



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) LaJoy Johnson Law SBOE 2020	2. OCF Identification Number PCCSD8207153
Address 3702 2nd Street, SE. Apt. D	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 20032	

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

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 2/1/2020 through 3/10/2020		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 25.00	
(c) Total Receipts [from Line (16)]	\$ 1,905.00	\$ 1,930.00
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 1,930.00	
7. Total Expenditures (from Line 22)	\$ 75.31	\$ 75.31
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 1,854.69	
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.

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.

Ms. Vanessa C. Lemme

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

03/10/2020

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) LaJoy Johnson Law SBOE 2020	REPORT COVERING THE PERIOD FROM: 2/1/2020 TO: 3/10/2020	
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)	\$ 1,805.00	\$ 1,830.00 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)	\$ 100.00	\$ 100.00 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)]	\$ 1,905.00	\$ 1,930.00 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]	\$ 1,905.00	\$ 1,930.00 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 75.31	\$ 75.31 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)]	\$ 75.31	\$ 75.31 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 25.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 1,905.00
25. SUBTOTAL (add Lines 23 and 24)		\$ 1,930.00
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)		\$ 75.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		\$ 1,854.69

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

LaJoy Johnson Law SBOE 2020

1. Full Name, Mailing Address and Zip Code Robyn Smith 3131 16th 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) 02/13/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Recruiter Name and Address of Employer CUA 620 Michigan Ave NE, Washington, DC 20064		
Aggregate Year-To-date			\$ 50.00
2. Full Name, Mailing Address and Zip Code Michele Cassalia 503 Valley Green Ct, Flourtown, PA 19031	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) 02/13/2020	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Sales Name and Address of Employer AAFA 1235 S Clark St, Arlington, VA 22202		
Aggregate Year-To-date			\$ 150.00
3. Full Name, Mailing Address and Zip Code Preston Smith 4163 Partridge Dr, San Jose, CA 95121	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) 02/13/2020	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation CEO Name and Address of Employer Rocketship Public Schools 350 Twin Dolphin Dr Ste 109, Redwood City, CA 94065		
Aggregate Year-To-date			\$ 200.00
4. Full Name, Mailing Address and Zip Code Jolene Sloter 9112 Vendome Dr, Bethesda, MD 20817	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) 02/14/2020	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 200.00
5. Full Name, Mailing Address and Zip Code Ryan Rauzon 4620 Highgrove Ave, Torrance, CA 90505	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) 02/16/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Communications Name and Address of Employer Summit Strategy Group 1 1st St, Los Altos, CA 94022		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

LaJoy Johnson Law SBOE 2020

		Aggregate Year-To-date	\$ 100.00
6. Full Name, Mailing Address and Zip Code Roland Musselman 4360 Piper Ln, Marbury, MD 20658	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) 02/16/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Mechanic Name and Address of Employer Caliber Collision 6100 Livingston Rd, Oxon Hill, MD 20745		
		Aggregate Year-To-date	\$ 100.00
7. Full Name, Mailing Address and Zip Code Susan Grandy 3803 Washington Woods Dr, Alexandria, VA 22309	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) 02/16/2020	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer		
		Aggregate Year-To-date	\$ 200.00
8. Full Name, Mailing Address and Zip Code Christine Miller 1530 Monroe 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) 02/23/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Name and Address of Employer		
		Aggregate Year-To-date	\$ 25.00
9. Full Name, Mailing Address and Zip Code Derrick Faison 7982 Lakecrest Dr, Greenbelt, MD 20770	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) 02/28/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Project Coordinator Name and Address of Employer Breathe DC 1310 Southern Ave SE, Washington, DC 20032		
		Aggregate Year-To-date	\$ 50.00
10. Full Name, Mailing Address and Zip Code Chris Celauro 1049 SE 80th Ave, Portland, OR 97215	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) 02/28/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

LaJoy Johnson Law SBOE 2020

		Aggregate Year-To-date	\$ 50.00	
11. Full Name, Mailing Address and Zip Code Jason Chen 8214 Waterside ct, Fort washington, MD 20744	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) 02/29/2020	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation Manager Name and Address of Employer Da Hong Pao 1413 14th St NW, Washington, DC 20005			
		Aggregate Year-To-date	\$ 50.00	
12. Full Name, Mailing Address and Zip Code Charles Wilson 1344 Maple View Pl 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) 02/29/2020	Amount of Each Receipt This Period \$ 20.00	
Contributor Type Individual	Occupation Consultant Name and Address of Employer Booz Allen Hamilton 8283 Greensboro Dr, McLean, VA 22102			
		Aggregate Year-To-date	\$ 20.00	
13. Full Name, Mailing Address and Zip Code Yaida Ford 10 G St NE, Washington, DC 20002	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) 02/29/2020	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation Lawyer Name and Address of Employer Self 10 G St NE, Washington, DC 20002			
		Aggregate Year-To-date	\$ 25.00	
14. Full Name, Mailing Address and Zip Code Jacque Patterson 3521 21st St 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) 03/02/2020	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation Administrator Name and Address of Employer KIPP DC 2600 Virginia Ave NW, Washington, DC 20037			
		Aggregate Year-To-date	\$ 25.00	
15. Full Name, Mailing Address and Zip Code Anise Walker 1316 Talbert 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) 03/02/2020	Amount of Each Receipt This Period \$ 15.00	
Contributor Type Individual	Occupation Educator Name and Address of Employer DC Public Schools 1200 1st St NE, Washington, DC 20002			

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)

LaJoy Johnson Law SBOE 2020

		Aggregate Year-To-date	\$ 15.00
16. Full Name, Mailing Address and Zip Code Aaron Cardwell 6621 Northam Rd, Temple Hills, MD 20748	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) 03/02/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Asst. Principal Name and Address of Employer Rocketship Charter School 4250 Massachusetts Ave SE, Washington, DC 20019		
		Aggregate Year-To-date	\$ 25.00
17. Full Name, Mailing Address and Zip Code Jazzmyne Montgomery 922 S Leavitt St, Chicago, IL 60612	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) 03/02/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer		
		Aggregate Year-To-date	\$ 100.00
18. Full Name, Mailing Address and Zip Code Robin McKinney 1262 Talbert St 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) 03/02/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer DOES 4058 Minnesota Ave NE, Washington, DC 20019		
		Aggregate Year-To-date	\$ 25.00
19. Full Name, Mailing Address and Zip Code LaKisha Johnson 108 Inverness Ln, Fort Washington, MD 20744	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) 03/04/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Staff Assistant Name and Address of Employer DC Government 3030 G St SE, Washington, DC 20019		
		Aggregate Year-To-date	\$ 25.00
20. Full Name, Mailing Address and Zip Code Katie Mazure 1100 2nd Pl SE, Washington, DC 20003	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) 03/04/2020	Amount of Each Receipt This Period \$ 20.00
Contributor Type Individual	Occupation Teacher Name and Address of Employer Rocketship Charter Schools 4250 Massachusetts Ave SE, Washington, DC 20019		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

LaJoy Johnson Law SBOE 2020

		Aggregate Year-To-date	\$ 20.00	
21. Full Name, Mailing Address and Zip Code David Grosso 3619 15th St NE, Washington, DC 20017	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) 03/09/2020	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation Councilmember Name and Address of Employer District of Columbia 3619 15th St ne, Washington, DC 20017			
		Aggregate Year-To-date	\$ 50.00	
22. Full Name, Mailing Address and Zip Code Maya Martin 443 New York Ave NW, Washington, DC 20001	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) 03/09/2020	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Executive Director Name and Address of Employer PAVE 1805 7th st nw, Washington, DC 20001			
		Aggregate Year-To-date	\$ 100.00	
23. 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) 03/09/2020	Amount of Each Receipt This Period \$ 20.00	
Contributor Type Individual	Occupation Partner Name and Address of Employer Education Forward DC 1805 7th St NW, Washington, DC 20001			
		Aggregate Year-To-date	\$ 20.00	
24. 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) 03/10/2020	Amount of Each Receipt This Period \$ 180.00	
Contributor Type Individual	Occupation Partner Name and Address of Employer Education Forward DC 1805 7th St NW, Washington, DC 20001			
		Aggregate Year-To-date	\$ 200.00	
TOTAL This Period (Aggregate of all Receipt pages)			\$ 1,805.00	

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Full Name of Committee (Name of Candidate, if Candidate is reporting)
LaJoy Johnson Law SBOE 2020

	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) 02/26/2020	Amount of Each Receipt This Period \$ 50.00
Aggregate Year-To-date			\$ 50.00
	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) 03/01/2020	Amount of Each Receipt This Period \$ 50.00
Aggregate Year-To-date			\$ 100.00

TOTAL This Period (Aggregate of all Receipt pages)	\$ 100.00
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**SCHEDULE B
ITEMIZED OPERATING EXPENDITURES**

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

LaJoy Johnson Law SBOE 2020

1. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 02/24/2020	Amount of Each Expenditure This Period \$ 40.50
Occupation	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 03/10/2020	Amount of Each Expenditure This Period \$ 34.81
Occupation	Name and Address of Employer		

TOTAL This Period (Aggregate of all expenditure pages)

\$ 75.31