



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) <b>FreshPAC</b>	2. OCF Identification Number <b>PACSUP156679</b>
Address <b>1625 K Street, NW. NW #700</b>	3. Is this report an Amendment? (Yes or No) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City, State and Zip Code <b>Washington, DC 20006</b>	

4. TYPE OF REPORT: **July 31st Report**

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period <b>2/1/2015</b> through <b>7/31/2015</b>		
6. (a) Cash on Hand (January 31 Year End Report Only)		<b>\$ 0.00</b>
(b) Cash on Hand at Beginning of Reporting Period	<b>\$ 0.00</b>	
(c) Total Receipts [from Line (16)]	<b>\$ 140,500.00</b>	<b>\$ 140,500.00</b>
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	<b>\$ 140,500.00</b>	
7. Total Expenditures (from Line 22)	<b>\$ 34,199.95</b>	<b>\$ 34,199.95</b>
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	<b>\$ 106,300.05</b>	
9. Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D)	<b>\$ 0.00</b>	<b>\$ 0.00</b>
10. (a) Loans Owed BY the Committee or Candidate (itemize all on Schedule E)	<b>\$ 0.00</b>	<b>\$ 0.00</b>
(b) Loans Owed TO the Committee or Candidate (itemize all on Schedule E-1)	<b>\$ 0.00</b>	<b>\$ 0.00</b>

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

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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 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.

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TYPE OR PRINT FULL NAME OF TREASURER

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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.

(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.

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TYPE OR PRINT FULL NAME OF TREASURER

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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

(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**

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TYPE OR PRINT FULL NAME OF TREASURER

**ELECTRONICALLY CERTIFIED**

11/04/2015

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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

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND EXPENDITURES  
OCF Form 16, Page 2**

<b>1. Full Name of Committee (Name of Candidate, if Candidate is reporting)</b> FreshPAC	<b>REPORT COVERING THE PERIOD</b> FROM: <b>2/1/2015</b> TO: <b>7/31/2015</b>	
<b>I. RECEIPTS</b>	<b>COLUMN A TOTAL THIS PERIOD</b>	<b>COLUMN B CUMULATIVE TO-DATE CUMULATIVE YEAR-TO-DATE</b>
<b>11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:</b>		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 130,500.00	\$ 130,500.00 11(a)
(b) Political Party Committees (Schedule A-1)	\$ 5,000.00	\$ 5,000.00 11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$ 5,000.00	\$ 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)]	\$ 140,500.00	\$ 140,500.00 11(g)
<b>12. SALES AND COLLECTIONS (Schedule C)</b>	\$ 0.00	\$ 0.00 12
<b>13. LOANS</b>		
(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)
<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(g), 12, 13(c), 14 and 15]</b>	\$ 140,500.00	\$ 140,500.00 16
<b>II. EXPENDITURES</b>		
<b>17. OPERATING EXPENDITURES (Schedule B)</b>	\$ 33,199.95	\$ 33,199.95 17
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)</b>	\$ 0.00	\$ 0.00 18
<b>19. LOAN REPAYMENTS:</b>		
(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) <b>Total Loan Repayments</b> [add Lines 19(a) and 19(b)]	\$ 0.00	\$ 0.00 19(c)
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(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) <b>Total Contribution Refunds</b> [add Lines 20(a), (b), and (c)]	\$ 0.00	\$ 0.00 20(d)
<b>21. OTHER EXPENDITURES</b>		
(a) Independent Expenditures (Schedule B-5)	\$ 0.00	\$ 0.00 21(a)
(b) Offsets to Receipts (Schedule B-6)	\$ 1,000.00	\$ 1,000.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 1,000.00	\$ 1,000.00 21(c)
<b>22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]</b>	\$ 34,199.95	\$ 34,199.95 22
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>		0.00
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>		140,500.00
<b>25. SUBTOTAL (add Lines 23 and 24)</b>		140,500.00
<b>26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)</b>		34,199.95
<b>27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)</b>		106,300.05

## 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 <b>Premium Title &amp; Escrow, LLC</b> <b>3407 14th Street 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 type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Other (Specify)      Wire <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>04/15/2015</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Limited Liability Company	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
2. Full Name, Mailing Address and Zip Code <b>The Warrenton Group</b> <b>5335 Wisconsin Avenue NW STE 440,</b> <b>Washington, DC 20015</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 10,000.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Limited Liability Company	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 10,000.00</b>
3. Full Name, Mailing Address and Zip Code <b>Frederick L. Hill</b> <b>912 F Street NW Apt 208, Washington, DC 20004</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 10,000.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b>		
	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 10,000.00</b>
4. Full Name, Mailing Address and Zip Code <b>Roger K. Clark</b> <b>1415 Montague St NW, Washington, DC 20011</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b>		
	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 250.00</b>
5. Full Name, Mailing Address and Zip Code <b>SP Associates III, LLC</b> <b>4800 Hampden Ln STE 300, Bethesda, MD 20814</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 1,000.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Limited Liability Company	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 1,000.00</b>

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

FreshPAC

6. Full Name, Mailing Address and Zip Code <b>Pennsylvania Building Associates C/O Willco</b> <b>7811 Montrose Rd STE 200, Potomac, MD</b> <b>20854</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 2,000.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 2,000.00</b>
7. Full Name, Mailing Address and Zip Code <b>1722 Eye St Assoc LP C/O Willco</b> <b>7811 Montrose Rd STE 200, Potomac, MD</b> <b>20854</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 2,000.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 2,000.00</b>
8. Full Name, Mailing Address and Zip Code <b>Vermont Assoc C/O Willco</b> <b>7811 Montrose Rd STE 200, Ptomac, MD 20854</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 2,000.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 2,000.00</b>
9. Full Name, Mailing Address and Zip Code <b>CLH New York Ave, LLC C/O Willco</b> <b>7811 Montrose Rd STE 200, Potomac, MD</b> <b>20854</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 2,000.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Limited Liability Company	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 2,000.00</b>
10. Full Name, Mailing Address and Zip Code <b>Vanguard Building LP C/O Willco</b> <b>7811 Montrose Rd STE 200, Potomac, MD</b> <b>20854</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 2,000.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 2,000.00</b>

## 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 <b>Republic Properties Corp</b> <b>1280 Maryland Ave SW STE 280, Washington, DC 20024</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 10,000.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 10,000.00</b>
12. Full Name, Mailing Address and Zip Code <b>Florida Investment Group LLLP</b> <b>3800 Frederick Ave, Baltimore, MD 21229</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 1,000.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 1,000.00</b>
13. Full Name, Mailing Address and Zip Code <b>Capital City Asset Management LLC</b> <b>11701 Bowman Green Dr, Reston, VA 20190</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 10,000.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Limited Liability Company	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 10,000.00</b>
14. Full Name, Mailing Address and Zip Code <b>Eric &amp; Laura Wagner</b> <b>711 E Timber Branch Pkwy, Alexandria, VA 22302</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 1,000.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b>		
	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 1,000.00</b>
15. Full Name, Mailing Address and Zip Code <b>Oliver &amp; Mable Johnson II</b> <b>14717 Dover Rd, Reistertown, MD 21136</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 750.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b>		
	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 750.00</b>

## ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

**FreshPAC**

16. Full Name, Mailing Address and Zip Code <b>John &amp; Sally Sullivan</b> <b>5005 Cedar Croft Dr, Bethesda, MD 20814</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 750.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date		<b>\$ 750.00</b>	
17. Full Name, Mailing Address and Zip Code <b>Michael &amp; Theresa Curran</b> <b>3551 Cattail Creek Dr, Glenwood, MD 21738</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 1,000.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date		<b>\$ 1,000.00</b>	
18. Full Name, Mailing Address and Zip Code <b>First Veitch Street Corporation</b> <b>1175 Ballantrae Ln, McLean, VA 22101</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 10,000.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date		<b>\$ 10,000.00</b>	
19. Full Name, Mailing Address and Zip Code <b>W. Eric Magwood</b> <b>217 P Street NW, Washington, DC 20001</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 1,000.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>CEO</b> Name and Address of Employer <b>EM Holdings, LLC</b> <b>Washington, DC</b>		
Aggregate Year-To-date		<b>\$ 1,000.00</b>	
20. Full Name, Mailing Address and Zip Code <b>Pegeen Townsend</b> <b>225 McKeon Rd, Severna Park, MD 38120</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>VP Government Affairs</b> Name and Address of Employer <b>Medstar Health</b> <b>Washington, DC</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	



## 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 <b>Kenneth &amp; Stacy Samet</b> <b>8820 Burdette Rd, Bethesda, MD 20817</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 2,000.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Chief Exec & President Name and Address of Employer <b>Medstar Health</b> <b>Washington, DC</b>		
Aggregate Year-To-date		<b>\$ 2,000.00</b>	
22. Full Name, Mailing Address and Zip Code <b>Karen &amp; Stephen Evans</b> <b>1120 Balls Hill Rd, McLean, VA 22101</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 1,000.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney Name and Address of Employer <b>The Cochran Firm</b> <b>Washington, DC</b>		
Aggregate Year-To-date		<b>\$ 1,000.00</b>	
23. Full Name, Mailing Address and Zip Code <b>Christine Swearingen</b> <b>3022 Chestnut St NW, Washington, DC 20015</b>	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 750.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Sr VP Corporate Strategy and Bus Dev Name and Address of Employer <b>MedStar Health</b> <b>Washington, DC</b>		
Aggregate Year-To-date		<b>\$ 750.00</b>	
24. Full Name, Mailing Address and Zip Code <b>Phinis Jones</b> <b>1847 Woodmont Place SE, Washington, DC 20020</b>	<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>07/06/2015</b>	Amount of Each Receipt This Period <b>\$ 10,000.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> President Name and Address of Employer <b>Capitol Services Management, Inc</b> <b>Washington, DC</b>		
Aggregate Year-To-date		<b>\$ 10,000.00</b>	
25. Full Name, Mailing Address and Zip Code <b>Buwa Binite</b> <b>72 V St NW, 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 type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Other (Specify) Wire <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>07/07/2015</b>	Amount of Each Receipt This Period <b>\$ 10,000.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Managing Principal Name and Address of Employer <b>Dantes Partners LLC</b> <b>Washington, DC</b>		
Aggregate Year-To-date		<b>\$ 10,000.00</b>	

## ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

FreshPAC

26. Full Name, Mailing Address and Zip Code <b>Obiora &amp; Kymber Lovett Menkiti</b> <b>1673 Myrtle St NW, Washington, DC 20012</b>	<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>07/10/2015</b>	Amount of Each Receipt This Period <b>\$ 10,000.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>President</b> Name and Address of Employer <b>The Menkiti Group, LLC</b> <b>Washington, DC</b>		
Aggregate Year-To-date			<b>\$ 10,000.00</b>
27. Full Name, Mailing Address and Zip Code <b>Mary Joy Maxwell</b> <b>20265 Water Mark Place, Potomac Falls, VA 20165</b>	<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>07/22/2015</b>	Amount of Each Receipt This Period <b>\$ 1,000.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 1,000.00</b>
28. Full Name, Mailing Address and Zip Code <b>Emmanuel S. Bailey</b> <b>4002 Cotton Tree Lane, Burtonsville, MD 20866</b>	<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>07/24/2015</b>	Amount of Each Receipt This Period <b>\$ 5,000.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>President &amp; CEO</b> Name and Address of Employer <b>DC09, LLC</b> <b>Washington, DC</b>		
Aggregate Year-To-date			<b>\$ 5,000.00</b>
29. Full Name, Mailing Address and Zip Code <b>Preservation Services, LLC</b> <b>11200 Rockville Pike STE 250, Rockville, MD 20852</b>	<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>07/27/2015</b>	Amount of Each Receipt This Period <b>\$ 10,000.00</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>\$ 10,000.00</b>
30. Full Name, Mailing Address and Zip Code <b>Alan Bubes</b> <b>1601 31st St NW, Washington, DC 20007</b>	<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>07/30/2015</b>	Amount of Each Receipt This Period <b>\$ 10,000.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>President and CEO</b> Name and Address of Employer <b>Linens of the Week</b> <b>Washington, DC</b>		
Aggregate Year-To-date			<b>\$ 10,000.00</b>

## ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

FreshPAC

31. Full Name, Mailing Address and Zip Code <b>BLue Skye Construction, LLC</b> <b>5101 MacArthur Blvs NW STE 200,</b> <b>Washington, DC 20016</b>	<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>07/31/2015</b>	Amount of Each Receipt This Period <b>\$ 3,000.00</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>\$ 3,000.00</b>
<b>TOTAL This Period (Aggregate of all Receipt pages)</b>			<b>\$ 130,500.00</b>

## ITEMIZED RECEIPTS FROM POLITICAL PARTY COMMITTEES

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

FreshPAC

1. Full Name, Mailing Address and Zip Code CSX Corporation Good Government Fund A Multicandidate Qualified Committee 1351 Pennsylvania Ave NW Ste 500 National PL, Washington, DC 20004	<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>06/30/2015</b>	Amount of Each Receipt This Period <b>\$ 5,000.00</b>
<b>Contributor Type</b> Other;#A Multicandidate Qualified Committee			
	Aggregate Year-To-date		<b>\$ 5,000.00</b>

TOTAL This Period (Aggregate of all Receipt pages)

**\$ 5,000.00**

## ITEMIZED RECEIPTS FROM COMMITTEES OTHER THAN POLITICAL COMMITTEES AUTHORIZED BY THE SAME CANDIDATE

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

FreshPAC

1. Full Name, Mailing Address and Zip Code

Federal Express Polital Action Committee

942 S Shady Grove Rd 1st FL, Memphis, TN  
38120

Contribution Type

☐ Cash ☐ Money Order ☒ Check

☐ Cashier Check ☐ Credit Card

☐ Other (Specify)

☐ In Kind (Specify)

Date (month,  
day, year)

06/30/2015

Amount of Each  
Receipt This Period

\$ 5,000.00

Contributor Type

Corporate Sponsored PAC

Aggregate Year-To-date

\$ 5,000.00

TOTAL This Period (Aggregate of all Receipt pages)

\$ 5,000.00

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

FreshPAC

1. Full Name, Mailing Address and Zip Code <b>EagleBank</b> <b>1425 K Street, NW, Washington, DC</b> <b>20005</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>07/06/2015</b>	Amount of Each Expenditure This Period <b>\$ 12.00</b>
<b>Occupation</b>	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code <b>Deluxe Business Systems</b> <b>10030 Philipp Parkway, Streetsboro, OH</b> <b>44241</b>	Purpose of Expenditure <b>Campaign Materials</b>	Date (month, day, year) <b>07/06/2015</b>	Amount of Each Expenditure This Period <b>\$ 187.95</b>
<b>Occupation</b>	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code <b>Hart Research Associates</b> <b>1724 Connecticut Avenue NW,</b> <b>Washington, DC 20009</b>	Purpose of Expenditure <b>Polling/Mailing List</b>	Date (month, day, year) <b>07/16/2015</b>	Amount of Each Expenditure This Period <b>\$ 33,000.00</b>
<b>Occupation</b>	Name and Address of Employer		

**TOTAL This Period (Aggregate of all expenditure pages)**

**\$ 33,199.95**

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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 (month, day, year)	Offset Amount This Period
SP Associates III, LLC 4800 Hampden Ln STE 300, Bethesda, MD 20814	Return Check and Fees	07/06/2015	\$ 1,000.00

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TOTAL This Period (Aggregate of all expenditure pages)	\$ 1,000.00
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