



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, D.C. 20003**

**REPORT OF RECEIPTS AND EXPENDITURES
FOR A CONSTITUENT-SERVICE PROGRAM**

SUMMARY PAGE

1. Full Name of Constituent-Service Program Do Something Constituents Fund	2. OCF Identification Number CSSCC8166839
Address (Number and Street) 1109 Wahler Pl., SE	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: **October 1st Report**

CONSTITUENT-SERVICE PROGRAM SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR- TO-DATE
5. Covering Period 7/2/2020 through 10/1/2020		
6. (a) Cash on Hand January 1		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 684.81	
(c) Total Receipts (from Line (16))	\$ 1,473.00	\$ 2,146.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B)	\$ 2,157.81	
7. Total Expenditures (from Line 24)	\$ 64.23	\$ 352.63
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 2,093.58	
9. Debts and Obligations Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) All Other Loans (itemize all on Schedule-E1)	\$ 0.00	\$ 0.00

CERTIFICATIONS/OATHS AND AFFIRMATIONS OF FILERS OF REPORTS OF RECEIPTS AND EXPENDITURES FOR A CONSTITUENT-SERVICE PROGRAM

(1) OATH OR AFFIRMATION OF ELECTED OFFICIAL IF FILING

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY, THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT I USED ALL REASONABLE DUE DILIGENCE TO ENSURE THAT I AND THE CONSTITUENT-SERVICE PROGRAM ESTABLISHED BY ME IS IN COMPLIANCE WITH THE REPORTING REQUIREMENTS OF THE DISTRICT OF COLUMBIA CAMPAIGN FINANCE ACT OF 2011, AND HAVE ADVISED ALL CONTRIBUTORS OF THE OBLIGATIONS IMPOSED ON CONTRIBUTORS BY THE CAMPAIGN FINANCE ACT.

TYPE OR PRINT FULL NAME OF ELECTED OFFICIAL

SIGNATURE OF ELECTED OFFICIAL

DATE

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

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(2) OATH OR AFFIRMATION OF PROGRAM TREASURER

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE, CORRECT AND COMPLETE.

Mr. Darryl Ross

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

10/01/2020

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.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND EXPENDITURES
FOR CONSTITUENT-SERVICE PROGRAMS**

1. Full Name of Constituent-Service Program Do Something Constituents Fund	REPORT COVERING THE PERIOD FROM: 7/2/2020 TO: 10/1/2020	
I. RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (EXCLUDING LOANS) FROM:		
(a) Itemized monetary contributions from other than the elected official (Schedule A)	\$ 1,473.00	\$ 2,098.00 11(a)
(b) Itemized monetary contributions from the elected official (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Contributions of personal property from other than the elected official (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) Contributions of Personal Property from the elected official (Schedule A-3)	\$ 0.00	\$ 0.00 11(d)
(e) Transfers from Authorized Committees (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions in excess of \$10,000.00 from source not associated with the Elected Official or CSP (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) TOTAL Contributions- Excluding Loans (add lines 11(a) (b), (c), (d), (e) and (f))	\$ 1,473.00	\$ 2,098.00 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS RECEIVED		
(a) Made or guaranteed by the elected Official and or CSP (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) All other Loans (Schedule E-1)	\$ 0.00	\$ 0.00 13(b)
(c) TOTAL Loans (add Lines 13(a), and 13(b))	\$ 0.00	\$ 0.00 13(c)
14. OTHER RECEIPTS (DIVIDENDS, INTEREST, etc.)(Schedule A-5)	\$ 0.00	\$ 0.00 14
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$ 0.00	\$ 48.40 15
16. TOTAL RECEIPTS (add Lines 11(f), 12, 13(c), 14 and 15)	\$ 1,473.00	\$ 2,146.40 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 64.23	\$ 161.23 17
18. ALL OTHER EXPENDITURES (Schedule B-1)	\$ 0.00	\$ 191.40 18
19. LOAN REPAYMENTS:		
(a) Loans made or guaranteed by the elected Official and/or Constituent Service Program (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) All other Loans (Schedule E-1)	\$ 0.00	\$ 0.00 19(b)
(c) TOTAL Loan Repayments (add Lines 19(a) and 19(b))	\$ 0.00	\$ 0.00 19(c)
20. TOTAL EXPENDITURES (add Lines 17, 18, and 19(c))	\$ 64.23	\$ 352.63 20
III. CASH SUMMARY		
21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 684.81
22. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 1,473.00
23. SUBTOTAL (add Lines 21 and 22)		\$ 2,157.81
24. TOTAL EXPENDITURES THIS PERIOD (from Line 20)		\$ 64.23
25. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 24 from Line 23)		\$ 2,093.58

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

Full Name of Constituent-Service Program

Do Something Constituents Fund

1. Full Name, Mailing Address and Zip Code Elizabeth White 2600 Sylvanglen St, Burleson, TX 76028	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) 07/21/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation None Name and Address of Employer None		
Aggregate Year-To-date			\$ 10.00
2. Full Name, Mailing Address and Zip Code Kelita Boyd 3703 4th St SE, Washington, DC 20032	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) 07/21/2020	Amount of Each Receipt This Period \$ 40.00
Contributor Type Individual	Occupation Admissions Recruiter Name and Address of Employer University of District of Columbia 4200 Connecticut Ave NW, Washington, DC 20008		
Aggregate Year-To-date			\$ 40.00
3. Full Name, Mailing Address and Zip Code Sharece Crawford 3214 8th St SE, Washington, DC 20032	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) 07/21/2020	Amount of Each Receipt This Period \$ 108.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Maria Benjamin 3214 8th St SE, Washington, DC 20032		
Aggregate Year-To-date			\$ 133.00
4. Full Name, Mailing Address and Zip Code Sharece Crawford 3214 8th St SE, Washington, DC 20032	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) 07/21/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Maria Benjamin 3214 8th St SE, Washington, DC 20032		
Aggregate Year-To-date			\$ 133.00
5. Full Name, Mailing Address and Zip Code Lara Levison 919 Constitution Ave 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) 07/21/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Senior Director Federal Policy Name and Address of Employer Oceana Inc 1350 Connecticut Ave NW, Washington, DC 20036		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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<p>Full Name of Constituent-Service Program Do Something Constituents Fund</p>			
			<p>Aggregate Year-To-date \$ 50.00</p>
<p>6. Full Name, Mailing Address and Zip Code Rodger Brown 99 Prospect St, Sherborn, MA 01770</p>	<p>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)</p>	<p>Date (month, day, year) 07/21/2020</p>	<p>Amount of Each Receipt This Period \$ 250.00</p>
<p>Contributor Type Individual</p>	<p>Occupation Managing Director Name and Address of Employer Preservation of Affordable Housing 777 N Capitol St NE, Washington, DC 20002</p>		
			<p>Aggregate Year-To-date \$ 250.00</p>
<p>7. Full Name, Mailing Address and Zip Code Latoye Morrison 2916 Nelson Pl SE, Washington, DC 20019</p>	<p>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)</p>	<p>Date (month, day, year) 07/21/2020</p>	<p>Amount of Each Receipt This Period \$ 5.00</p>
<p>Contributor Type Individual</p>	<p>Occupation None Name and Address of Employer None</p>		
			<p>Aggregate Year-To-date \$ 5.00</p>
<p>8. Full Name, Mailing Address and Zip Code Stephanie Graf 2600 Queens Chapel Rd, Hyattsville, MD 20782</p>	<p>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)</p>	<p>Date (month, day, year) 07/21/2020</p>	<p>Amount of Each Receipt This Period \$ 25.00</p>
<p>Contributor Type Individual</p>	<p>Occupation Not Provided Name and Address of Employer Federal Government 2600 Queens Chapel Rd, Hyattsville, MD 20782</p>		
			<p>Aggregate Year-To-date \$ 25.00</p>
<p>9. Full Name, Mailing Address and Zip Code Angelis V Hunter 1331 Valley Pl SE, Washington, DC 20020</p>	<p>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)</p>	<p>Date (month, day, year) 07/21/2020</p>	<p>Amount of Each Receipt This Period \$ 250.00</p>
<p>Contributor Type Individual</p>	<p>Occupation Teacher Name and Address of Employer DC Public Schools 1200 1st St NE, Washington, DC 20002</p>		
			<p>Aggregate Year-To-date \$ 250.00</p>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program Do Something Constituents Fund			
10. Full Name, Mailing Address and Zip Code Nancy Schwalb 4845 Reservoir Rd 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) 07/21/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Director Name and Address of Employer DC Creative Writing Workshop 601 Mississippi Ave SE, Washington, DC 20032		
Aggregate Year-To-date			\$ 100.00
11. Full Name, Mailing Address and Zip Code Rashad Muhammad 2321 Shannon 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) 07/21/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation IT Specialist Name and Address of Employer Emagine IT 3040 Williams Dr, Fairfax, VA 22031		
Aggregate Year-To-date			\$ 100.00
12. Full Name, Mailing Address and Zip Code Hayat Kelil-Brown 3303 Shirley Ln, Chevy Chase, MD 20815	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) 07/21/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Civil Engineer Name and Address of Employer Self 3715 Martin Luther King Jr Ave SE, Washington, DC 20032		
Aggregate Year-To-date			\$ 500.00
13. Full Name, Mailing Address and Zip Code Jeffrey Chang 403 Hurley Ave, Rockville, MD 20850	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) 07/21/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Speech Language Pathologist Name and Address of Employer Progressus Therapy LLC 10014 N Dale Mabry Hwy, Tampa, FL 33618		
Aggregate Year-To-date			\$ 10.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 1,473.00

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Full Name of Constituent-Service Program

Do Something Constituents Fund

1. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
Industrial Bank 4812 Georgia Avenue NW, Washington, DC 20011	Bank Fees	07/09/2020	\$ 2.00
Act Blue 366 Summer St, Somerville, MA 02144	Bank Fees	07/21/2020	\$ 0.40
Act Blue 366 Summer St, Somerville, MA 02144	Bank Fees	07/21/2020	\$ 1.59
Act Blue 366 Summer St, Somerville, MA 02144	Bank Fees	07/21/2020	\$ 7.24
Act Blue 366 Summer St, Somerville, MA 02144	Bank Fees	07/21/2020	\$ 10.08
Act Blue 366 Summer St, Somerville, MA 02144	Bank Fees	07/21/2020	\$ 14.82
Act Blue 366 Summer St, Somerville, MA 02144	Bank Fees	07/21/2020	\$ 24.10
Industrial Bank 4812 Georgia Avenue NW, Washington, DC 20011	Bank Fees	08/07/2020	\$ 2.00
Industrial Bank 4812 Georgia Avenue NW, Washington, DC 20011	Bank Fees	09/09/2020	\$ 2.00
TOTAL This Period (aggregate the subtotal of all expenditure pages)			\$ 64.23