



**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) No to 182	2. OCF Identification Number INTOOO226635
Address 1625 K Street, NW, Suite 210	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 20006	

4. TYPE OF REPORT: **Second Report (No to 182 Cmte.)**

This REPORT contains activity for: **Not Applicable**

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 3/2/2022 through 7/10/2022		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 100.00	
(c) Total Receipts [from Line (16)]	\$ 312,635.99	\$ 312,735.99
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 312,735.99	
7. Total Expenditures (from Line 22)	\$ 271,009.74	\$ 271,009.74
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 41,726.25	
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	\$ 0.00
(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.

Mr. Sam LeBlanc

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

07/11/2022

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) No to I82	REPORT COVERING THE PERIOD FROM: 3/2/2022 TO: 7/10/2022	
I. RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE T0-DATE CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 312,635.99	\$ 312,735.99 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	\$ 0.00 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) Non Contribution Receipts (Schedule A-8)	\$ 0.00	\$ 0.00 11(g)
(h) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e), (f) and (g)]	\$ 312,635.99	\$ 312,735.99 11(h)
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	\$ 0.00 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	\$ 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(g), 12, 13(c), 14 and 15]	\$ 312,635.99	\$ 312,735.99 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 271,009.74	\$ 271,009.74 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)	\$ 0.00	\$ 0.00 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)]	\$ 0.00	\$ 0.00 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)]	\$ 271,009.74	\$ 271,009.74 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		100.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		312,635.99
25. SUBTOTAL (add Lines 23 and 24)		312,735.99
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)		271,009.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		41,726.25

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

No to 182

1. Full Name, Mailing Address and Zip Code Restaurant Association of Metropolitan Washington 225 K Street NW Ste 210, Washington, DC 20006-1611	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) 03/11/2022	Amount of Each Receipt This Period \$ 45,700.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 45,700.00
2. Full Name, Mailing Address and Zip Code Carmine's DC LLC 425 7th st nw, 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) 03/11/2022	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
3. Full Name, Mailing Address and Zip Code Lettuce Entertain You Enterprises Inc 5419 N Sheridan rd, Chicago, IL 60640	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) 03/28/2022	Amount of Each Receipt This Period \$ 20,000.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 20,000.00
4. Full Name, Mailing Address and Zip Code National Restaurant Association 2055 L St NW, Washington, DC 20036	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) 03/29/2022	Amount of Each Receipt This Period \$ 100,000.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 100,000.00
5. Full Name, Mailing Address and Zip Code Brinker International 3000 Olympus Blvd, Coppell, TX 75019	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) 04/01/2022	Amount of Each Receipt This Period \$ 15,000.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 15,000.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

No to 182

6. Full Name, Mailing Address and Zip Code Farmers Restaurant Group 350 Fortune Ter Ste C, Potomac, MD 20854	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/15/2022	Amount of Each Receipt This Period \$ 20,000.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 20,000.00
7. Full Name, Mailing Address and Zip Code Darden Restaurants 1000 Darden Center Dr, Orlando, FL 32837	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) 04/21/2022	Amount of Each Receipt This Period \$ 25,000.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 25,000.00
8. Full Name, Mailing Address and Zip Code Silver Diner Development LLC 12276 Rockville Pike, Rockville, MD 20852	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) 04/26/2022	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
9. Full Name, Mailing Address and Zip Code Restaurant Association of Metropolitan Washington 1725 Wisconsin Ave Ste 210, Washington, DC 20006-1611	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) 05/20/2022	Amount of Each Receipt This Period \$ 5,000.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 50,700.00
10. Full Name, Mailing Address and Zip Code Restaurant Association of Maryland 6301 Hillside Ct, Columbia, MD 21046	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/14/2022	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

No to 182

11. Full Name, Mailing Address and Zip Code Great American Restaurants Inc 8280 Willow Oaks Corporate Dr Ste 700, Fairfax, VA 22031	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/15/2022	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 10,000.00
12. Full Name, Mailing Address and Zip Code Acme Paper Supply Co PO Box 422, Savage, MD 20763	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/28/2022	Amount of Each Receipt This Period \$ 360.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 360.00
13. Full Name, Mailing Address and Zip Code National Restaurant Association 2055 L St NW, Washington, DC 20036	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Professional Services	Date (month, day, year) 07/06/2022	Amount of Each Receipt This Period \$ 21,576.99
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 121,576.99
14. Full Name, Mailing Address and Zip Code Farmers & Distillers 600 Massachusetts 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) 07/06/2022	Amount of Each Receipt This Period \$ 2,857.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 2,857.00
15. Full Name, Mailing Address and Zip Code Founding Farmers DC 1924 Pennsylvania Ave NW, Washington, DC 20006	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/06/2022	Amount of Each Receipt This Period \$ 2,857.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 2,857.00

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)

No to 182

16. Full Name, Mailing Address and Zip Code Founding Farmers Moco 12505 Park Potomac Ave, Potomac, MD 20854	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/06/2022	Amount of Each Receipt This Period \$ 2,857.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 2,857.00
17. Full Name, Mailing Address and Zip Code Founding Farmers Tyson 1800 Tysons Blvd, Tysons, VA 22102	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/06/2022	Amount of Each Receipt This Period \$ 2,857.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 2,857.00
18. Full Name, Mailing Address and Zip Code Founding Farmers Reston 1904 Reston Metro Plz, Reston, VA 20190	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/06/2022	Amount of Each Receipt This Period \$ 2,857.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 2,857.00
19. Full Name, Mailing Address and Zip Code Founding Farmers King of Prussia 255 Main St Ste 180, King of Prussia, PA 19406	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/06/2022	Amount of Each Receipt This Period \$ 2,857.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 2,857.00
20. Full Name, Mailing Address and Zip Code Farmers Restaurant Group 350 Fortune Ter Ste C, Potomac, MD 20854	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/06/2022	Amount of Each Receipt This Period \$ 2,857.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 22,857.00

TOTAL This Period (Aggregate of all Receipt pages)

\$ 312,635.99

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FULL Name of Committee (Name of Candidate, if Candidate is reporting)

No to I82			
1. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
		12/30/1899	\$ 0.00
Occupation	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code Brilliant Corners Research & Strategies 4421 Alabama Ave SE, Washington, DC 20019	Purpose of Expenditure Polling/Mailing List	Date (month, day, year)	Amount of Each Expenditure This Period
		03/11/2022	\$ 45,700.00
Occupation	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code EagleBank 2001 K Street NW, Washington, DC 20006	Purpose of Expenditure Bank Fees	Date (month, day, year)	Amount of Each Expenditure This Period
		03/14/2022	\$ 10.00
Occupation	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code Goldblatt Martin Pozen LLP 1432 K St NW Suite 400, Washington, DC 20005	Purpose of Expenditure Consultant	Date (month, day, year)	Amount of Each Expenditure This Period
		03/30/2022	\$ 2,503.75
Occupation	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code The Veritas Law Firm 1225 19th St NW #7, Washington, DC 20036	Purpose of Expenditure Consultant	Date (month, day, year)	Amount of Each Expenditure This Period
		03/30/2022	\$ 100,000.00
Occupation	Name and Address of Employer		
6. Full Name, Mailing Address and Zip Code Goldblatt Martin Pozen LLP 1432 K St NW Suite 400, Washington, DC 20005	Purpose of Expenditure Consultant	Date (month, day, year)	Amount of Each Expenditure This Period
		04/05/2022	\$ 915.00
Occupation	Name and Address of Employer		
7. Full Name, Mailing Address and Zip Code EagleBank 2001 K Street NW, Washington, DC 20006	Purpose of Expenditure Bank Fees	Date (month, day, year)	Amount of Each Expenditure This Period
		04/12/2022	\$ 12.00
Occupation	Name and Address of Employer		

8. Full Name, Mailing Address and Zip Code The Veritas Law Firm 1225 19th St NW #7, Washington, DC 20036	Purpose of Expenditure Consultant	Date (month, day, year) 04/27/2022	Amount of Each Expenditure This Period \$ 70,000.00
Occupation	Name and Address of Employer		
9. Full Name, Mailing Address and Zip Code The Veritas Law Firm 1225 19th St NW #7, Washington, DC 20036	Purpose of Expenditure Consultant	Date (month, day, year) 04/27/2022	Amount of Each Expenditure This Period \$ 30,000.00
Occupation	Name and Address of Employer		
10. Full Name, Mailing Address and Zip Code Goldblatt Martin Pozen LLP 1432 K St NW Suite 400, Washington, DC 20005	Purpose of Expenditure Consultant	Date (month, day, year) 05/03/2022	Amount of Each Expenditure This Period \$ 290.00
Occupation	Name and Address of Employer		
11. Full Name, Mailing Address and Zip Code EagleBank 2001 K Street NW, Washington, DC 20006	Purpose of Expenditure Bank Fees	Date (month, day, year) 05/10/2022	Amount of Each Expenditure This Period \$ 1.00
Occupation	Name and Address of Employer		
12. Full Name, Mailing Address and Zip Code EagleBank 2001 K Street NW, Washington, DC 20006	Purpose of Expenditure Bank Fees	Date (month, day, year) 06/13/2022	Amount of Each Expenditure This Period \$ 1.00
Occupation	Name and Address of Employer		
13. Full Name, Mailing Address and Zip Code National Restaurant Association 2055 L St NW, Washington, DC 20036	Purpose of Expenditure In-Kind	Date (month, day, year) 07/06/2022	Amount of Each Expenditure This Period \$ 21,576.99
Occupation	Name and Address of Employer		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 271,009.74