



**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) Jacque4DC	2. OCF Identification Number PCCSBL207184
Address 3521 21st Street, SE	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 20020	

4. TYPE OF REPORT: **December 10th Report for General Election Candidates**

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 10/27/2020 through 12/10/2020		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,217.55	
(c) Total Receipts [from Line (16)]	\$ 795.00	\$ 30,409.19
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 3,012.55	
7. Total Expenditures (from Line 22)	\$ 987.20	\$ 28,383.84
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 2,025.35	
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.

Mr. Jacques Patterson

TYPE OR PRINT FULL NAME OF CANDIDATE

ELECTRONICALLY CERTIFIED

01/12/2021

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.

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

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

NOTARY PUBLIC

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

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

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

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

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

NOTARY PUBLIC

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

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

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

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) Jacque4DC	REPORT COVERING THE PERIOD FROM: 10/27/2020 TO: 12/10/2020	
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)	\$ 795.00	\$ 30,409.19 11(a)
(b) Political Party Committees (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) The Candidate (Schedule A-3)	\$ 0.00	\$ 0.00 11(d)
(e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the candidate or committee (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e) and (f)]	\$ 795.00	\$ 30,409.19 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]	\$ 795.00	\$ 30,409.19 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 987.20	\$ 28,383.84 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) Of Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 19(b)
(c) Total Loan Repayments [add Lines 19(a) and 19(b)]	\$ 0.00	\$ 0.00 19(c)
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Organizations Other Than Political Committees (Schedule B-2)	\$ 0.00	\$ 0.00 20(a)
(b) Political Party Committees (Schedule B-3)	\$ 0.00	\$ 0.00 20(b)
(c) Other Political Committees and PACs (Schedule B-4)	\$ 0.00	\$ 0.00 20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]	\$ 0.00	\$ 0.00 20(d)
21. OTHER EXPENDITURES		
(a) Independent Expenditures (Schedule B-5)	\$ 0.00	\$ 0.00 21(a)
(b) Offsets to Receipts (Schedule B-6)	\$ 0.00	\$ 0.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 0.00	\$ 0.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 987.20	\$ 28,383.84 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 2,217.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 795.00
25. SUBTOTAL (add Lines 23 and 24)		\$ 3,012.55
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)		\$ 987.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		\$ 2,025.35

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Jacque4DC

1. Full Name, Mailing Address and Zip Code Margery Yeager 5332 Sherier Pl 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) 10/27/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Partner Advocate Name and Address of Employer Education Forward 1805 7th St NW, Washington, DC 20001		
Aggregate Year-To-date			\$ 150.00
2. Full Name, Mailing Address and Zip Code Princess Johnson 3123 11th St NW, Washington, DC 20010	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) 10/28/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation DC Health Name and Address of Employer DC Government 899 N Capitol St NE, Washington, DC 20002		
Aggregate Year-To-date			\$ 140.00
3. Full Name, Mailing Address and Zip Code Princess Johnson 3123 11th St NW, Washington, DC 20010	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) 10/28/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation DC Health Name and Address of Employer DC Government 899 N Capitol St NE, Washington, DC 20002		
Aggregate Year-To-date			\$ 140.00
4. Full Name, Mailing Address and Zip Code Barry Brinkley 4612 Pistachio Ln, Capitol Heights, MD 20743	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) 10/29/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Name and Address of Employer Unemployed		
Aggregate Year-To-date			\$ 25.00
5. Full Name, Mailing Address and Zip Code Michael Thorton 2668 Pathview Dr, Dacula, GA 30019	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) 10/29/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Name and Address of Employer Unemployed		
Aggregate Year-To-date			\$ 100.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Jacque4DC

6. Full Name, Mailing Address and Zip Code Michael Kimsey 4641 Garfield 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) 10/30/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Philanthropy Name and Address of Employer Kimsey Foundation 4641 Garfield St NW, Washington, DC 20007		
Aggregate Year-To-date			\$ 500.00
7. Full Name, Mailing Address and Zip Code Kay Contreras 801 Englewood Pkwy, Englewood, CO 80110	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) 11/01/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Relationship Manager Name and Address of Employer Landed 801 Englewood Pkwy, Englewood, CO 80110		
Aggregate Year-To-date			\$ 50.00
8. Full Name, Mailing Address and Zip Code Brandon Best 411 Warfield Dr, Landover, MD 20785	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) 11/02/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Education Name and Address of Employer KIPP DC 2600 Virginia Ave NW, Washington, DC 20037		
Aggregate Year-To-date			\$ 80.00
9. Full Name, Mailing Address and Zip Code Curtis Harrington 14407 Sandy Ridge Ln, Laurel, MD 20707	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) 11/03/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Associate Name and Address of Employer Booz Allen Hamilton 14407 Sandy Ridge Ln, Laurel, MD 20707		
Aggregate Year-To-date			\$ 25.00
10. Full Name, Mailing Address and Zip Code Nathan Woods 1924 Ridgecrest Ct SE, Washington, DC 20020	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) 11/06/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Community Manager Name and Address of Employer KIPP DC 2600 Virginia Ave NW, Washington, DC 20037		
Aggregate Year-To-date			\$ 115.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Jacque4DC

11. Full Name, Mailing Address and Zip Code Neils Ribeiro-Yemofio 6318 Santo Pl, Capitol Heights, MD 20743	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) 11/25/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Chief of External Affairs Name and Address of Employer DC Prep Public Charter School 6318 Santo Pl, Capitol Heights, MD 20743		
Aggregate Year-To-date		\$ 150.00	
12. Full Name, Mailing Address and Zip Code Princess Johnson 3123 11th St NW, Washington, DC 20010	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) 11/28/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation DC Health Name and Address of Employer DC Government 899 N Capitol St NE, Washington, DC 20002		
Aggregate Year-To-date		\$ 160.00	
13. Full Name, Mailing Address and Zip Code Princess Johnson 3123 11th St NW, Washington, DC 20010	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) 11/28/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation DC Health Name and Address of Employer DC Government 899 N Capitol St NE, Washington, DC 20002		
Aggregate Year-To-date		\$ 160.00	
14. Full Name, Mailing Address and Zip Code Michael Thorton 2668 Pathview Dr, Dacula, GA 30019	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) 11/29/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Name and Address of Employer Unemployed		
Aggregate Year-To-date		\$ 125.00	
15. Full Name, Mailing Address and Zip Code Brandon Best 411 Warfield Dr, Landover, MD 20785	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) 12/02/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Education Name and Address of Employer KIPP DC 2600 Virginia Ave NW, Washington, DC 20037		
Aggregate Year-To-date		\$ 90.00	

TOTAL This Period (Aggregate of all Receipt pages)

\$ 795.00

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

Jacque4DC

1. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date	Amount of Each Expenditure This Period
Robert Spriggs 4316 E St SE, Washington, DC 20019	Campaign Materials	(month, day, year) 10/27/2020	\$ 987.20
Occupation	Name and Address of Employer Robert Spriggs 4316 E St SE		

TOTAL This Period (Aggregate of all expenditure pages)

\$ 987.20