



**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 <b>Do Something Constituents Fund</b>	2. OCF Identification Number <b>CSSCC8166839</b>
Address (Number and Street) <b>1109 Wahler Pl., SE</b>	3. Is this report an Amendment? (Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State and Zip Code <b>Washington, DC 20032</b>	

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

<b>CONSTITUENT-SERVICE PROGRAM SUMMARY</b>	<b>COLUMN A THIS PERIOD</b>	<b>COLUMN B CUMULATIVE YEAR- TO-DATE</b>
5. Covering Period <b>1/2/2024</b> through <b>4/1/2024</b>		
6. (a) Cash on Hand January 1		<b>\$ 0.00</b>
(b) Cash on Hand at Beginning of Reporting Period	<b>\$ 1,673.57</b>	
(c) Total Receipts (from Line (16))	<b>\$ 5,900.00</b>	<b>\$ 5,900.00</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B)	<b>\$ 7,573.57</b>	
7. Total Expenditures (from Line 24)	<b>\$ 1,948.61</b>	<b>\$ 1,948.61</b>
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	<b>\$ 5,624.96</b>	
9. Debts and Obligations Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule D)	<b>\$ 0.00</b>	<b>\$ 0.00</b>
10. (a) Loans Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule E)	<b>\$ 0.00</b>	<b>\$ 0.00</b>
(b) All Other Loans (itemize all on Schedule-E1)	<b>\$ 0.00</b>	<b>\$ 0.00</b>

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

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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.

**Mr. Darryl Ross**

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TYPE OR PRINT FULL NAME OF TREASURER

**ELECTRONICALLY CERTIFIED**

**03/31/2024**

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SIGNATURE OF TREASURER

DATE

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

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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 Do Something Constituents Fund	REPORT COVERING THE PERIOD FROM: <b>1/2/2024</b> TO: <b>4/1/2024</b>	
<b>I. RECEIPTS</b>	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE
<b>11. CONTRIBUTIONS (EXCLUDING LOANS) FROM:</b>		
(a) Itemized monetary contributions from other than the elected official (Schedule A)	\$ 5,900.00	\$ 5,900.00 11(a)
(b) Itemized monetary contributions from the elected official (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Contributions of personal property from other than the elected official (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) Contributions of Personal Property from the elected official (Schedule A-3)	\$ 0.00	\$ 0.00 11(d)
(e) Transfers from Authorized Committees (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions in excess of \$10,000.00 from source not associated with the Elected Official or CSP (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) TOTAL Contributions- Excluding Loans (add lines 11(a) (b), (c), (d), (e) and (f))	\$ 5,900.00	\$ 5,900.00 11(g)
<b>12. SALES AND COLLECTIONS (Schedule C)</b>	\$ 0.00	\$ 0.00 12
<b>13. LOANS RECEIVED</b>		
(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)
<b>14. OTHER RECEIPTS (DIVIDENDS, INTEREST, etc.)(Schedule A-5)</b>	\$ 0.00	\$ 0.00 14
<b>15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)</b>	\$ 0.00	\$ 0.00 15
<b>16. TOTAL RECEIPTS (add Lines 11(f), 12, 13(c), 14 and 15)</b>	\$ 5,900.00	\$ 5,900.00 16
<b>II. EXPENDITURES</b>		
<b>17. OPERATING EXPENDITURES (Schedule B)</b>	\$ 1,948.61	\$ 1,948.61 17
<b>18. ALL OTHER EXPENDITURES (Schedule B-1)</b>	\$ 0.00	\$ 0.00 18
<b>19. LOAN REPAYMENTS:</b>		
(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)
<b>20. TOTAL EXPENDITURES (add Lines 17, 18, and 19(c))</b>	\$ 1,948.61	\$ 1,948.61 20
<b>III. CASH SUMMARY</b>		
<b>21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	1,673.57
<b>22. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$	5,900.00
<b>23. SUBTOTAL (add Lines 21 and 22)</b>	\$	7,573.57
<b>24. TOTAL EXPENDITURES THIS PERIOD (from Line 20)</b>	\$	1,948.61
<b>25. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 24 from Line 23)</b>	\$	5,624.96

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 <b>Do Something Constituents Fund</b>			
1. Full Name, Mailing Address and Zip Code <b>Zane Networks, LLC</b> 1205 Marion Barry Ave SE, Washington, DC 20020	<b>Contribution Type</b> <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) <b>01/13/2024</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
2. Full Name, Mailing Address and Zip Code <b>The Kerry S Pearson LLC</b> 700 New Hampshire Ave NW, Washington, DC 20037	<b>Contribution Type</b> <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) <b>01/13/2024</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
3. Full Name, Mailing Address and Zip Code <b>Joan Eisenberg</b> 6601 Gude Ave, Takoma Park, MD 20912	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> None Name and Address of Employer <b>None</b>		
Aggregate Year-To-date			<b>\$ 25.00</b>
4. Full Name, Mailing Address and Zip Code <b>Rufaro Jenkins</b> 1445 Shippen Ln SE, Washington, DC 20020	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Secretary Name and Address of Employer <b>U.S. Government</b> 732 N Capitol St NW, Washington, DC 20401		
Aggregate Year-To-date			<b>\$ 50.00</b>
5. Full Name, Mailing Address and Zip Code <b>Sherlane Barnes</b> 2700 Jasper St SE, Washington, DC 20020	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> None Name and Address of Employer <b>None</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program <b>Do Something Constituents Fund</b>			
Aggregate Year-To-date			<b>\$ 25.00</b>
6. Full Name, Mailing Address and Zip Code <b>Terry A Gould</b> <b>3539 Sheffield Manor Ter, Silver Spring, MD 20904</b>	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> None Name and Address of Employer <b>None</b>		
Aggregate Year-To-date			<b>\$ 25.00</b>
7. Full Name, Mailing Address and Zip Code <b>Jerry Stewart Byrd</b> <b>2110 T St SE, Washington, DC 20020</b>	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> None Name and Address of Employer <b>None</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
8. Full Name, Mailing Address and Zip Code <b>Amy Gellatly</b> <b>3909 Lawrence St, Colmar Manor, MD 20722</b>	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Lawyer Name and Address of Employer <b>Bread for the City</b> <b>1640 Marion Barry Ave SE, Washington, DC 20020</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
9. Full Name, Mailing Address and Zip Code <b>Nick Johnson</b> <b>600 H St NE, Washington, DC 20002</b>	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Clerk Name and Address of Employer <b>U.S. House of Representatives</b> <b>100 First St SE, Washington, DC 20515</b>		
Aggregate Year-To-date			<b>\$ 25.00</b>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program <b>Do Something Constituents Fund</b>			
10. Full Name, Mailing Address and Zip Code <b>Charles Edgar</b> <b>5609 44th Ave, Hyattsville, MD 20781</b>	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney Name and Address of Employer <b>EY</b> <b>5609 44th Ave, Hyattsville, MD 20781</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
11. Full Name, Mailing Address and Zip Code <b>Carolyn Williams</b> <b>3213 Buena Vista Ter SE, Washington, DC 20020</b>	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> None Name and Address of Employer <b>None</b>		
Aggregate Year-To-date			<b>\$ 300.00</b>
12. Full Name, Mailing Address and Zip Code <b>Kevin Petty</b> <b>251 Valley Ave SE, Washington, DC 20032</b>	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> None Name and Address of Employer <b>None</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
13. Full Name, Mailing Address and Zip Code <b>Alexandre Bensahel</b> <b>1800 N Lynn St, Arlington, VA 22209</b>	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> None Name and Address of Employer <b>None</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
14. Full Name, Mailing Address and Zip Code <b>Omar Wilson</b> <b>PO Box 31493, Washington, DC 20030</b>	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> President Name and Address of Employer <b>Wilson Dependable Services</b> <b>PO Box 31493, Washington, DC 20030</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program  
**Do Something Constituents Fund**

Aggregate Year-To-date **\$ 50.00**

15. Full Name, Mailing Address and Zip Code <b>Harvey Yancey</b> <b>3467 14th St NW, Washington, DC 20010</b>	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
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<b>Contributor Type</b> Individual	<b>Occupation</b> None
Name and Address of Employer <b>None</b>	

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

16. Full Name, Mailing Address and Zip Code <b>Kathryn Heaton</b> <b>3401 8th St NE, Washington, DC 20017</b>	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
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<b>Contributor Type</b> Individual	<b>Occupation</b> Chief Operating Officer
Name and Address of Employer <b>Menkiti Group</b> <b>3401 8th St NE, Washington, DC 20017</b>	

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

17. Full Name, Mailing Address and Zip Code <b>Kymber Menkiti</b> <b>3401 8th St NE, Washington, DC 20017</b>	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
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<b>Contributor Type</b> Individual	<b>Occupation</b> Realtor
Name and Address of Employer <b>KW</b> <b>3401 8th St NE, Washington, DC 20017</b>	

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

18. Full Name, Mailing Address and Zip Code <b>Natasha Mosley</b> <b>3401 8th St NE, Washington, DC 20017</b>	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
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<b>Contributor Type</b> Individual	<b>Occupation</b> Director Single Family Development
Name and Address of Employer <b>MG Services</b> <b>3401 8th St NE, Washington, DC 20017</b>	

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

**Do Something Constituents Fund**

19. Full Name, Mailing Address and Zip Code <b>Whit Smith</b> 3401 8th St NE, Washington, DC 20017	<b>Contribution Type</b> <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) <b>03/01/2024</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> CRE Developer Name and Address of Employer <b>Menkiti Group</b> 3401 8th St NE, Washington, DC 20017		

	Aggregate Year-To-date	<b>\$ 500.00</b>
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20. Full Name, Mailing Address and Zip Code <b>James G Davis Construction Corporation</b> 12530 Parklawn Dr, Rockville, MD 20852	<b>Contribution Type</b> <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) <b>03/04/2024</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		

	Aggregate Year-To-date	<b>\$ 500.00</b>
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	Aggregate Year-To-date	<b>\$ 500.00</b>
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<b>TOTAL This Period (Aggregate of all Receipt pages)</b>	<b>\$ 5,900.00</b>
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## Full Name of Constituent-Service Program

**Do Something Constituents Fund**

1. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
<b>Virgil Monroe</b> 1812 Longfellow St, West Hyattsville, MD 20783	<b>Rental</b>	<b>01/03/2024</b>	<b>\$ 500.00</b>
<b>Too Tight Services and Embroidery</b> 8023 C Penn Randall Pl, Upper Marlboro, MD 20772	<b>Supplies</b>	<b>01/17/2024</b>	<b>\$ 901.65</b>
<b>Instacart</b> 50 Beale St, San Francisco, CA 94105	<b>Supplies</b>	<b>02/09/2024</b>	<b>\$ 43.89</b>
<b>Wanda Lockridge</b> 419 Valley Avenue SE, Washington, DC 20032	<b>Supplies</b>	<b>02/15/2024</b>	<b>\$ 266.74</b>
<b>Act Blue</b> 366 Summer St, Somerville, MA 02144	<b>Bank Fees</b>	<b>03/01/2024</b>	<b>\$ 0.99</b>
<b>Act Blue</b> 366 Summer St, Somerville, MA 02144	<b>Bank Fees</b>	<b>03/01/2024</b>	<b>\$ 1.98</b>
<b>Act Blue</b> 366 Summer St, Somerville, MA 02144	<b>Bank Fees</b>	<b>03/01/2024</b>	<b>\$ 1.98</b>
<b>Act Blue</b> 366 Summer St, Somerville, MA 02144	<b>Bank Fees</b>	<b>03/01/2024</b>	<b>\$ 1.98</b>
<b>Act Blue</b> 366 Summer St, Somerville, MA 02144	<b>Bank Fees</b>	<b>03/01/2024</b>	<b>\$ 3.95</b>
<b>Act Blue</b> 366 Summer St, Somerville, MA 02144	<b>Bank Fees</b>	<b>03/01/2024</b>	<b>\$ 10.87</b>
<b>Act Blue</b> 366 Summer St, Somerville, MA 02144	<b>Bank Fees</b>	<b>03/01/2024</b>	<b>\$ 11.85</b>
<b>Act Blue</b> 366 Summer St, Somerville, MA 02144	<b>Bank Fees</b>	<b>03/01/2024</b>	<b>\$ 19.75</b>

13. Full Name, Mailing Address and Zip Code <b>Act Blue</b> <b>366 Summer St, Somerville, MA 02144</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>03/01/2024</b>	Amount of Each Expenditure This Period  <b>\$ 19.75</b>
14. Full Name, Mailing Address and Zip Code <b>Act Blue</b> <b>366 Summer St, Somerville, MA 02144</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>03/01/2024</b>	Amount of Each Expenditure This Period  <b>\$ 21.73</b>
15. Full Name, Mailing Address and Zip Code <b>Act Blue</b> <b>366 Summer St, Somerville, MA 02144</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>03/01/2024</b>	Amount of Each Expenditure This Period  <b>\$ 79.00</b>
16. Full Name, Mailing Address and Zip Code <b>District of Columbia Department of Public V</b> <b>2000 14th St NW, Washington, DC</b> <b>20009</b>	Purpose of Expenditure <b>Equipment Purchases</b>	Date (month, day, year) <b>03/26/2024</b>	Amount of Each Expenditure This Period  <b>\$ 62.50</b>
<b>TOTAL This Period (aggregate the subtotal of all expenditure pages)</b>			<b>\$ 1,948.61</b>