



**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 <b>Do Something Constituents Fund</b>	2. OCF Identification Number <b>CSSCC8166839</b>
Address (Number and Street) <b>1109 Wahler Pl., SE</b>	3. Is this report an Amendment? (Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State and Zip Code <b>Washington, DC 20032</b>	

4. TYPE OF REPORT: **January 1st Report**

<b>CONSTITUENT-SERVICE PROGRAM SUMMARY</b>	<b>COLUMN A THIS PERIOD</b>	<b>COLUMN B CUMULATIVE YEAR- TO-DATE</b>
5. Covering Period <b>10/2/2020</b> through <b>1/1/2021</b>		
6. (a) Cash on Hand January 1		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,093.58	
(c) Total Receipts (from Line (16))	\$ 12,525.00	\$ 14,671.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B)	\$ 14,618.58	
7. Total Expenditures (from Line 24)	\$ 9,592.51	\$ 9,945.14
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 5,026.07	
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

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NOTARY PUBLIC

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

(2) OATH OR AFFIRMATION OF 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**

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TYPE OR PRINT FULL NAME OF TREASURER

**ELECTRONICALLY CERTIFIED**

**01/04/2021**

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SIGNATURE OF TREASURER

DATE

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

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NOTARY PUBLIC

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

**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: <b>10/2/2020</b> TO: <b>1/1/2021</b>	
<b>I. RECEIPTS</b>	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE
<b>11. CONTRIBUTIONS (EXCLUDING LOANS) FROM:</b>		
(a) Itemized monetary contributions from other than the elected official (Schedule A)	\$ 12,525.00	\$ 14,623.00 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))	\$ 12,525.00	\$ 14,623.00 11(g)
<b>12. SALES AND COLLECTIONS (Schedule C)</b>	\$ 0.00	\$ 0.00 12
<b>13. LOANS RECEIVED</b>		
(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)
<b>14. OTHER RECEIPTS (DIVIDENDS, INTEREST, etc.)(Schedule A-5)</b>	\$ 0.00	\$ 0.00 14
<b>15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)</b>	\$ 0.00	\$ 48.40 15
<b>16. TOTAL RECEIPTS (add Lines 11(f), 12, 13(c), 14 and 15)</b>	\$ 12,525.00	\$ 14,671.40 16
<b>II. EXPENDITURES</b>		
<b>17. OPERATING EXPENDITURES (Schedule B)</b>	\$ 2,464.90	\$ 2,626.13 17
<b>18. ALL OTHER EXPENDITURES (Schedule B-1)</b>	\$ 7,127.61	\$ 7,319.01 18
<b>19. LOAN REPAYMENTS:</b>		
(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)
<b>20. TOTAL EXPENDITURES (add Lines 17, 18, and 19(c))</b>	\$ 9,592.51	\$ 9,945.14 20
<b>III. CASH SUMMARY</b>		
<b>21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	2,093.58
<b>22. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$	12,525.00
<b>23. SUBTOTAL (add Lines 21 and 22)</b>	\$	14,618.58
<b>24. TOTAL EXPENDITURES THIS PERIOD (from Line 20)</b>	\$	9,592.51
<b>25. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 24 from Line 23)</b>	\$	5,026.07

## 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 <b>Selina Coleman</b> 16 W Myrtle St, Alexandria, VA 22301	<b>Contribution Type</b> <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) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney Name and Address of Employer <b>Reed Smith</b> 1301 K St NW, Washington, DC 20005		
Aggregate Year-To-date			<b>\$ 50.00</b>
2. Full Name, Mailing Address and Zip Code <b>Katie Pawlitz</b> 1424 T St NW, Washington, DC 20009	<b>Contribution Type</b> <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) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Lawyer Name and Address of Employer <b>Reed Smith</b> 1301 K St NW, Washington, DC 20005		
Aggregate Year-To-date			<b>\$ 25.00</b>
3. Full Name, Mailing Address and Zip Code <b>John Feldman</b> 4901 Brookeway Dr, Bethesda, MD 20816	<b>Contribution Type</b> <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) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Lawyer Name and Address of Employer <b>Reed Smith</b> 1301 K St NW, Washington, DC 20005		
Aggregate Year-To-date			<b>\$ 250.00</b>
4. Full Name, Mailing Address and Zip Code <b>Jamie Moss</b> 20 S Murray Ave, Ridgewood, NJ 07450	<b>Contribution Type</b> <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) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Public Relations Name and Address of Employer <b>NewsPros</b> 20 S Murray Ave, Ridgewood, NJ 07450		
Aggregate Year-To-date			<b>\$ 25.00</b>
5. Full Name, Mailing Address and Zip Code <b>Elizabeth Leavy</b> 1207 W St NW, Washington, DC 20009	<b>Contribution Type</b> <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) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney Name and Address of Employer <b>Reed Smith</b> 1301 K St NW, Washington, DC 20005		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program <b>Do Something Constituents Fund</b>			
Aggregate Year-To-date			<b>\$ 100.00</b>
6. Full Name, Mailing Address and Zip Code <b>Keturah Brown</b> <b>7412 Windstream Cir, Hanover, MD 21076</b>	<b>Contribution Type</b> <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) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Attorney</b> Name and Address of Employer <b>Reed Smith</b> <b>1301 K St NW, Washington, DC 20005</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
7. Full Name, Mailing Address and Zip Code <b>Peaches Winston</b> <b>14202 Granery Ln, Accokeek, MD 20607</b>	<b>Contribution Type</b> <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) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Legal Secretary</b> Name and Address of Employer <b>Reed Smith</b> <b>1301 K St NW, Washington, DC 20005</b>		
Aggregate Year-To-date			<b>\$ 25.00</b>
8. Full Name, Mailing Address and Zip Code <b>Sarah Anderson</b> <b>1718 P St NW, Washington, DC 20036</b>	<b>Contribution Type</b> <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) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Paralegal</b> Name and Address of Employer <b>Reed Smith</b> <b>1301 K St NW, Washington, DC 20005</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
9. Full Name, Mailing Address and Zip Code <b>Holly Roth</b> <b>1416 Belcastle Ct, Reston, VA 20194</b>	<b>Contribution Type</b> <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) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Attorney</b> Name and Address of Employer <b>Reed Smith</b> <b>1301 K St NW, Washington, DC 20005</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program			
<b>Do Something Constituents Fund</b>			
10. Full Name, Mailing Address and Zip Code <b>Ophelia Duckett</b> <b>11488 Stockport Pl, White Plains, MD 20695</b>	<b>Contribution Type</b> <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) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation    Legal</b> Name and Address of Employer <b>Reed Smith</b> <b>1301 K St NW, Washington, DC 20005</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
11. Full Name, Mailing Address and Zip Code <b>MLK Gateway Partners LLC</b> <b>3401 8th St NE, Washington, DC 20017</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
12. Full Name, Mailing Address and Zip Code <b>The Keystone Plus Construction Corp</b> <b>1925 Minnesota Ave SE, Washington, DC 20020</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
13. Full Name, Mailing Address and Zip Code <b>Anacostia Coordinating Council</b> <b>2401 Shannon Pl SE, Washington, DC 20020</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Other-Non-Profit	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 100.00</b>
14. Full Name, Mailing Address and Zip Code <b>Jair Lynch</b> <b>1400 16th St NW, Washington, DC 20036</b>	<b>Contribution Type</b> <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) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation    President</b> Name and Address of Employer <b>Jair Lynch Real Estate Partners</b> <b>1400 16th St NW, Washington, DC 20036</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program <b>Do Something Constituents Fund</b>			
Aggregate Year-To-date			<b>\$ 500.00</b>
15. Full Name, Mailing Address and Zip Code <b>Thomas Penny</b> <b>941 Coachway, Annapolis, MD 21401</b>	<b>Contribution Type</b> <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) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Name and Address of Employer <b>Donohoe Hospitality Services</b> <b>7101 Wisconsin Ave, Bethesda, MD 20814</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
16. Full Name, Mailing Address and Zip Code <b>Chris Leonardo</b> <b>4900 Rodman St NW, Washington, DC 20016</b>	<b>Contribution Type</b> <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) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Consultant</b> Name and Address of Employer <b>1875 Capital Advisors LLC</b> <b>5185 MacArthur Blvd NW, Washington, DC 20016</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
17. Full Name, Mailing Address and Zip Code <b>H2 Design Build LLC</b> <b>3467 14th St NW, Washington, DC 20010</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
18. Full Name, Mailing Address and Zip Code <b>Dantes Partners LLC</b> <b>3467 14th St NW, Washington, DC 20010</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program <b>Do Something Constituents Fund</b>			
19. Full Name, Mailing Address and Zip Code <b>DCA Hadley LTACH, LLC</b> 4601 Martin Luther King Jr Ave SW, Washington, DC 20032	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 1,000.00</b>
20. Full Name, Mailing Address and Zip Code <b>Jerold Brown</b> 3303 Shirley Ln, Chevy Chase, MD 20815	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Chairman</b> Name and Address of Employer <b>Hayat Brown LLC</b> 3715 Martin Luther King Jr Ave SE, Washington, DC 20032		
Aggregate Year-To-date			<b>\$ 500.00</b>
21. Full Name, Mailing Address and Zip Code <b>Enlightened Inc</b> 1101 Connecticut Ave NW, Washington, DC 20036	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
22. Full Name, Mailing Address and Zip Code <b>Consigli Construction Company Inc</b> 72 Sumner St, Milford, MA 01757	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>11/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
23. Full Name, Mailing Address and Zip Code <b>Keith Beasley</b> 3233 Stanton Rd SE, Washington, DC 20020	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/10/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Retirement Specialist</b> Name and Address of Employer <b>Nationwide</b> 11350 McCormick Rd, Hunt Valley, MD 21031		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program  
**Do Something Constituents Fund**

Aggregate Year-To-date **\$ 500.00**

24. Full Name, Mailing Address and Zip Code <b>Community Wellness Ventures</b> <b>1130 Varney St SE, Washington, DC 20032</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/21/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
	<b>Contributor Type</b> Business  <b>Business Type</b> Corporation		

<b>Contributor Type</b> Business	<b>Occupation</b> Name and Address of Employer
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Aggregate Year-To-date **\$ 500.00**

25. Full Name, Mailing Address and Zip Code <b>Ward Eight Democrats</b> <b>PO Box 6968, Washington, DC 20032</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/28/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
	<b>Contributor Type</b> PAC		

<b>Contributor Type</b> PAC	<b>Occupation</b> Name and Address of Employer
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Aggregate Year-To-date **\$ 100.00**

26. Full Name, Mailing Address and Zip Code <b>Alan Bolden</b> <b>5320 28th St NW, Washington, DC 20015</b>	<b>Contribution Type</b> <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) <b>12/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
	<b>Contributor Type</b> Individual		

<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney Name and Address of Employer <b>Reed Smith</b> <b>1301 K St NW, Washington, DC 20005</b>
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Aggregate Year-To-date **\$ 500.00**

27. Full Name, Mailing Address and Zip Code <b>Zane Networks</b> <b>1133 21st St NW, Washington, DC 20036</b>	<b>Contribution Type</b> <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) <b>12/29/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
	<b>Contributor Type</b> Business		

<b>Contributor Type</b> Business	<b>Occupation</b> Name and Address of Employer
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Aggregate Year-To-date **\$ 250.00**

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program <b>Do Something Constituents Fund</b>			
28. Full Name, Mailing Address and Zip Code <b>Charles Jones</b> 2904 5th St S, Arlington, VA 22204	<b>Contribution Type</b> <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) <b>12/29/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>CEO</b> Name and Address of Employer <b>Paving the Way MSI</b> 2616 Martin Luther King Jr Ave SE, Washington, DC 20020		
Aggregate Year-To-date			<b>\$ 250.00</b>
29. Full Name, Mailing Address and Zip Code <b>Marketing and Development DC Prep</b> 707 Edgewood St NE, Washington, DC 20017	<b>Contribution Type</b> <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) <b>12/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
30. Full Name, Mailing Address and Zip Code <b>Colette Honorable</b> 3014 N Edison St, Arlington, VA 22207	<b>Contribution Type</b> <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) <b>12/29/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Partner</b> Name and Address of Employer <b>Reed Smith</b> 1301 K St NW, Washington, DC 20005		
Aggregate Year-To-date			<b>\$ 250.00</b>
31. Full Name, Mailing Address and Zip Code <b>Jamie Morton</b> 1231 Good Hope Rd SE, Washington, DC 20020	<b>Contribution Type</b> <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) <b>12/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Owner</b> Name and Address of Employer <b>Mortell Industries</b> 1231 Good Hope Rd SE, Washington, DC 20020		
Aggregate Year-To-date			<b>\$ 500.00</b>
32. Full Name, Mailing Address and Zip Code <b>Chris Plummer</b> 2519 High St SE, Washington, DC 20020	<b>Contribution Type</b> <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) <b>12/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Owner</b> Name and Address of Employer <b>A-1 Finishers</b> 2519 High St SE, Washington, DC 20020		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program			
<b>Do Something Constituents Fund</b>			
Aggregate Year-To-date			<b>\$ 500.00</b>
33. Full Name, Mailing Address and Zip Code <b>Herb Gray</b> <b>1818 New York Ave NE, Washington, DC 20002</b>	<b>Contribution Type</b> <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) <b>12/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>CEO</b> Name and Address of Employer <b>Life Enhancement Services</b> <b>1818 New York Ave NE, Washington, DC 20002</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
34. Full Name, Mailing Address and Zip Code <b>Emma Woods</b> <b>8114 Chestnut Ave, Bowie, MD 20715</b>	<b>Contribution Type</b> <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) <b>12/29/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Director of Operations</b> Name and Address of Employer <b>Reed Smith</b> <b>1301 K St NW, Washington, DC 20005</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
35. Full Name, Mailing Address and Zip Code <b>District of Columbia HMO Charitable Fund</b> <b>1455 Pennsylvania Ave NW, Washington, DC 20004</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business <b>Business Type</b> Other-Charitable Fund	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
36. Full Name, Mailing Address and Zip Code <b>Groove Phi Grove SFI DC Graduate Chapter</b> <b>PO Box 76522, Washington, DC 20013</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

**Do Something Constituents Fund**

37. Full Name, Mailing Address and Zip Code <b>DC Association of Realtors</b> <b>15201 Diamondback Dr, Rockville, MD 20850</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		

	Aggregate Year-To-date	<b>\$ 500.00</b>
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38. Full Name, Mailing Address and Zip Code <b>Roger Ralay</b> <b>5314 Bangor Dr, Kensington, MD 20895</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/29/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Secretary</b> Name and Address of Employer <b>Embassy of Malagasy Republic</b> <b>2374 Massachusetts Ave NW, Washington, DC</b> <b>20008</b>		

	Aggregate Year-To-date	<b>\$ 250.00</b>
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<b>TOTAL This Period (Aggregate of all Receipt pages)</b>	<b>\$ 12,525.00</b>
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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
<b>Industrial Bank</b> 4812 Georgia Avenue NW, Washington, DC 20011	<b>Bank Fees</b>	10/09/2020	\$ 2.00
<b>Industrial Bank</b> 4812 Georgia Avenue NW, Washington, DC 20011	<b>Bank Fees</b>	11/09/2020	\$ 2.00
<b>Act Blue</b> 366 Summer St, Somerville, MA 02144	<b>Bank Fees</b>	11/30/2020	\$ 30.64
<b>Act Blue</b> 366 Summer St, Somerville, MA 02144	<b>Bank Fees</b>	11/30/2020	\$ 59.25
<b>CreateDC LLC</b> 4750 Clifton Road, Temple Hills, MD 20748	<b>Printing</b>	12/01/2020	\$ 160.00
<b>VisualVoice.Media</b> 1812 Longfellow St, West Hyattsville, MD 20782	<b>Computer and Web Expenses</b>	12/01/2020	\$ 200.00
<b>Industrial Bank</b> 4812 Georgia Avenue NW, Washington, DC 20011	<b>Bank Fees</b>	12/09/2020	\$ 2.00
<b>Jules Jessie</b> 3411 Brothers Pl SE, Washington, DC 20032	<b>Computer and Web Expenses</b>	12/11/2020	\$ 1,077.24
<b>Amazon.com</b> 440 Terry Avenue N, Seattle, WA 98109	<b>Supplies</b>	12/15/2020	\$ 27.54
<b>Busboys and Poets</b> 2004 Martin Luther King Jr Ave SE, Washington, DC 20020	<b>Catering/Refreshments</b>	12/23/2020	\$ 673.86
<b>Roy Proctor</b> 121 Galveston St SW, Washington, DC 20032	<b>Salary/Stipend</b>	12/24/2020	\$ 100.00
<b>Act Blue</b> 366 Summer St, Somerville, MA 02144	<b>Bank Fees</b>	12/29/2020	\$ 29.63

13. Full Name, Mailing Address and Zip Code <b>Act Blue</b> <b>366 Summer St, Somerville, MA 02144</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>12/29/2020</b>	Amount of Each Expenditure This Period  <b>\$ 39.51</b>
14. Full Name, Mailing Address and Zip Code <b>Act Blue</b> <b>366 Summer St, Somerville, MA 02144</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>12/29/2020</b>	Amount of Each Expenditure This Period  <b>\$ 61.23</b>
<b>TOTAL This Period (aggregate the subtotal of all expenditure pages)</b>			<b>\$ 2,464.90</b>

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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
<b>Amazon.com</b> 410 Terry Avenue N, Seattle, WA 98109	<b>Senior Gifts and Toy Giveaway Hats</b>	<b>12/15/2020</b>	<b>\$ 213.98</b>
<b>Five Below</b> 8755 Branch Ave, Clinton, MD 20735	<b>Toys for Toy Giveaway</b>	<b>12/15/2020</b>	<b>\$ 127.33</b>
<b>Five Below</b> 8755 Branch Ave, Clinton, MD 20735	<b>Toys for Toy Giveaway</b>	<b>12/15/2020</b>	<b>\$ 527.00</b>
<b>Walmart</b> 8745 Branch Ave, Clinton, MD 20735	<b>Toys for Toy Giveaway</b>	<b>12/15/2020</b>	<b>\$ 1,472.26</b>
<b>Genuine Sisters Supporting Sisters</b> 1325 Savannah St SE, Washington, DC 20032	<b>Donation for Hoops For Cure Event</b>	<b>12/17/2020</b>	<b>\$ 350.00</b>
<b>Tywanna Baylor</b> 94 Galveston St SW, Washington, DC 20032	<b>Donation for Wingate Families</b>	<b>12/21/2020</b>	<b>\$ 100.00</b>
<b>Walmart</b> 8745 Branch Ave, Clinton, MD 20735	<b>Toys for Toy Giveaway</b>	<b>12/23/2020</b>	<b>\$ 901.81</b>
<b>Walmart</b> 99 H St NW, Washington, DC 20001	<b>Toys for Toy Giveaway</b>	<b>12/23/2020</b>	<b>\$ 984.76</b>
<b>Five Below</b> 2482 Market St NE, Washington, DC 20018	<b>Toys for Toy Giveaway</b>	<b>12/24/2020</b>	<b>\$ 385.37</b>
<b>Five Below</b> 8755 Branch Ave, Clinton, MD 20735	<b>Toys for Toy Giveaway</b>	<b>12/24/2020</b>	<b>\$ 1,166.54</b>
<b>Trayon White</b> 1109 Wahler Place SE, Washington, DC 20032	<b>Reimbursement - Toys for Toy Giveaway (Five Below)</b>	<b>12/24/2020</b>	<b>\$ 898.56</b>
<b>TOTAL This Period (aggregate the subtotal of all expenditure pages)</b>			<b>\$ 7,127.61</b>