



**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 Our Ward 5	2. OCF Identification Number CSSCC5125305
Address (Number and Street) 3616 Jamison St NE	3. Is this report an Amendment? (Yes or No) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City, State and Zip Code Washington, DC 20018	

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

CONSTITUENT-SERVICE PROGRAM SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR- TO-DATE
5. Covering Period 10/2/2020 through 1/1/2021		
6. (a) Cash on Hand January 1		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 666.26	
(c) Total Receipts (from Line (16))	\$ 8,000.00	\$ 10,731.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B)	\$ 8,666.26	
7. Total Expenditures (from Line 24)	\$ 8,463.40	\$ 12,500.99
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 202.86	
9. Debts and Obligations Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) All Other Loans (itemize all on Schedule-E1)	\$ 0.00	\$ 0.00

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

(1) OATH OR AFFIRMATION OF ELECTED OFFICIAL IF FILING

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

TYPE OR PRINT FULL NAME OF ELECTED OFFICIAL

SIGNATURE OF ELECTED OFFICIAL

DATE

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

NOTARY PUBLIC

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

(2) OATH OR AFFIRMATION OF PROGRAM TREASURER

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

Chanel Autrey

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

01/12/2021

SIGNATURE OF TREASURER

DATE

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

NOTARY PUBLIC

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

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

1. Full Name of Constituent-Service Program Our Ward 5	REPORT COVERING THE PERIOD FROM: 10/2/2020 TO: 1/1/2021	
I. RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (EXCLUDING LOANS) FROM:		
(a) Itemized monetary contributions from other than the elected official (Schedule A)	\$ 8,000.00	\$ 10,205.95 11(a)
(b) Itemized monetary contributions from the elected official (Schedule A-1)	\$ 0.00	\$ 155.95 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	\$ 369.96 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))	\$ 8,000.00	\$ 10,731.86 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS RECEIVED		
(a) Made or guaranteed by the elected Official and or CSP (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) All other Loans (Schedule E-1)	\$ 0.00	\$ 0.00 13(b)
(c) TOTAL Loans (add Lines 13(a), and 13(b))	\$ 0.00	\$ 0.00 13(c)
14. OTHER RECEIPTS (DIVIDENDS, INTEREST, etc.)(Schedule A-5)	\$ 0.00	\$ 0.00 14
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$ 0.00	\$ 0.00 15
16. TOTAL RECEIPTS (add Lines 11(f), 12, 13(c), 14 and 15)	\$ 8,000.00	\$ 10,731.86 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 0.00	\$ 4,037.59 17
18. ALL OTHER EXPENDITURES (Schedule B-1)	\$ 8,463.40	\$ 8,463.40 18
19. LOAN REPAYMENTS:		
(a) Loans made or guaranteed by the elected Official and/or Constituent Service Program (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) All other Loans (Schedule E-1)	\$ 0.00	\$ 0.00 19(b)
(c) TOTAL Loan Repayments (add Lines 19(a) and 19(b))	\$ 0.00	\$ 0.00 19(c)
20. TOTAL EXPENDITURES (add Lines 17, 18, and 19(c))	\$ 8,463.40	\$ 12,500.99 20
III. CASH SUMMARY		
21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 666.26
22. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 8,000.00
23. SUBTOTAL (add Lines 21 and 22)		\$ 8,666.26
24. TOTAL EXPENDITURES THIS PERIOD (from Line 20)		\$ 8,463.40
25. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 24 from Line 23)		\$ 202.86

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 Our Ward 5			
1. Full Name, Mailing Address and Zip Code Keith Shannon McDuffie 1501 Casino Cir, Silver Spring, MD 20906	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) 10/04/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
2. Full Name, Mailing Address and Zip Code Miller Development LLC 8120 Woodmont Ave Ste 160, 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) 10/27/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
3. Full Name, Mailing Address and Zip Code Moore Group of Companies Inc 3060 Blaine St, Coconut Grove, FL 33133	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) 11/09/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
4. Full Name, Mailing Address and Zip Code Barbara Mitchell 1011 1st St SE Apt 1019, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input checked="" type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/09/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
5. Full Name, Mailing Address and Zip Code Miriam O Moore 3060 Blaine St, Miami, FL 33133	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) 11/09/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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<p>Full Name of Constituent-Service Program Our Ward 5</p>			
			<p>Aggregate Year-To-date \$ 500.00</p>
<p>6. Full Name, Mailing Address and Zip Code LLoyd Moore 3060 Blaine St, Miami, FL 33133</p>	<p>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)</p>	<p>Date (month, day, year) 11/09/2020</p>	<p>Amount of Each Receipt This Period \$ 500.00</p>
	<p>Contributor Type Individual</p>		
			<p>Aggregate Year-To-date \$ 500.00</p>
<p>7. Full Name, Mailing Address and Zip Code Miriam Moore Design Studio LLC 3060 Blaine St, Miami, FL 33133</p>	<p>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)</p>	<p>Date (month, day, year) 11/09/2020</p>	<p>Amount of Each Receipt This Period \$ 500.00</p>
	<p>Contributor Type Business Business Type Limited Liability Company</p>		
			<p>Aggregate Year-To-date \$ 500.00</p>
<p>8. Full Name, Mailing Address and Zip Code The Kerry S Pearson LLC 700 New Hampshire Ave NW Ste 115, Washington, DC 20037</p>	<p>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)</p>	<p>Date (month, day, year) 11/11/2020</p>	<p>Amount of Each Receipt This Period \$ 500.00</p>
	<p>Contributor Type Business Business Type Limited Liability Company</p>		
			<p>Aggregate Year-To-date \$ 500.00</p>
<p>9. Full Name, Mailing Address and Zip Code Kerry Pearson 750 3rd St NW Apt 404, Washington, DC 20001</p>	<p>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)</p>	<p>Date (month, day, year) 11/11/2020</p>	<p>Amount of Each Receipt This Period \$ 500.00</p>
	<p>Contributor Type Individual</p>		
			<p>Aggregate Year-To-date \$ 500.00</p>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Our Ward 5

10. Full Name, Mailing Address and Zip Code Brett Greene 1455 Pennsylvania Ave NW Ste 400, Washington, DC 20004	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) 11/12/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
11. Full Name, Mailing Address and Zip Code Global Government and Industry Partners 1515 Lawrence St NE, Washington, DC 20017	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input checked="" type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
12. Full Name, Mailing Address and Zip Code Corey A Griffin 1515 LAWRENCE ST NE, Washington, DC 20017	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input checked="" type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 11/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Self 1515 Lawrence St NE, Washington, DC 20017		
Aggregate Year-To-date			\$ 500.00
13. Full Name, Mailing Address and Zip Code Washington Gas and Light Company 101 Constitution Ave NW, Washington, DC 20001	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) 12/04/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
14. Full Name, Mailing Address and Zip Code Tania Galarza 812 Sheridan St NW, Washington, DC 20011	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) 12/14/2020	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program
Our Ward 5

Aggregate Year-To-date **\$ 200.00**

15. Full Name, Mailing Address and Zip Code Pearl Michelle Davis 3135 Westover Dr 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) 12/14/2020	Amount of Each Receipt This Period \$ 100.00
	Contributor Type Individual		

Occupation Name and Address of Employer

Aggregate Year-To-date **\$ 100.00**

16. Full Name, Mailing Address and Zip Code Michone Johnson 8807 Walnut Hill Rd, Chevy Chase, MD 20815	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/15/2020	Amount of Each Receipt This Period \$ 500.00
	Contributor Type Individual		

Occupation Name and Address of Employer

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

17. Full Name, Mailing Address and Zip Code Paxton Baker 3215 East West Hwy, Chevy Chase, MD 20815	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/15/2020	Amount of Each Receipt This Period \$ 300.00
	Contributor Type Individual		

Occupation Name and Address of Employer

Aggregate Year-To-date **\$ 300.00**

18. Full Name, Mailing Address and Zip Code Mu Lambda Chapter of Alpha Phi Alpha 1405 1st St NW, Washington, DC 20001	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) 12/17/2020	Amount of Each Receipt This Period \$ 300.00
	Contributor Type Business		

Business Type Corporation	Occupation Name and Address of Employer
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Aggregate Year-To-date **\$ 300.00**

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Our Ward 5

19. Full Name, Mailing Address and Zip Code Levonnia J Mobley 3725 17TH ST NE , Washington, DC 20018	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) 12/19/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 100.00

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TOTAL This Period (Aggregate of all Receipt pages)	\$ 8,000.00
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Full Name of Constituent-Service Program

Our Ward 5

1. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
Adobe 151 South Almaden Blvd, San Jose, CA 95110	Adobe office subscription	10/08/2020	\$ 15.89
Silas Grant 2830 6th Street NE, Washington, DC 20017	Signage printed from FedEx for the Ward 5 Get Out	10/27/2020	\$ 110.66
Adobe 151 South Almaden Blvd, San Jose, CA 95110	Adobe office subscription	11/09/2020	\$ 15.89
Saval Food Corporation 6740 Dorsey Rd, Elkridge, MD 21075	Service Fee for purchase of 200 Turkeys which were	11/20/2020	\$ 105.71
Saval Food Corporation 6740 Dorsey Rd, Elkridge, MD 21075	Purchase of 200 Turkeys which were distributed to V	11/20/2020	\$ 5,033.62
Adobe 151 South Almaden Blvd, San Jose, CA 95110	Adobe office subscription	12/08/2020	\$ 15.89
Walmart 310 Riggs Rd NE, Washington, DC 20011	Toys for Ward 5 Toy Drive held on December 19 202	12/16/2020	\$ 741.05
Walmart 310 Riggs Rd NE, Washington, DC 20011	Toys for Ward 5 Toy Drive held on December 19 202	12/16/2020	\$ 636.31
Walmart 310 Riggs Rd NE, Washington, DC 20011	Toys for Ward 5 Toy Drive held on December 19 202	12/16/2020	\$ 1,623.29
Home Depot 901 Rhode Island Ave NE, Washington, DC 20018	Boxes to carry food from the Ward 5 Holiday Toy D	12/16/2020	\$ 15.09
Adrian McQueen 12919 Dunkirk Drive, Upper Marlboro, MD 20772	Photography for Ward 5 Holiday Toy Drive & Meal	12/30/2020	\$ 150.00
TOTAL This Period (aggregate the subtotal of all expenditure pages)			\$ 8,463.40