

# 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

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) ☐ Yes ☑ No
City, State and Zip Code Washington, DC 20006	

4. TYPE OF REPORT: January 31st Report (No to I82 Cmte.)

This REPORT contains activity for: Not Applicable

SUMMARY  5. Covering Period 11/1/2022 through 1/31/2023	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 264,341.05	
(c) Total Receipts [from Line (16)]	\$ 32,483.48	\$ 685,622.70
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 296,824.53	
7. Total Expenditures (from Line 22)	\$ 279,847.72	\$ 668,645.89
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 16,976.81	
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 THEDAYOF,	20
	NOTARY PUBLIC	
	NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.	N MAY SUBJECT THE PERSON TO THE
(2)	OATH OR AFFIRMATION OF COMMITTEE TREASURER	
	I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF COMPLETE.	
	Mr. Sam LeBlanc	
	TYPE OR PRINT FULL NAME OF TREASURER	
	ELECTRONICALLY CERTIFIED	01/31/2023
	SIGNATURE OF TREASURER	DATE
	SUBSCRIBED AND SWORN TO BEFORE ME THIS THEDAYOF,	20
	NOTARY PUBLIC	
	NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.	N MAY SUBJECT THE PERSON TO THE
(3)	OATH OR AFFIRMATION OF COMMITTEE TREASURER OF INDEPENDENT EXPENDITURE COMMIT	TEE
	I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE FURTHER SWEAR OR AFFIRM THAT THE COMMITTEE HAS MADE NO CONTRIBUTE PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION OF THE PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION OF THE PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION OF THE PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION OF THE PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION OF THE PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION OF THE PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION OF THE PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION OF THE PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION OF THE PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION OF THE PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION OF THE PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION OF THE PUBLIC OFFICIAL OR CANDIDATE, AND PUBLIC OFFICIAL OR CANDI	IE REPORT IS TRUE AND COMPLETE; AND FIONS OR TRANSFER OF FUNDS TO ANY
	TYPE OR PRINT FULL NAME OF TREASURER	
	SIGNATURE OF TREASURER	DATE
	SUBSCRIBED AND SWORN TO BEFORE ME THIS THEDAYOF,	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		COVERING THE PERIO		/2023	
I. RECEIPTS	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)	\$	32,483.48	\$	685,622.70	11(a)
(b) Political Party Committees (Schedule A-1)	\$	0.00	\$	0.00	11(a)
(c) Political Committees (Schedule A-1)  (c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$	0.00	\$	0.00	11(b)
(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)					
(f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the	\$	0.00	\$	0.00	11(e)
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)
$(h)\ Total\ Contributions\ (Other\ than\ Loans)\ [add\ lines\ 11(a),(b),(c),(d)\ ,(e)\ ,(f)\ and\ (g)]$	\$	32,483.48	\$	685,622.70	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	s	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]	\$	32,483.48	\$	685,622.70	16
II. EXPENDITURES					
17. OPERATING EXPENDITURES (Schedule B)	\$	279,847.72	\$	668,645.89	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)] 20. REFUNDS OF CONTRIBUTIONS TO:	\$	0.00	\$	0.00	19(c)
(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	s	0.00	20(b)
(c) Other Political Committees and PACs (Schedule B-4)	\$	0.00	s	0.00	20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)] 21. OTHER EXPENDITURES	\$	0.00	\$	0.00	20(d)
(a) Independent Expenditures (Schedule B-5)	\$	0.00	\$	0.00	21(a)
(b) Offsets to Receipts (Schedule B-6)	\$	0.00	s	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)]	s	279,847.72	\$	668,645.89	22
III. CASH SUMMARY					
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$			264,341.03	5
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$			32,483.48	8
25. SUBTOTAL (add Lines 23 and 24)	\$			296,824.53	3
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)	\$			279,847.72	2
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	\$			16,976.8	1

# ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

Any information copied from such Reports or Staten contributions, or for commercial purposes.	nents may not be sold or used by any person for the pu	rpose of soliciting	
Full Name of Committee (Name of Candidate, if Cand No to 182	idate is reporting)		
Full Name, Mailing Address and Zip Code     Darden Restaurants     1000 Darden Center Dr, Orlando, FL 32837	Contribution Type  ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 11/04/2022	Amount of Each Receipt This Period \$ 5,000.00
Contributor Type Business	Occupation  Name and Address of Employer	_	
Business Type Corporation			
	Aggregate Year-To-date		\$ 30,000.00
2. Full Name, Mailing Address and Zip Code Virginia Restaurant, Lodging & Travel 5100 (14500 m) (1970) (197	Contribution Type  ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 11/04/2022	Amount of Each Receipt This Period \$ 5,000.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Corporation	Aggregate Year-To-date		\$ 5,000.00
3. Full Name, Mailing Address and Zip Code Dubliner Inc 520 N Capitol St NW, Washington, DC 20001	Contribution Type  ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify)	Date (month, day, year) 11/10/2022	Amount of Each Receipt This Period \$ 5,000.00
Contributor Type	☐ In Kind (Specify)  Occupation	$\overline{}$	
Business Business Type	Name and Address of Employer		
Corporation	Aggregate Year-To-date		\$ 5,000.00
4. Full Name, Mailing Address and Zip Code		D. (	
National Restaurant Association 2055 L St NW, Washington, DC 20036	Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) In kind staff work	Date (month, day, year) 11/15/2022	Amount of Each Receipt This Period \$ 2,483.48
Contributor Type Business	Occupation  Name and Address of Employer		
Business Type Corporation			
	Aggregate Year-To-date		\$ 280,213.70
5. Full Name, Mailing Address and Zip Code Starr Restaurants 134 Market St, Philadelphia, PA 19106	Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 12/02/2022	Amount of Each Receipt This Period \$ 10,000.00
Contributor Type	Occupation		
Business Business Type	Name and Address of Employer		
Corporation	Aggregate Year-To-date		\$ 10,000.00
	<u> </u>		

# OCF FORM 16 SCHEDULE A Page 2 of 2 for Line Number 11a

# 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 nurposes.

contributions, or for commercial purposes.

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

No to I82			
6. Full Name, Mailing Address and Zip Code Carmine's DC LLC 425 7th st nw, Washington, DC 20004	Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Cashier Check ☐ Coder (Consider)	Date (month, day, year) 12/02/2022	Amount of Each Receipt This Period \$ 5,000.00
	☐ Other (Specify) ☐ In Kind (Specify)		
Contributor Type	Occupation		
Business	Name and Address of Employer		
Business Type			
Corporation	Aggregate Year-To-date		\$ 15,000.00
	1.55.554.6 1041 10 4416		ψ 13,000.00
		•	_
TOTAL This Period (Aggregate of all Receipt pages	)		\$ 32,483.48

# SCHEDULE B ITEMIZED OPERATING EXPENDITURES

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.

No to 182   Stablic Affairs, LLC   Consultant   Consultant   Consultant   Consultant   Expenditure	TOTAL This Period (Aggregate of all expend	iture pages)		\$ 279,847.72
No to 182  1. Full Name, Mailing Address and Zip Code S.3 Public Affairs, LLC Consultant				
No to 182  1. Full Name, Mailing Address and Zip Code S.3 Public Affairs, LLC Consultant	Оссирация	ivaine and Address of Employer		
No to 182  1. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  4. Full Name, Mailing Address and Zip Code Ancount of Expenditure Consultant  4. Full Name, Mailing Address and Zip Code Ancount of Expenditure Consultant  4. Full Name, Mailing Address and Zip Code Ancount of Expenditure Amount of Each Expenditure This Period Expenditure This Peri	20002	Name and Address of Employer		\$ 171,000.00
No to 182  1. Full Name, Mailing Address and Zip Code S.3 Public Affairs, LLC Cansultant (month, day, year) 2	S-3 Public Affairs, LLC		(month, day,	Amount of Each Expenditure This Period
No to 182  1. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  Occupation  Name and Address of Employer  Purpose of Expenditure Consultant  Consultant  Date (month, day, year)  11/04/2022  \$ 40,000,00  Occupation  Name and Address of Employer  Purpose of Expenditure Consultant  Consultant  Consultant  Date (month, day, year)  11/04/2022  \$ 340,000,00  Occupation  Name and Address of Employer  Date (month, day, year)  11/04/2022  \$ 34,838.64  Occupation  Name and Address of Employer  Date (month, day, year)  11/04/2022  \$ 34,838.64  Occupation  Name and Address of Employer  Date (month, day, year)  11/11/2022  \$ 30,925.00  Occupation  Name and Address of Employer  Purpose of Expenditure Consultant  Consultant  Date (month, day, year)  11/11/2022  \$ 30,925.00  Occupation  Name and Address of Employer  4. Full Name, Mailing Address and Zip Code Anedot Ine 1340 Poydras Street Suite 1770, New Orleans, LA 70112  Occupation  Name and Address of Employer  Purpose of Expenditure Bank Fees  Date (month, day, year)  11/11/2022  \$ 600.60  Occupation  Name and Address of Employer  Date (month, day, year)  11/04/2022  \$ 600.60  Occupation  Name and Address of Employer  Date (month, day, year)  11/11/2022  \$ 600.60  Occupation  Name and Address of Employer  Date (month, day, year)  11/04/2022  \$ 600.60  Occupation  Name and Address of Employer  Date (month, day, year)	Occupation	Name and Address of Employer	12/13/2022	\$ 2,100.40
No to 182  1. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC Consultant	<b>National Restaurant Association</b>		year)	Expenditure This Period
No to 182  1. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  2. Full Name, Mailing Address and Zip Code 418 C Street NE, Washington, DC 20002  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  4. Full Name, Mailing Address and Zip Code Anedot Inc 1340 Poydras Street Suite 1770, New Orleans, LA 70112  4. Full Name, Mailing Address and Zip Code Anedot Inc 1340 Poydras Street Suite 1770, New Orleans, LA 70112  5 Amount of Each Expenditure Expenditure Expenditure Function  Amount of Each Expenditure This Period (month, day, year) 11/11/2022  5 30,925.00  5 600.60	-		Date	Amount of Each
No to 182  1. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC Consultant  Name and Address of Employer  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC Consultant  Name and Address of Employer  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC Consultant  Consultant  Date (month, day, year) 11/11/2022  \$ 30,925.00  4. Full Name, Mailing Address and Zip Code Anedot Inc 1340 Poydras Street Suite 1770, New  Purpose of Expenditure Bank Fees  Date (month, day, year)	·	Name and Address of Employer	12/02/2022	\$ 600.60
No to 182  1. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  Occupation  Name and Address of Employer  Purpose of Expenditure Consultant  Name and Address of Employer  Purpose of Expenditure Consultant  Purpose of Expenditure Consultant  Purpose of Expenditure Consultant  Date (month, day, year) 11/04/2022 \$ 40,000.00  Amount of Each (month, day, year) 2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  Occupation  Name and Address of Employer  Name and Address of Employer  Purpose of Expenditure Consultant  Date (month, day, year) 11/04/2022 \$ 34,838.64  Consultant  Date (month, day, year) 2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  Name and Address of Employer	1340 Poydras Street Suite 1770, New			Expenditure This Period
No to 182  1. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC Consultant (month, day, year)  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC Consultant (month, day, year)  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC Consultant (month, day, year)  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC Consultant (month, day, year)  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC Consultant (month, day, year)  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC (month, day, year)  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC (month, day, year)  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC (month, day, year)  418 C Street NE, Washington, DC year)  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC (month, day, year)  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC (month, day, year)  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC (month, day, year)  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC (month, day, year)  418 C Street NE, Washington, DC year)  419 Consultant (month, day, year)  5 30,925.00	4. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date	Amount of Each
No to 182  1. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  Occupation  Name and Address of Employer  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  Occupation  Name and Address of Employer  Date (month, day, year) (month, day, year) 11/04/2022  \$ 34,000.00  Expenditure This Period year) 11/04/2022  \$ 34,838.64  Occupation  Name and Address of Employer  3. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC Consultant  Occupation  Name and Address of Employer  Date (month, day, year)  11/04/2022  \$ 34,838.64  Consultant  Occupation  Name and Address of Employer  Amount of Each Expenditure This Period (month, day, year)  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC (month, day, year)  Amount of Each Consultant (month, day, year)  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC (month, day, year)		Name and Address of Employer	11/11/2022	\$ 30,925.00
No to 182  1. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  Occupation  Name and Address of Employer  Purpose of Expenditure Consultant  Name and Address of Employer  Date (month, day, year) 11/04/2022 \$40,000.00  Purpose of Expenditure Consultant  Purpose of Expenditure Consultant  Purpose of Expenditure Consultant  Date (month, day, year) 1/04/2022 \$34,838.64  Occupation  Name and Address of Employer	S-3 Public Affairs, LLC 418 C Street NE, Washington, DC		(month, day, year)	Expenditure This Period
No to I82  1. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  Occupation  Name and Address of Employer  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC Consultant  Purpose of Expenditure Consultant  Name and Address of Employer  Date Consultant  Date (month, day, year)  11/04/2022  \$ 40,000.00  Amount of Each Expenditure This Period (month, day, year)  418 C Street NE, Washington, DC 20002  11/04/2022  \$ 34,838.64	3 Full Name Mailing Address and Zin Code	Purpose of Expenditure	Date	Amount of Each
No to 182  1. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  11/04/2022  S 40,000.00  Cocupation  Name and Address of Employer  2. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC Consultant  Purpose of Expenditure Consultant  Date Amount of Each Expenditure This Period S 40,000.00  Amount of Each Expenditure This Period (month, day, grar)  Amount of Each Expenditure This Period (month, day, grar)  Expenditure This Period (month, day, grar)		Name and Address of Employer	11/04/2022	\$ 34,838.64
No to 182  1. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  Occupation  Purpose of Expenditure Consultant  Consultant  Purpose of Expenditure Consultant  Consultant  Name and Address of Employer  Date (month, day, year) year) 11/04/2022 \$40,000.00	S-3 Public Affairs, LLC 418 C Street NE, Washington, DC		(month, day,	Amount of Each Expenditure This Period
No to I82  1. Full Name, Mailing Address and Zip Code S-3 Public Affairs, LLC 418 C Street NE, Washington, DC 20002  Purpose of Expenditure Consultant  Purpose of Expenditure (month, day, year) year) 11/04/2022 \$40,000.00				
No to 182  1. Full Name, Mailing Address and Zip Code Purpose of Expenditure Date Amount of Each	418 C Street NE, Washington, DC		year)	
TOLL IVANIE OF COMMITTEE (IVANIE OF CANGICATE, IF CANGICATE IS FEPOFUNG)	·	·		
contributions, or for commercial purposes.  EULL Name of Committee (Name of Condidate if Condidate is reporting)	FULL Name of Committee (Name of Candidate	e, if Candidate is reporting)		