



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

**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) FreshPAC	2. OCF Identification Number PAC SUP156679
Address 1625 K Street, NW, NW #700	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 20006	

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

This REPORT contains activity for: **Not Applicable**

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 8/11/2015 through 10/10/2015		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 106,488.00	
(c) Total Receipts [from Line (16)]	\$ 197,718.20	\$ 338,218.20
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 304,206.20	
7. Total Expenditures (from Line 22)	\$ 12,141.54	\$ 46,153.54
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 292,064.66	
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 or Candidate (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) Loans Owed TO the Committee or Candidate (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.

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.

Mr. Ben Soto

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

10/13/2015

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) FreshPAC	REPORT COVERING THE PERIOD FROM: 8/11/2015 TO: 10/10/2015	
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)	\$ 197,718.20	\$ 328,218.20 11(a)
(b) Political Party Committees (Schedule A-1)	\$ 0.00	\$ 5,000.00 11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$ 0.00	\$ 5,000.00 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)]	\$ 197,718.20	\$ 338,218.20 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS		
(a) Loans owed BY The Candidate/PCC or the Committee (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) Loans owed TO The Candidate/PCC or 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]	\$ 197,718.20	\$ 338,218.20 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 2,141.54	\$ 35,153.54 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans owed BY the Candidate/PCC or the Committee (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) Of Loans owed TO the Candidate/PCC or 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)	\$ 10,000.00	\$ 11,000.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 10,000.00	\$ 11,000.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 12,141.54	\$ 46,153.54 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 106,488.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 197,718.20
25. SUBTOTAL (add Lines 23 and 24)		\$ 304,206.20
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)		\$ 12,141.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		\$ 292,064.66

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)

FreshPAC

1. Full Name, Mailing Address and Zip Code Jennifer Nguyen 1909 Briggs Rd, Silver Spring, MD 20906	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/01/2015	Amount of Each Receipt This Period \$ 5,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 5,000.00
2. Full Name, Mailing Address and Zip Code Steve Adams PO Box 624, Carrolton, GA 30112	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/01/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
3. Full Name, Mailing Address and Zip Code Joel Freedman 2304 Hermosa Ave, Hermosa Beach, CA 90254	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/01/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
4. Full Name, Mailing Address and Zip Code District of Columbia Hospital Association 1152 15th St NW Ste 900, 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) 10/01/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business Business Type Other-Association	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
5. Full Name, Mailing Address and Zip Code First Veitch Street Corporation 1175 Ballantrae Ln, McLean, VA 22101	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/01/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 20,000.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

FreshPAC

6. Full Name, Mailing Address and Zip Code Sharonda L Davila-Irving 1204 Fairmont 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) 10/01/2015	Amount of Each Receipt This Period \$ 2,500.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 2,500.00
7. Full Name, Mailing Address and Zip Code Bryan S Irving 1204 Fairmont 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) 10/01/2015	Amount of Each Receipt This Period \$ 2,500.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 2,500.00
8. Full Name, Mailing Address and Zip Code George & Jennifer Mavrikes 9537 Purcell Dr, 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) 10/01/2015	Amount of Each Receipt This Period \$ 2,500.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 2,500.00
9. Full Name, Mailing Address and Zip Code Simone A Goring Devaney 8175 E Beach Dr 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) 10/01/2015	Amount of Each Receipt This Period \$ 5,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
10. Full Name, Mailing Address and Zip Code McCullough Construction LLC 5039 Connecticut Ave NW Ste 7, 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) 10/01/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

FreshPAC

11. Full Name, Mailing Address and Zip Code Blue Sky Housing 8th Street LLC 1750 K St NW Ste 200, 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) 10/01/2015	Amount of Each Receipt This Period \$ 5,000.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 5,000.00
12. Full Name, Mailing Address and Zip Code Joshua Andrew Olsen & Cheryl Ann Miller 1212 M St NW Apt 302, 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) 10/01/2015	Amount of Each Receipt This Period \$ 5,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 5,000.00
13. Full Name, Mailing Address and Zip Code Babu & Gracy Stephen 5022 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) 10/01/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
14. Full Name, Mailing Address and Zip Code Pierre J Devilliers & Stephanie H Delaplace 3403 Pauline Dr, 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) 10/01/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
15. Full Name, Mailing Address and Zip Code Premier Health Services Inc 7600 Georgia Ave NW Ste 323, 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) 10/01/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business Business Type Other-Inc.	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00

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)

FreshPAC

16. Full Name, Mailing Address and Zip Code James G Davis & Shannon M Davis Jr. PO Box 1015, Middleburg, VA 20118	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/01/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
17. Full Name, Mailing Address and Zip Code Facchina Construction Company Inc 102 Centennial St Ste 201 PO Box 2286, LaPlata, MD 20646	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/01/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business Business Type Other-Inc	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
18. Full Name, Mailing Address and Zip Code Edwin Villegas 9421 Holland Ave, Bethesda, MD 20814	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/01/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
19. Full Name, Mailing Address and Zip Code Simone A Goring Devaney 8175 E Beach Dr 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) 10/01/2015	Amount of Each Receipt This Period \$ 5,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
20. Full Name, Mailing Address and Zip Code Robert Goodrich 4800 17th 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) 10/01/2015	Amount of Each Receipt This Period \$ 20,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 20,000.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

FreshPAC

21. Full Name, Mailing Address and Zip Code Matthew Jemal 600 F St NW, Washington, DC 20004	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Covered Event Bill	Date (month, day, year) 10/01/2015	Amount of Each Receipt This Period \$ 5,018.20
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 5,018.20
22. Full Name, Mailing Address and Zip Code Benjamin M Soto 3407 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) 10/01/2015	Amount of Each Receipt This Period \$ 5,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 5,000.00
23. Full Name, Mailing Address and Zip Code Jay Weil & Linda N Freedman 7221 Hidden Creek Rd, Bethesda, MD 20817	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/01/2015	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 200.00
24. Full Name, Mailing Address and Zip Code The Keystone Plus Construction Corporation 1925 Minnesota Ave SE Ste A, 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) 10/10/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
25. Full Name, Mailing Address and Zip Code Carl D Jones 12211 Duley Station Rd, Upper Marlboro, MD 20772	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/10/2015	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00

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)

FreshPAC

26. Full Name, Mailing Address and Zip Code Octane, LLC 1436 U St NW Ste 103, 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) 10/10/2015	Amount of Each Receipt This Period \$ 5,000.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
		Aggregate Year-To-date	\$ 5,000.00

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TOTAL This Period (Aggregate of all Receipt pages)	\$ 197,718.20
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FULL Name of Committee (Name of Candidate, if Candidate is reporting)

FreshPAC

1. Full Name, Mailing Address and Zip Code Goldblatt Martin Pozen LLP 1625 K Street N.W., Suite 700, Washington, DC 20006	Purpose of Expenditure Consultant	Date (month, day, year) 09/16/2015	Amount of Each Expenditure This Period \$ 2,117.54
Occupation	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code EagleBank 2001 K Street NW Suite 204, Washington, DC 20006	Purpose of Expenditure Bank Fees	Date (month, day, year) 10/07/2015	Amount of Each Expenditure This Period \$ 12.00
Occupation	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code EagleBank 2001 K Street NW Suite 204, Washington, DC 20006	Purpose of Expenditure Bank Fees	Date (month, day, year) 10/07/2015	Amount of Each Expenditure This Period \$ 12.00
Occupation	Name and Address of Employer		

TOTAL This Period (Aggregate of all expenditure pages)

\$ 2,141.54

OFFSET TO RECEIPTS (RETURN CHECKS, NON-SUFFICIENT FUND FEES, ETC.,)

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

FreshPAC

1. Full Name, Mailing Address and Zip Code	Offset Type	Date	Offset Amount This
		(month, day, year)	Period
Babu & Gracy Stephen 5022 Warren St NW, Washington, DC 20016	Return Check and Fees	10/07/2015	\$ 10,000.00

TOTAL This Period (Aggregate of all expenditure pages)

\$ 10,000.00