip Code A. Wash & Associates, Inc. 4649 Nannie Helen Burroughs AVE 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) 09/27/2019 | 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 |

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

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|---|---|--|--|
| 37. Full Name, Mailing Address and Zip Code Dynamic Concepts, INC. 1730 17th 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) 09/27/2019 | 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 |
| 38. Full Name, Mailing Address and Zip Code Aligned Consulting Group 810 7th 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) 09/27/2019 | 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 |
| 39. Full Name, Mailing Address and Zip Code First Choice Masonry 1819 New York Ave NE Ste 216, 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) 09/27/2019 | 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 |
| 40. Full Name, Mailing Address and Zip Code Mckissack & Mckissack 901 K St 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) 09/27/2019 | 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 |
| 41. Full Name, Mailing Address and Zip Code CSG Urban Partners LLC 1105 5th St 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) 09/27/2019 | 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

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Full Name of Constituent-Service Program

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|---|---|--|--|
| | Aggregate Year-To-date | | \$ 500.00 |
| 42. Full Name, Mailing Address and Zip Code Blue Sky Housing LLC 1900 M St NW Ste 300, 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) 09/27/2019 | Amount of Each Receipt This Period \$ 400.00 |
| Contributor Type Business | Occupation | | |
| Business Type Limited Liability Company | Name and Address of Employer | | |
| | Aggregate Year-To-date | | \$ 400.00 |
| 43. Full Name, Mailing Address and Zip Code FLC 1101, LLC 1101 Euclid 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) 09/27/2019 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Business | Occupation | | |
| Business Type Limited Liability Company | Name and Address of Employer | | |
| | Aggregate Year-To-date | | \$ 500.00 |
| 44. Full Name, Mailing Address and Zip Code 11 E Franklin St LLC 1738 Elton Rd Ste 215, Silver Spring, MD 20903 | 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) 09/27/2019 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Business | Occupation | | |
| Business Type Limited Liability Company | Name and Address of Employer | | |
| | Aggregate Year-To-date | | \$ 500.00 |
| 45. Full Name, Mailing Address and Zip Code H2 Design Build LLC 3467 14th 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) 09/27/2019 | Amount of Each Receipt This Period \$ 250.00 |
| Contributor Type Business | Occupation | | |
| Business Type Limited Liability Company | Name and Address of Employer | | |
| | Aggregate Year-To-date | | \$ 250.00 |

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Our Ward 5

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|--|---|--|--|
| 46. Full Name, Mailing Address and Zip Code ANT Towing 2209 Channing 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) 09/27/2019 | Amount of Each Receipt This Period \$ 250.00 |
| Contributor Type Business Business Type Limited Liability Company | Occupation Name and Address of Employer | | |
| Aggregate Year-To-date | | | \$ 250.00 |
| 47. Full Name, Mailing Address and Zip Code One Stone Partners 1435 4th St 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) 09/27/2019 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Business Business Type Limited Liability Company | Occupation Name and Address of Employer | | |
| Aggregate Year-To-date | | | \$ 100.00 |
| 48. Full Name, Mailing Address and Zip Code Republic National Distrubiting Company LLC 8201 Stayton Dr, Jessup, MD 20794 | 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) 09/27/2019 | 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 |
| 49. Full Name, Mailing Address and Zip Code Winebow, Inc 4800 Cox Rd Ste 300, Glen Allen, VA 23060 | 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) 09/27/2019 | 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 |
| 50. Full Name, Mailing Address and Zip Code The Children's Guild 2146 24th PINE, 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) 09/27/2019 | Amount of Each Receipt This Period \$ 300.00 |
| Contributor Type Business Business Type Corporation | Occupation Name and Address of Employer | | |

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Full Name of Constituent-Service Program

Our Ward 5

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|--|------------------------|--------------|
| | Aggregate Year-To-date | \$ 300.00 |
| <div></div> | | |
| TOTAL This Period (Aggregate of all Receipt pages) | | \$ 14,531.00 |

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Full Name of Constituent-Service Program

Our Ward 5

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|--|--|--|---|
| 1. Full Name, Mailing Address and Zip Code Adobe 151 South Almaden Blvd, San Jose, CA 95110 | Purpose of Expenditure Computer and Web Expenses | Date (month, day, year) 07/08/2019 | Amount of Each Expenditure This Period \$ 15.89 |
| 2. Full Name, Mailing Address and Zip Code Walmart 310 Riggs Rd NE, Washington, DC 20011 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 07/10/2019 | Amount of Each Expenditure This Period \$ 45.82 |
| 3. Full Name, Mailing Address and Zip Code Motel 6 1345 4th St NE, Washington, DC 20002 | Purpose of Expenditure Rental | Date (month, day, year) 07/12/2019 | Amount of Each Expenditure This Period \$ 99.65 |
| 4. Full Name, Mailing Address and Zip Code Costco 2441 Market Street NE, Washington, DC 20018 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 07/19/2019 | Amount of Each Expenditure This Period \$ 43.96 |
| 5. Full Name, Mailing Address and Zip Code Check It Enterprises 1350 Pennsylvania Ave NW, Washington, DC 20004 | Purpose of Expenditure Supplies | Date (month, day, year) 07/23/2019 | Amount of Each Expenditure This Period \$ 1,000.00 |
| 6. Full Name, Mailing Address and Zip Code Amazon 1200 12th Ave South Ste 1200, Seattle, WA 98144 | Purpose of Expenditure Supplies | Date (month, day, year) 07/26/2019 | Amount of Each Expenditure This Period \$ 30.38 |
| 7. Full Name, Mailing Address and Zip Code Walmart 310 Riggs Rd NE, Washington, DC 20011 | Purpose of Expenditure Supplies | Date (month, day, year) 07/26/2019 | Amount of Each Expenditure This Period \$ 9.88 |
| 8. Full Name, Mailing Address and Zip Code Costco 2441 Market Street NE, Washington, DC 20018 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 07/29/2019 | Amount of Each Expenditure This Period \$ 15.98 |
| 9. Full Name, Mailing Address and Zip Code NGP 1445 New York Ave NW #200, Washington, DC 20005 | Purpose of Expenditure Computer and Web Expenses | Date (month, day, year) 07/30/2019 | Amount of Each Expenditure This Period \$ 320.00 |
| 10. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018 | Purpose of Expenditure Supplies | Date (month, day, year) 08/08/2019 | Amount of Each Expenditure This Period \$ 15.98 |
| 11. Full Name, Mailing Address and Zip Code Adobe 151 South Almaden Blvd, San Jose, CA 95110 | Purpose of Expenditure Computer and Web Expenses | Date (month, day, year) 08/08/2019 | Amount of Each Expenditure This Period \$ 15.89 |
| 12. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 08/19/2019 | Amount of Each Expenditure This Period \$ 23.97 |

| | | | |
|---|--|--|---|
| 13. Full Name, Mailing Address and Zip Code 7-Eleven 2230 New York Ave NE, Washington, DC 20002 | Purpose of Expenditure Supplies | Date (month, day, year) 08/19/2019 | Amount of Each Expenditure This Period \$ 11.97 |
| 14. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 08/30/2019 | Amount of Each Expenditure This Period \$ 100.00 |
| 15. Full Name, Mailing Address and Zip Code Adobe 151 South Almaden Blvd, San Jose, CA 95110 | Purpose of Expenditure Computer and Web Expenses | Date (month, day, year) 09/09/2019 | Amount of Each Expenditure This Period \$ 15.89 |
| 16. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 09/16/2019 | Amount of Each Expenditure This Period \$ 330.00 |
| 17. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 09/16/2019 | Amount of Each Expenditure This Period \$ 63.11 |
| 18. Full Name, Mailing Address and Zip Code Rita's 2318 Rhode Island Ave NE, Washington, DC 20018 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 09/16/2019 | Amount of Each Expenditure This Period \$ 130.00 |
| 19. Full Name, Mailing Address and Zip Code Shoppers Food 2441 Chillum Rd, Hyattsville, MD 20782 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 09/16/2019 | Amount of Each Expenditure This Period \$ 15.87 |
| 20. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 09/16/2019 | Amount of Each Expenditure This Period \$ 15.98 |
| 21. Full Name, Mailing Address and Zip Code Jamaya Party Rentals 8035-D Penn Randall Pl, Washington, DC 20772 | Purpose of Expenditure Supplies | Date (month, day, year) 09/16/2019 | Amount of Each Expenditure This Period \$ 650.00 |
| 22. Full Name, Mailing Address and Zip Code Washington Gas 101 Constitution Ave NW # 200W, Washington, DC 20001 | Purpose of Expenditure Utility | Date (month, day, year) 09/16/2019 | Amount of Each Expenditure This Period \$ 100.00 |
| 23. Full Name, Mailing Address and Zip Code Gary Williams 1350 Pennsylvania Ave NW, Washington, DC 20004 | Purpose of Expenditure Consultant | Date (month, day, year) 09/24/2019 | Amount of Each Expenditure This Period \$ 400.00 |
| 24. Full Name, Mailing Address and Zip Code City Winery DC 1350 Okie St NE, Washington, DC 20002 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 09/30/2019 | Amount of Each Expenditure This Period \$ 1,536.48 |
| 25. Full Name, Mailing Address and Zip Code Sean Burkett 1350 Pennsylvania Ave NW, Washington, DC 20004 | Purpose of Expenditure Consultant | Date (month, day, year) 09/30/2019 | Amount of Each Expenditure This Period \$ 300.00 |
| TOTAL This Period (aggregate the subtotal of all expenditure pages) | | | \$ 5,306.70 |