



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: **8 Day Pre General Election Report**

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 10/11/2020 through 10/26/2020		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 37,339.52	
(c) Total Receipts [from Line (16)]	\$ 15,395.00	\$ 204,638.34
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 52,734.52	
7. Total Expenditures (from Line 22)	\$ 25,210.75	\$ 177,114.57
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 27,523.77	
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

10/26/2020

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: 10/11/2020 TO: 10/26/2020	
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)	\$ 15,395.00	\$ 158,552.36 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)]	\$ 15,395.00	\$ 179,638.34 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]	\$ 15,395.00	\$ 204,638.34 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 24,210.75	\$ 170,314.57 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)	\$ 1,000.00	\$ 6,800.00 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)]	\$ 1,000.00	\$ 6,800.00 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)]	\$ 25,210.75	\$ 177,114.57 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	37,339.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	15,395.00
25. SUBTOTAL (add Lines 23 and 24)	\$	52,734.52
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)	\$	25,210.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	\$	27,523.77

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 Mike Gordon 636 Dover Rd, Oceanside, NY 11572	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) 10/11/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation President Name and Address of Employer RiseTek Global LLC. 5623 55th Ave, Maspeth, NY 11378		
Aggregate Year-To-date			\$ 500.00
2. Full Name, Mailing Address and Zip Code Jarvis Stewart 1333 H 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) 10/11/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Managing Partner Name and Address of Employer IR+Media 1050 Connecticut Ave NW, Washington, DC 20036		
Aggregate Year-To-date			\$ 500.00
3. Full Name, Mailing Address and Zip Code Kenlee Ray 1930 15th 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) 10/11/2020	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			\$ 25.00
4. Full Name, Mailing Address and Zip Code Rob Hawkins 4928 30th St 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) 10/11/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Lawyer Name and Address of Employer Nelson Mullins 101 Constitution Ave NW, Washington, DC 20001		
Aggregate Year-To-date			\$ 500.00
5. Full Name, Mailing Address and Zip Code Che Ruddell-Tabisola 2130 Newport Pl 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) 10/11/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Self Name and Address of Employer BBQ Bus 5830 Georgia Ave NW, Washington, DC 20011		
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

6. Full Name, Mailing Address and Zip Code charles baker 179 Clinton Rd, Brookline, MA 02445	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) 10/11/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation principal Name and Address of Employer dsg 179 Clinton Rd, Brookline, MA 02445		
Aggregate Year-To-date			\$ 500.00
7. Full Name, Mailing Address and Zip Code Jenny Bilfield 3131 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) 10/11/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation President & CEO Name and Address of Employer Washington Performing Arts 1400 K St NW, Washington, DC 20005		
Aggregate Year-To-date			\$ 50.00
8. Full Name, Mailing Address and Zip Code Paul Tetreault 1313 Riggs 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) 10/11/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation CEO Name and Address of Employer Ford's Theatre 514 10th St NW, Washington, DC 20004		
Aggregate Year-To-date			\$ 500.00
9. Full Name, Mailing Address and Zip Code Jon Bouker 6220 33rd St NW, Washington, DC 20015	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) 10/11/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Partner Name and Address of Employer Arent Fox LLP 1717 K St NW, Washington, DC 20006		
Aggregate Year-To-date			\$ 250.00
10. Full Name, Mailing Address and Zip Code Nicholas Jordan 400 Army Navy Dr Apt 2023, Arlington, VA 22202	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) 10/11/2020	Amount of Each Receipt This Period \$ 300.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Self employed 2300 9th St S, Arlington, VA 22204		
Aggregate Year-To-date			\$ 300.00

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 Katherine Gordon 4208 New Hampshire Ave NW, Washington, DC 20011	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) 10/11/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation COO Name and Address of Employer Greater Capital Area Association of REALTORS 15201 Diamondback Dr, Rockville, MD 20850		
Aggregate Year-To-date			\$ 250.00
12. Full Name, Mailing Address and Zip Code KEVIN FAGEN 2043 Wilson Blvd, Arlington, VA 22216	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) 10/11/2020	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
13. Full Name, Mailing Address and Zip Code Kelli Brooks 7735 Old Georgetown Rd Ste 600, Bethesda, MD 20814	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) 10/11/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer Urban Atlantic 7735 Old Georgetown Rd Ste 600, Bethesda, MD 20814		
Aggregate Year-To-date			\$ 250.00
14. Full Name, Mailing Address and Zip Code Brendan Williams-Kief 2818 Rittenhouse St NW, Washington, DC 20015	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) 10/11/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Vice President Name and Address of Employer Georgetown Public Affairs 1220 19th St NW Ste 520, Washington, DC 20036		
Aggregate Year-To-date			\$ 500.00
15. Full Name, Mailing Address and Zip Code Don Blanchon 3116 Woodley Rd 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) 10/11/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Health Care Administrator Name and Address of Employer Whitman-Walker Health System 1377 R St NW, Washington, DC 20009		

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		\$ 250.00
16. Full Name, Mailing Address and Zip Code Stephen Hulick 413 6th St 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) 10/11/2020 Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual		Occupation Sales Director Name and Address of Employer Katena 6 Campus Dr Ste 310, Parsippany, NJ 07054		
		Aggregate Year-To-date		\$ 500.00
17. Full Name, Mailing Address and Zip Code Jacqueline Bowens 17307 Avenleigh Dr, Ashton, MD 20861		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) 10/11/2020 Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual		Occupation CHIEF EXECUTIVE Name and Address of Employer DC Hospital Association 1152 15th St NW, Washington, DC 20005		
		Aggregate Year-To-date		\$ 250.00
18. Full Name, Mailing Address and Zip Code Justin Palmer 28 53rd St SE, Washington, DC 20019		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) 10/11/2020 Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual		Occupation Public Policy Name and Address of Employer DC Hospital Association 1152 15th St NW Ste 900, Washington, DC 20005		
		Aggregate Year-To-date		\$ 100.00
19. Full Name, Mailing Address and Zip Code Matt Ackland 201 Ascot Pl 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) 10/11/2020 Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual		Occupation Real Estate Agent Name and Address of Employer Self employed 201 Ascot Pl NE, Washington, DC 20002		
		Aggregate Year-To-date		\$ 100.00
20. Full Name, Mailing Address and Zip Code Sarah Miller 1923 35th Pl NW Apt 3, 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) 10/11/2020 Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual		Occupation Name and Address of Employer		

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		\$ 75.00
21. Full Name, Mailing Address and Zip Code David Julyan 10612 Allenwood Ln, Great Falls, VA 22066	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) 10/11/2020	Amount of Each Receipt This Period \$ 500.00	
Contributor Type Individual	Occupation attorney Name and Address of Employer Julyan&Julyan 10612 Allenwood Ln, Great Falls, VA 22066			
		Aggregate Year-To-date		\$ 500.00
22. Full Name, Mailing Address and Zip Code Sandy Marks 777 7th St NW Apt 624, 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) 10/11/2020	Amount of Each Receipt This Period \$ 500.00	
Contributor Type Individual	Occupation Government relations Name and Address of Employer American Medical Association 25 Massachusetts Ave NW, Washington, DC 20001			
		Aggregate Year-To-date		\$ 500.00
23. Full Name, Mailing Address and Zip Code Austin Naughton 1111 11th St NW Apt 907, 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) 10/11/2020	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Administrative Name and Address of Employer Econ One 805 15th St NW, Washington, DC 20005			
		Aggregate Year-To-date		\$ 100.00
24. Full Name, Mailing Address and Zip Code Roscoe Grant 4022 Alabama Ave SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/13/2020	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation founder Name and Address of Employer Small Business 24/7			
		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

25. Full Name, Mailing Address and Zip Code Warner Session 1811 12th St NW, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/13/2020	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Session Law Firm 1200 New Hampshire Ave NW, Washington, DC 20036		
Aggregate Year-To-date		\$ 500.00	
26. Full Name, Mailing Address and Zip Code Therese Castellani 1600 30th St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Requested Name and Address of Employer Requested		
Aggregate Year-To-date		\$ 500.00	
27. Full Name, Mailing Address and Zip Code Ellen Benitez 4126 Crosswick Turn, Bowie, MD 20715	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Self		
Aggregate Year-To-date		\$ 500.00	
28. Full Name, Mailing Address and Zip Code Margaret Allen 311 Broxton Rd, Baltimore, MD 21212	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) 10/18/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Mortgage Banker Name and Address of Employer AGM Financial Services Inc 20 S Charles St, Baltimore, MD 21201		
Aggregate Year-To-date		\$ 250.00	

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

29. Full Name, Mailing Address and Zip Code Caroline Kenney 1305 D St 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) 10/18/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Real Estate Development Name and Address of Employer Urban Atlantic 7735 Old Georgetown Rd Ste 600, Bethesda, MD 20814		
Aggregate Year-To-date		\$ 250.00	
30. Full Name, Mailing Address and Zip Code Marissa McKeever 140 M 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) 10/18/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Johns Hopkins University 5255 Loughboro Rd NW, Washington, DC 20016		
Aggregate Year-To-date		\$ 100.00	
31. Full Name, Mailing Address and Zip Code Greg Meyer 8201 Dunsinane Ct, Mc Lean, VA 22102	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) 10/18/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Executive Name and Address of Employer Brookfield Properties 750 9th St NW, Washington, DC 20001		
Aggregate Year-To-date		\$ 500.00	
32. Full Name, Mailing Address and Zip Code Justin Devellis 58 Jourmire Rd, Bridgeport, CT 06606	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) 10/18/2020	Amount of Each Receipt This Period \$ 30.00
Contributor Type Individual	Occupation Reporter Name and Address of Employer News 12 28 Cross St, Norwalk, CT 06851		
Aggregate Year-To-date		\$ 30.00	
33. Full Name, Mailing Address and Zip Code Kenneth Samet 8820 Burdette Rd, 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) 10/18/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Healthcare Executive Name and Address of Employer MedStar Health 10980 Grantchester Way, Columbia, MD 21044		

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
34. Full Name, Mailing Address and Zip Code Regina Woods 7411 14th 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) 10/18/2020 Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual		Occupation Vice President Name and Address of Employer MedStar Health 10980 Grantchester Way, Columbia, MD 21044		
		Aggregate Year-To-date		\$ 50.00
35. Full Name, Mailing Address and Zip Code Matthew Cutts 1821 Randolph St NW, Washington, DC 20011		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) 10/18/2020 Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual		Occupation Attorney Name and Address of Employer Squire Patton Boggs 2550 M St NW, Washington, DC 20037		
		Aggregate Year-To-date		\$ 250.00
36. Full Name, Mailing Address and Zip Code Amy Smith 1434 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) 10/18/2020 Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual		Occupation Consultant Name and Address of Employer Self 1434 Q St NW, Washington, DC 20009		
		Aggregate Year-To-date		\$ 100.00
37. Full Name, Mailing Address and Zip Code Lyle Blanchard 5609 32nd St NW, Washington, DC 20015		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) 10/18/2020 Amount of Each Receipt This Period \$ 35.00
Contributor Type Individual		Occupation Attorney Name and Address of Employer Greenstein DeLorme & Luchs 5609 32nd St NW, Washington, DC 20015		
		Aggregate Year-To-date		\$ 35.00
38. Full Name, Mailing Address and Zip Code Minyon Moore 1401 Montague St NW, Washington, DC 20011		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) 10/19/2020 Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual		Occupation Principal Name and Address of Employer Dewey Square Group		

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		\$ 250.00
39. Full Name, Mailing Address and Zip Code Victoria Davis 7516 Radnor Rd, Bethesda, MD 20817	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/21/2020	Amount of Each Receipt This Period \$ 500.00
	Contributor Type Individual			
	Occupation Partner Name and Address of Employer Urban Atlantic 7735 Old Georgetown Rd, Bethesda, MD 20814			
		Aggregate Year-To-date		\$ 500.00
40. Full Name, Mailing Address and Zip Code John Francis Torti 1748 Q St NW, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/21/2020	Amount of Each Receipt This Period \$ 250.00
	Contributor Type Individual			
	Occupation President Name and Address of Employer Torti Gallas and Partners 1300 Spring St, Silver Spring, MD 20910			
		Aggregate Year-To-date		\$ 250.00
41. Full Name, Mailing Address and Zip Code Steven Dube 2707 S June St, Arlington, VA 22202	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/21/2020	Amount of Each Receipt This Period \$ 250.00
	Contributor Type Individual			
	Occupation Partner Name and Address of Employer Saul Ewing 1919 Pennsylvania Ave NW, Washington, DC 20006			
		Aggregate Year-To-date		\$ 250.00
42. Full Name, Mailing Address and Zip Code Robert Summers 3139 O St SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/21/2020	Amount of Each Receipt This Period \$ 250.00
	Contributor Type Individual			
	Occupation Partner Name and Address of Employer Pantera Management Group 700 Pennsylvania Ave SE, Washington, DC 20003			
		Aggregate Year-To-date		\$ 250.00
43. Full Name, Mailing Address and Zip Code Candace Chazen 15305 Chinaberry st, North Potomac, MD 20878	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 10/21/2020	Amount of Each Receipt This Period \$ 250.00
	Contributor Type Individual			
	Occupation VP Name and Address of Employer Fidelity National Title 1620 L St NW, Washington, DC 20036			

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		\$ 250.00
44. Full Name, Mailing Address and Zip Code Philip Gibbs 25 Southgate Ave, Annapolis, MD 21401	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/21/2020	Amount of Each Receipt This Period \$ 250.00	
Contributor Type Individual	Occupation President Name and Address of Employer Hamel Builders 5710 Furnace Ave, Elkridge, MD 21075			
		Aggregate Year-To-date		\$ 250.00
45. Full Name, Mailing Address and Zip Code Lois Fried 7514 Glenbrook Rd, Bethesda, MD 20814	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/21/2020	Amount of Each Receipt This Period \$ 500.00	
Contributor Type Individual	Occupation Managing Partner Name and Address of Employer Urban Atlantic 7735 Old Georgetown Rd, Bethesda, MD 20814			
		Aggregate Year-To-date		\$ 500.00
46. Full Name, Mailing Address and Zip Code Mary Ann Nordheimer 5400 Bradley Blvd, Bethesda, MD 20814	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/21/2020	Amount of Each Receipt This Period \$ 500.00	
Contributor Type Individual	Occupation Name and Address of Employer			
		Aggregate Year-To-date		\$ 500.00
47. Full Name, Mailing Address and Zip Code Michael Sachtleben 1100 Mill Field Ct, Great Falls, VA 22066	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) 10/25/2020	Amount of Each Receipt This Period \$ 500.00	
Contributor Type Individual	Occupation Healthcare Administrator Name and Address of Employer MedStar Health 3800 Reservoir Rd NW, Washington, DC 20007			
		Aggregate Year-To-date		\$ 500.00
48. Full Name, Mailing Address and Zip Code Barney Shapiro 2701 Calvert St NW Apt 919, 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) 10/25/2020	Amount of Each Receipt This Period \$ 250.00	
Contributor Type Individual	Occupation Trashman Name and Address of Employer Tenleytown LLC 6318 Chillum Pl NW, Washington, DC 20011			

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		\$ 250.00
49. Full Name, Mailing Address and Zip Code John Rockwood 6232 32nd Pl NW, Washington, DC 20015	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) 10/25/2020	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Hospital Administration Name and Address of Employer MedStar Health 102 Irving St NW, Washington, DC 20010			
		Aggregate Year-To-date		\$ 100.00
50. Full Name, Mailing Address and Zip Code James Linhares 7407 Rebecca Dr, Alexandria, VA 22307	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) 10/25/2020	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation CEO Name and Address of Employer Bridgepoint Healthcare 223 7th St NE, Washington, DC 20002			
		Aggregate Year-To-date		\$ 100.00
51. Full Name, Mailing Address and Zip Code Marc Ferrell PO Box 34498, Bethesda, MD 20827	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) 10/25/2020	Amount of Each Receipt This Period \$ 250.00	
Contributor Type Individual	Occupation Consulting Name and Address of Employer Twenty Four Healthcare Group 6816 Melody Ln, Bethesda, MD 20817			
		Aggregate Year-To-date		\$ 250.00
52. Full Name, Mailing Address and Zip Code Susan Batten 2416 Polo Rd, Winston Salem, NC 27106	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) 10/25/2020	Amount of Each Receipt This Period \$ 20.00	
Contributor Type Individual	Occupation English Professor Name and Address of Employer Forsyth Tech CC 2001 Silas Creek Pkwy, Winston Salem, NC 27103			
		Aggregate Year-To-date		\$ 20.00
53. Full Name, Mailing Address and Zip Code Camille Glover 1800 M St NW, Washington, DC 20033	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) 10/25/2020	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation Attorney Name and Address of Employer Attorney DC Government 2000 14th St NW, Washington, DC 20009			

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
54. Full Name, Mailing Address and Zip Code Eric Walzer 910 M 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) 10/25/2020	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation Engineer Name and Address of Employer Navy			
		Aggregate Year-To-date		\$ 50.00
55. Full Name, Mailing Address and Zip Code Toby Millman 6 W Lake St, Skaneateles, NY 13152	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) 10/25/2020	Amount of Each Receipt This Period \$ 500.00	
Contributor Type Individual	Occupation Real Estate Name and Address of Employer Brookfield Properties 1300 4th St SE, Washington, DC 20003			
		Aggregate Year-To-date		\$ 500.00
56. Full Name, Mailing Address and Zip Code John Kane 79 Potomac Ave 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) 10/25/2020	Amount of Each Receipt This Period \$ 500.00	
Contributor Type Individual	Occupation Manager Name and Address of Employer Aton Strategies 201 Defense Hwy Ste 260, Annapolis, MD 21401			
		Aggregate Year-To-date		\$ 500.00
57. Full Name, Mailing Address and Zip Code Monica Zoltanski 10963 S Bay Meadow Cir, Sandy, UT 84092	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) 10/25/2020	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation City Council Member Name and Address of Employer Sandy Utah 10963 S Bay Meadow Cir, Sandy, UT 84092			
		Aggregate Year-To-date		\$ 300.00
58. Full Name, Mailing Address and Zip Code Peter Enslein 1738 Wisconsin Ave 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) 10/25/2020	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Lawyer Name and Address of Employer Self 1738 Wisconsin Ave NW, Washington, DC 20007			

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
TOTAL This Period (Aggregate of all Receipt pages)		\$ 15,395.00

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 Actblue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 10/11/2020	Amount of Each Expenditure This Period \$ 259.16
Occupation	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code Washington Blade 1712 14th St NW , Washington, DC 20009	Purpose of Expenditure Advertising	Date (month, day, year) 10/12/2020	Amount of Each Expenditure This Period \$ 2,025.00
Occupation	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code Premiere Political Communications 4805 Woodview Ave, Austin, TX 78756	Purpose of Expenditure Phone Bill	Date (month, day, year) 10/14/2020	Amount of Each Expenditure This Period \$ 277.36
Occupation	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code Actblue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 10/18/2020	Amount of Each Expenditure This Period \$ 81.60
Occupation	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code Daviana Soberanis 4627 W Waveland Ave, Chicago, IL 60641	Purpose of Expenditure Consultant	Date (month, day, year) 10/19/2020	Amount of Each Expenditure This Period \$ 157.50
Occupation Consultant	Name and Address of Employer Self		
6. Full Name, Mailing Address and Zip Code Berlin Rosen 15 Maiden Lane Suite 1600, New York, NY 10038	Purpose of Expenditure Campaign Materials	Date (month, day, year) 10/19/2020	Amount of Each Expenditure This Period \$ 12,019.94
Occupation	Name and Address of Employer		
7. Full Name, Mailing Address and Zip Code Washington Post 1301 K St NW, Washington, DC 20071	Purpose of Expenditure Advertising	Date (month, day, year) 10/20/2020	Amount of Each Expenditure This Period \$ 5,000.00
Occupation	Name and Address of Employer		

8. Full Name, Mailing Address and Zip Code The Georgetowner 1050 30th St NW, Washington, DC 20007	Purpose of Expenditure Advertising	Date (month, day, year) 10/22/2020	Amount of Each Expenditure This Period \$ 1,197.50
Occupation	Name and Address of Employer		
9. Full Name, Mailing Address and Zip Code Facebook 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 10/23/2020	Amount of Each Expenditure This Period \$ 25.00
Occupation	Name and Address of Employer		
10. Full Name, Mailing Address and Zip Code Facebook 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 10/24/2020	Amount of Each Expenditure This Period \$ 25.00
Occupation	Name and Address of Employer		
11. Full Name, Mailing Address and Zip Code Charles Sewell 4 Snows Court, Washington, DC 20037	Purpose of Expenditure Campaign Materials	Date (month, day, year) 10/24/2020	Amount of Each Expenditure This Period \$ 8.25
Occupation	Name and Address of Employer		
12. Full Name, Mailing Address and Zip Code Facebook 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 10/25/2020	Amount of Each Expenditure This Period \$ 25.00
Occupation	Name and Address of Employer		
13. Full Name, Mailing Address and Zip Code Actblue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 10/25/2020	Amount of Each Expenditure This Period \$ 109.44
Occupation	Name and Address of Employer		
14. Full Name, Mailing Address and Zip Code Outfront Media 1325 Massachusetts Ave NW, Washington, DC 20005	Purpose of Expenditure Advertising	Date (month, day, year) 10/26/2020	Amount of Each Expenditure This Period \$ 2,000.00
Occupation	Name and Address of Employer		
15. Full Name, Mailing Address and Zip Code Washington City Paper 734 15th St NW, Washington, DC 20005	Purpose of Expenditure Advertising	Date (month, day, year) 10/26/2020	Amount of Each Expenditure This Period \$ 1,000.00
Occupation	Name and Address of Employer		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 24,210.75

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 William D Schuette 5812 Woodduck Way, Midland, MI 48642	Purpose of Expenditure	Date (month, day, year) 10/17/2020	Amount of Each Expenditure This Period \$ 500.00
Contributor Type Individual			
2. Full Name, Mailing Address and Zip Code Cynthia G Schuette 5812 Woodduck Way, Midland, MI 48642	Purpose of Expenditure	Date (month, day, year) 10/17/2020	Amount of Each Expenditure This Period \$ 500.00
Contributor Type Individual			

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

SCHEDULE E
LOANS OWED BY THE COMMITTEE TO THE CANDIDATE

Page 1 of 1 for Line Number 13a

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.				