



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) Brooke Pinto for Ward 2	2. OCF Identification Number PCCCC2207165
Address 1219 Q Street, NW	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 20009	

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

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 6/11/2020 through 8/10/2020		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 33,926.55	
(c) Total Receipts [from Line (16)]	\$ 9,181.00	\$ 152,331.14
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 43,107.55	
7. Total Expenditures (from Line 22)	\$ 21,739.47	\$ 130,963.06
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 21,368.08	
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	\$ 25,000.00
(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. Brooke Pinto

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

08/10/2020

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) Brooke Pinto for Ward 2	REPORT COVERING THE PERIOD FROM: 6/11/2020 TO: 8/10/2020	
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)	\$ 9,181.00	\$ 106,245.16 11(a)
(b) Political Party Committees (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) The Candidate (Schedule A-3)	\$ 0.00	\$ 21,085.98 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)]	\$ 9,181.00	\$ 127,331.14 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	\$ 25,000.00 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	\$ 25,000.00 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]	\$ 9,181.00	\$ 152,331.14 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 21,689.47	\$ 129,413.06 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)	\$ 50.00	\$ 1,550.00 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)]	\$ 50.00	\$ 1,550.00 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)]	\$ 21,739.47	\$ 130,963.06 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 33,926.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 9,181.00
25. SUBTOTAL (add Lines 23 and 24)		\$ 43,107.55
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)		\$ 21,739.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		\$ 21,368.08

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)

Brooke Pinto for Ward 2

1. Full Name, Mailing Address and Zip Code John Marshall 400 Massachusetts Ave NW Apt 213, 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) 06/12/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 50.00
2. Full Name, Mailing Address and Zip Code Robert Vanasse 1529 34th St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/14/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Media consultant Name and Address of Employer Stove Boat LLC 1750 K St NW, Washington, DC 20006		
Aggregate Year-To-date			\$ 100.00
3. Full Name, Mailing Address and Zip Code Raphiel Hampton 1508 17th St NW, Washington, DC 20036	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) 06/15/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Property Manager Name and Address of Employer Sunshine Realty LLC 1508 17th St NW, Washington, DC 20036		
Aggregate Year-To-date			\$ 100.00
4. Full Name, Mailing Address and Zip Code Jill Johnson 2542 MIRAMAR BLVD, UNIVERSITY HT, OH 44118	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) 06/16/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Lawyer Name and Address of Employer CSU Cleveland-Marshall College of Law		
Aggregate Year-To-date			\$ 100.00
5. Full Name, Mailing Address and Zip Code Max Kennedy 2508 Washington Ave, Santa Monica, CA 90403	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) 06/17/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 500.00

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)

Brooke Pinto for Ward 2

6. Full Name, Mailing Address and Zip Code Howard Marks 777 7th St 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) 06/17/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 100.00
7. Full Name, Mailing Address and Zip Code William Wilson 2100 Connecticut Ave NW, Washington, DC 20008	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) 06/17/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Commodities Broker Name and Address of Employer Powerhouse 3214 O St NW Ste 2, Washington, DC 20007		
Aggregate Year-To-date			\$ 200.00
8. Full Name, Mailing Address and Zip Code Frank Marshall 3265 N St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/17/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 100.00
9. Full Name, Mailing Address and Zip Code Bonnie Garnto 471 G Pl NW Apt 20, 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) 06/17/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 10.00
10. Full Name, Mailing Address and Zip Code Lisa Bernstein 3331 N St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/22/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Founder Name and Address of Employer Doctrina Education Consulting LLC 39 Ardsmoor Rd, Melrose, MA 02176		
Aggregate Year-To-date			\$ 500.00

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)

Brooke Pinto for Ward 2

11. Full Name, Mailing Address and Zip Code Susan Doran 29 Woodcliff Rd, Wellesley, MA 02481	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) 06/22/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 500.00
12. Full Name, Mailing Address and Zip Code Brandon Booker 1359 Independence Ct 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) 06/30/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Franchise Services Name and Address of Employer Marriott International 10400 Fernwood Rd, Bethesda, MD 20817		
Aggregate Year-To-date			\$ 500.00
13. Full Name, Mailing Address and Zip Code William Wilson 2100 Connecticut Ave NW, Washington, DC 20008	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) 07/02/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Commodities Broker Name and Address of Employer Powerhouse 3214 O St NW Ste 2, Washington, DC 20007		
Aggregate Year-To-date			\$ 250.00
14. Full Name, Mailing Address and Zip Code Joyce Cowan 1436 S St NW, Washington, DC 20009	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) 07/07/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Lawyer Name and Address of Employer Morgan Lewis 1436 S St NW, Washington, DC 20009		
Aggregate Year-To-date			\$ 50.00
15. Full Name, Mailing Address and Zip Code Jacqueline Rohrbach 21 Clapboard Ridge Rd, Greenwich, CT 06830	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) 07/09/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer Sotheby's 650 Madison Ave, New York, NY 10022		
Aggregate Year-To-date			\$ 100.00

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)

Brooke Pinto for Ward 2

16. Full Name, Mailing Address and Zip Code Kathleen Snoddon 22 Denison Ave, Stonington, CT 06378	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) 07/10/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 100.00
17. Full Name, Mailing Address and Zip Code Christopher Campos 1325 13th St NW, Washington, DC 20005	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) 07/10/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed 1325 13th St NW, Washington, DC 20005		
Aggregate Year-To-date			\$ 100.00
18. Full Name, Mailing Address and Zip Code Alec Sherman 1427 Rhode Island Ave NW, Washington, DC 20005	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) 07/10/2020	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer The Bernstein Companies 3299 K St NW Ste 601, Washington, DC 20007		
Aggregate Year-To-date			\$ 300.00
19. Full Name, Mailing Address and Zip Code Emily Snoddon 25 W Randolph St Apt 2616, Chicago, IL 60601	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) 07/10/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 550.00
20. Full Name, Mailing Address and Zip Code John Marshall 400 Massachusetts 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) 07/12/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 50.00

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)

Brooke Pinto for Ward 2

21. Full Name, Mailing Address and Zip Code Leslie Smith 1534 29th St NW, Washington, DC 20007-3060	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) 07/18/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not employed Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 200.00
22. Full Name, Mailing Address and Zip Code Barbara Crocker 3106 P St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/18/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Interior Design Name and Address of Employer Barbara Crocker Design LLC 3106 P St NW, Washington, DC 20007		
Aggregate Year-To-date			\$ 350.00
23. Full Name, Mailing Address and Zip Code Beth-Ann Gentile 2161 Florida Ave NW, Washington, DC 20008	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) 07/18/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Lawyer Name and Address of Employer Self 2161 Florida Ave NW, Washington, DC 20008		
Aggregate Year-To-date			\$ 200.00
24. Full Name, Mailing Address and Zip Code Frank Marshall 3265 N St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/18/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 200.00
25. Full Name, Mailing Address and Zip Code Gianluca Pivato 3236 N St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/18/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Executive Name and Address of Employer Pivato Consulting Inc 1010 Wisconsin Ave NW, Washington, DC 20007		
Aggregate Year-To-date			\$ 500.00

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)

Brooke Pinto for Ward 2

26. Full Name, Mailing Address and Zip Code Nicole Matar 38 Caleb Brewster Rd, East Setauket, NY 11733	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) 07/19/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Resident Physician Name and Address of Employer NYP 177 Fort Washington Ave, New York, NY 10032		
Aggregate Year-To-date			\$ 125.00
27. Full Name, Mailing Address and Zip Code Toni Lepone 3910 Hillandale Ct NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/19/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 50.00
28. Full Name, Mailing Address and Zip Code Josie Hubschman 132 E 72nd St, New York, NY 10021	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) 07/20/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Real Estate Salesperson Name and Address of Employer HESC 60 Collister St, New York, NY 10013		
Aggregate Year-To-date			\$ 200.00
29. Full Name, Mailing Address and Zip Code Amir Irani 1841 California St NW, Washington, DC 20009	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) 07/22/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 100.00
30. Full Name, Mailing Address and Zip Code Monica Gill 1841 California St NW, Washington, DC 20009	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) 07/22/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation physician Name and Address of Employer children's medical associates 6303 Little River Tpke Ste 300, Alexandria, VA 22312		

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)

Brooke Pinto for Ward 2

		Aggregate Year-To-date	\$ 100.00
31. Full Name, Mailing Address and Zip Code Anthony Chang 3009 District Ave, Fairfax, VA 22031	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) 07/23/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer WashREIT 1775 I St NW, Washington, DC 20006		
		Aggregate Year-To-date	\$ 100.00
32. Full Name, Mailing Address and Zip Code Jon Mandel 406 W 51st St, New York, NY 10019	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) 07/23/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Orrick Herrington & Sutcliffe LLP 51 W 52nd St, New York, NY 10019		
		Aggregate Year-To-date	\$ 500.00
33. Full Name, Mailing Address and Zip Code Janene Jackson 800 17th St NW, Washington, DC 20006	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) 07/23/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Holland & Knight 800 17th St NW, Washington, DC 20006		
		Aggregate Year-To-date	\$ 500.00
34. Full Name, Mailing Address and Zip Code Norman Glasgow 10513 Alloway 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) 07/23/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Partner Name and Address of Employer Holland & Knight 800 17th St NW, Washington, DC 20006		
		Aggregate Year-To-date	\$ 500.00
35. Full Name, Mailing Address and Zip Code David Kahn 4715 Essex Ave, 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) 07/23/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Partner Name and Address of Employer Holland & Knight 800 17th St NW, Washington, DC 20006		

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)

Brooke Pinto for Ward 2

		Aggregate Year-To-date		\$ 500.00
36. Full Name, Mailing Address and Zip Code Brian Wanglin 1101 Q St NW, Washington, DC 20009	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) 07/24/2020	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Attorney Name and Address of Employer McGuireWoods 2001 K St NW, Washington, DC 20006			
		Aggregate Year-To-date		\$ 200.00
37. Full Name, Mailing Address and Zip Code William Wilson 2100 Connecticut Ave NW, Washington, DC 20008	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) 07/24/2020	Amount of Each Receipt This Period \$ 21.00	
Contributor Type Individual	Occupation Commodities Broker Name and Address of Employer Powerhouse 3214 O St NW Ste 2, Washington, DC 20007			
		Aggregate Year-To-date		\$ 271.00
38. Full Name, Mailing Address and Zip Code Linda Reilly 37 South dr, Plandome, NY 11030	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) 07/24/2020	Amount of Each Receipt This Period \$ 250.00	
Contributor Type Individual	Occupation Social Worker Name and Address of Employer self employed 37 South dr, Plandome, NY 11030			
		Aggregate Year-To-date		\$ 500.00
39. Full Name, Mailing Address and Zip Code John Guggenmos 1301 Rhode Island Ave NW, Washington, DC 20005	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) 07/24/2020	Amount of Each Receipt This Period \$ 500.00	
Contributor Type Individual	Occupation nightlife Name and Address of Employer self-employed 1301 Rhode Island Ave NW, Washington, DC 20005			
		Aggregate Year-To-date		\$ 500.00
40. Full Name, Mailing Address and Zip Code Brett Young 4573 MacArthur Blvd NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/27/2020	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation It Administrator Name and Address of Employer Govtech 4573 MacArthur Blvd NW, Washington, DC 20007			

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)

Brooke Pinto for Ward 2

			Aggregate Year-To-date	\$ 50.00
41. Full Name, Mailing Address and Zip Code Robert Cole 700 New Hampshire Ave NW, Washington, DC 20037	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) 07/27/2020	Amount of Each Receipt This Period \$ 250.00	
Contributor Type Individual	Occupation Not Employed			
Name and Address of Employer Not Employed				
			Aggregate Year-To-date	\$ 250.00
42. Full Name, Mailing Address and Zip Code Jason Spencer 2901 S Woodley St, Arlington, VA 22206	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) 07/29/2020	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Real Estate			
Name and Address of Employer PGP Development 200 Massachusetts Ave NW, Washington, DC 20001				
			Aggregate Year-To-date	\$ 100.00
43. Full Name, Mailing Address and Zip Code Roger Sant 2929 N St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 08/03/2020	Amount of Each Receipt This Period \$ 500.00	
Contributor Type Individual	Occupation Not Employed			
Name and Address of Employer Not Employed				
			Aggregate Year-To-date	\$ 500.00
44. Full Name, Mailing Address and Zip Code Stefanie Beck 1701 S Flagler Dr Apt 1407, West Palm Beach, FL 33401	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) 08/03/2020	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation Not Employed			
Name and Address of Employer Not Employed				
			Aggregate Year-To-date	\$ 125.00
45. Full Name, Mailing Address and Zip Code William Wilson 2100 Connecticut Ave NW, Washington, DC 20008	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) 08/03/2020	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation Commodities Broker			
Name and Address of Employer Powerhouse 3214 O St NW Ste 2, Washington, DC 20007				

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)

Brooke Pinto for Ward 2

		Aggregate Year-To-date		\$ 296.00
46. Full Name, Mailing Address and Zip Code Thomas Ryan 1425 33rd St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 08/03/2020	Amount of Each Receipt This Period \$ 100.00
	Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
		Aggregate Year-To-date		\$ 200.00
47. Full Name, Mailing Address and Zip Code Annemarie Ryan 1425 33rd St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 08/03/2020	Amount of Each Receipt This Period \$ 100.00
	Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
		Aggregate Year-To-date		\$ 175.00
48. Full Name, Mailing Address and Zip Code Michele Hagans 1645 Myrtle St NW, Washington, DC 20012	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) 08/06/2020	Amount of Each Receipt This Period \$ 250.00
	Contributor Type Individual	Occupation Executive Name and Address of Employer Fort Lincoln Realty Co 3298 Fort Lincoln Dr NE, Washington, DC 20018		
		Aggregate Year-To-date		\$ 250.00
TOTAL This Period (Aggregate of all Receipt pages)				\$ 9,181.00

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)

Brooke Pinto for Ward 2

1. Full Name, Mailing Address and Zip Code Ella Hanson 3719 Livingston NW, Washington, DC 20015	Purpose of Expenditure Consultant	Date (month, day, year) 06/13/2020	Amount of Each Expenditure This Period \$ 1,500.00
Occupation Consultant	Name and Address of Employer Self		
2. Full Name, Mailing Address and Zip Code Actblue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 06/14/2020	Amount of Each Expenditure This Period \$ 4.94
Occupation	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code Actblue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 06/21/2020	Amount of Each Expenditure This Period \$ 10.27
Occupation	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code FedEX 48 West Putnam Avenue, Greenwich, CT 06830	Purpose of Expenditure Postage	Date (month, day, year) 06/22/2020	Amount of Each Expenditure This Period \$ 124.81
Occupation	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code Vista Print 275 Wyman Street, Waltham, MA 02451	Purpose of Expenditure Postage	Date (month, day, year) 06/23/2020	Amount of Each Expenditure This Period \$ 20.34
Occupation	Name and Address of Employer		
6. Full Name, Mailing Address and Zip Code UPS 15 E Putnam Ave, Greenwich, CT 06830	Purpose of Expenditure Postage	Date (month, day, year) 06/23/2020	Amount of Each Expenditure This Period \$ 330.00
Occupation	Name and Address of Employer		
7. Full Name, Mailing Address and Zip Code Phoneburner 1968 S Coast Hwy, Laguna Beach, CA 92651	Purpose of Expenditure Phone Bill	Date (month, day, year) 06/23/2020	Amount of Each Expenditure This Period \$ 298.00
Occupation	Name and Address of Employer		

8. Full Name, Mailing Address and Zip Code Rose Ettleson 4601 Ellicott St NW, Washington, DC 20016	Purpose of Expenditure Consultant	Date (month, day, year) 06/27/2020	Amount of Each Expenditure This Period \$ 2,400.00
Occupation Consultant	Name and Address of Employer Self		
9. Full Name, Mailing Address and Zip Code Patricia Armstrong 218 East Custis Avenue, Alexandria, VA 22301	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 06/27/2020	Amount of Each Expenditure This Period \$ 524.00
Occupation videographer	Name and Address of Employer Self		
10. Full Name, Mailing Address and Zip Code Kaufman Production Services 214 Manor Cir, Takoma Park, MD 20912	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 06/27/2020	Amount of Each Expenditure This Period \$ 1,500.00
Occupation	Name and Address of Employer		
11. Full Name, Mailing Address and Zip Code Actblue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 06/28/2020	Amount of Each Expenditure This Period \$ 19.75
Occupation	Name and Address of Employer		
12. Full Name, Mailing Address and Zip Code Ella Hanson 3719 Livingston NW, Washington, DC 20015	Purpose of Expenditure Consultant	Date (month, day, year) 06/30/2020	Amount of Each Expenditure This Period \$ 4,000.00
Occupation Consultant	Name and Address of Employer Self		
13. Full Name, Mailing Address and Zip Code Actblue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 06/30/2020	Amount of Each Expenditure This Period \$ 19.75
Occupation	Name and Address of Employer		
14. Full Name, Mailing Address and Zip Code Facebook 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 07/01/2020	Amount of Each Expenditure This Period \$ 221.74
Occupation	Name and Address of Employer		
15. Full Name, Mailing Address and Zip Code NGP VAN 1445 New York Ave NW, Washington, DC 20005	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 07/02/2020	Amount of Each Expenditure This Period \$ 150.00
Occupation	Name and Address of Employer		

16. Full Name, Mailing Address and Zip Code Daniel Moskowitz 460 L Street NW, Washington, DC 20001	Purpose of Expenditure Consultant	Date (month, day, year) 07/02/2020	Amount of Each Expenditure This Period \$ 1,193.25
Occupation Consultant	Name and Address of Employer Self		
17. Full Name, Mailing Address and Zip Code Kaufman Production Services 214 Manor Cir, Takoma Park, MD 20912	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 07/02/2020	Amount of Each Expenditure This Period \$ 84.25
Occupation	Name and Address of Employer		
18. Full Name, Mailing Address and Zip Code Actblue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 07/05/2020	Amount of Each Expenditure This Period \$ 1.98
Occupation	Name and Address of Employer		
19. Full Name, Mailing Address and Zip Code Schertler Onorato Mead & Sears 901 New York Avenue NW, Washington, DC 20001	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 07/12/2020	Amount of Each Expenditure This Period \$ 8,899.25
Occupation	Name and Address of Employer		
20. Full Name, Mailing Address and Zip Code Actblue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 07/12/2020	Amount of Each Expenditure This Period \$ 24.70
Occupation	Name and Address of Employer		
21. Full Name, Mailing Address and Zip Code Actblue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 07/19/2020	Amount of Each Expenditure This Period \$ 47.41
Occupation	Name and Address of Employer		
22. Full Name, Mailing Address and Zip Code Actblue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 07/26/2020	Amount of Each Expenditure This Period \$ 89.71
Occupation	Name and Address of Employer		
23. Full Name, Mailing Address and Zip Code BB&T 1804 14th St NW, Washington, DC 20009	Purpose of Expenditure Bank Fees	Date (month, day, year) 07/31/2020	Amount of Each Expenditure This Period \$ 20.00
Occupation	Name and Address of Employer		

24. Full Name, Mailing Address and Zip Code Actblue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 08/02/2020	Amount of Each Expenditure This Period \$ 15.81
Occupation	Name and Address of Employer		
25. Full Name, Mailing Address and Zip Code NGP VAN 1445 New York Ave NW, Washington, DC 20005	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 08/03/2020	Amount of Each Expenditure This Period \$ 150.00
Occupation	Name and Address of Employer		
26. Full Name, Mailing Address and Zip Code Actblue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 08/09/2020	Amount of Each Expenditure This Period \$ 39.51
Occupation	Name and Address of Employer		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 21,689.47

REFUNDS OF CONTRIBUTIONS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL 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)

Brooke Pinto for Ward 2

1. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date	Amount of Each Expenditure This Period
Emily Snoddon 25 W Randolph St Apt 2616, Chicago, IL 60601		(month, day, year) 08/10/2020	\$ 50.00
Contributor Type Individual			

TOTAL This Period (Aggregate of all expenditure pages)

\$ 50.00

**SCHEDULE E
LOANS OWED BY THE COMMITTEE TO THE CANDIDATE**

Full Name of Committee (Name of Candidate, if Candidate is reporting) Brooke Pinto for Ward 2				
1. Full Name, Mailing Address and Zip Code of Loan Source Brooke Pinto 1219 Q Street NW, Washington, DC 20009	Original Amount of Loan \$ 25,000.00	Payment this period \$ 0.00	Cumulative Payment to Date \$0.00	Balance Outstanding at Close of this Period \$ 25,000.00
Terms: Date Incurred: 04/21/2020 Date Due: 12/31/2020 Interest Rate: 0.00 % (apr) <input type="checkbox"/> Secured				
TOTALS this period (Aggregate the Subtotals from all Loan Schedules)				\$ 25,000.00
Carry Outstanding Loan Balance forward to Line 10 (a) on the Summary Page.				