



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, D.C. 20009

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) Potillo for Council 2016 Exploratory Committee	2. OCF Identification Number EXPCC7160011
Address 2103 Ft. Davis Street, SE., Unit A	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 20020	

4. TYPE OF REPORT: **July 31st Report**

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 2/1/2015 through 7/31/2015		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 445.00	
(c) Total Receipts [from Line (16)]	\$ 16,786.00	\$ 17,446.00
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 17,231.00	
7. Total Expenditures (from Line 22)	\$ 8,289.88	\$ 8,504.88
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 8,941.12	
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 or Candidate (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) Loans Owed TO the Committee or Candidate (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 Cinque E Culver

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

08/01/2015

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) Potillo for Council 2016 Exploratory Committee	REPORT COVERING THE PERIOD FROM: 2/1/2015 TO: 7/31/2015	
I. RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE TO-DATE CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 16,786.00	\$ 17,406.00 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	\$ 40.00 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) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e) and (f)]	\$ 16,786.00	\$ 17,446.00 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS		
(a) Loans owed BY The Candidate/PCC or the Committee (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) Loans owed TO The Candidate/PCC or 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]	\$ 16,786.00	\$ 17,446.00 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 8,289.88	\$ 8,504.88 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans owed BY the Candidate/PCC or the Committee (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) Of Loans owed TO the Candidate/PCC or 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)]	\$ 8,289.88	\$ 8,504.88 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	445.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	16,786.00
25. SUBTOTAL (add Lines 23 and 24)	\$	17,231.00
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)	\$	8,289.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	\$	8,941.12

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)

Potillo for Council 2016 Exploratory Committee

1. Full Name, Mailing Address and Zip Code Phillip Hammond 2132 Branch Ave., SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/01/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer Retired Washington, DC		
Aggregate Year-To-date			\$ 100.00
2. Full Name, Mailing Address and Zip Code Karen Lee Williams 2914 W St., SE, Washington, DC 20029	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) 02/02/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Name and Address of Employer Retired Washington, DC		
Aggregate Year-To-date			\$ 250.00
3. Full Name, Mailing Address and Zip Code Ronald Collins 301 G St., SW #609, Washington, DC 20024	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) 05/15/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Name and Address of Employer Retired Washington, DC		
Aggregate Year-To-date			\$ 250.00
4. Full Name, Mailing Address and Zip Code Donna Washington 1417 Webster 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) 05/19/2015	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Payroll Manager Name and Address of Employer U.S. Government Printing Office Washington, DC		
Aggregate Year-To-date			\$ 500.00
5. Full Name, Mailing Address and Zip Code Donald Gray 515 River Bend Road, Fort Washington, MD 20744	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/19/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Specialist Name and Address of Employer Alexandria City Public Schools Alexandria, MD		
Aggregate Year-To-date			\$ 250.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

6. Full Name, Mailing Address and Zip Code Damon Wright 12701 Shaker Blvd #103, Cleveland, OH 44120	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/19/2015	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Court Employee Name and Address of Employer State of Ohio Cleveland, OH		
Aggregate Year-To-date			\$ 200.00
7. Full Name, Mailing Address and Zip Code Law Office of Donovan Anderson 2041 MLK Jr. Ave., SE Suite 240 WDC 20020, 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) 05/20/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 250.00
8. Full Name, Mailing Address and Zip Code Josh Brown 70 I St., SE #1115, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/27/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation DC Council Name and Address of Employer Community Outreach Director Washington, DC		
Aggregate Year-To-date			\$ 25.00
9. Full Name, Mailing Address and Zip Code Robert Jordan 3901 Pennsylvania Ave., SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/27/2015	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Internet Consultant Name and Address of Employer OCTO Consulting Group Washington, DC		
Aggregate Year-To-date			\$ 200.00
10. Full Name, Mailing Address and Zip Code Phillip Thomas 2830 University Terrace, NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/27/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Teacher Name and Address of Employer Mundoverde PCS Washington, DC		
Aggregate Year-To-date			\$ 100.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

11. Full Name, Mailing Address and Zip Code Christopher Bates 9841 Sunrise Lakes Blvd #104, Sunrise, FL 33322	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/29/2015	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Health Administrator Name and Address of Employer FDOH - Broward County Washington, FL		
Aggregate Year-To-date		\$ 200.00	
12. Full Name, Mailing Address and Zip Code Colon Gillespie 1003 16th St NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/29/2015	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Executive Assistant Name and Address of Employer Public Servant Washington, DC		
Aggregate Year-To-date		\$ 500.00	
13. Full Name, Mailing Address and Zip Code Fred Hill 1425 Bangor St., NW, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/29/2015	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Executive Manager Name and Address of Employer Gotta Go Now Washington, DC		
Aggregate Year-To-date		\$ 500.00	
14. Full Name, Mailing Address and Zip Code Al Walker 2109 White Fox Drive, Mitchellville, MD 20721	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/31/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Name and Address of Employer Unemployed Washington, DC		
Aggregate Year-To-date		\$ 250.00	
15. Full Name, Mailing Address and Zip Code Ellis Alexander 256 Lincoln St., Hahnville, LA 70057	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) 06/01/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Name and Address of Employer Retired Washington, DC		
Aggregate Year-To-date		\$ 250.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

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

Potillo for Council 2016 Exploratory Committee

16. Full Name, Mailing Address and Zip Code Brian Washington 2854 S. Abingdon St. A2, Arlington, VA 22206	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) 06/02/2015	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation National Eduction Association Name and Address of Employer Communication & Legislative Specialist Washington, DC		
Aggregate Year-To-date		\$ 500.00	
17. Full Name, Mailing Address and Zip Code Kireem Swinton 1154 Cos Park Place, Clinton, MD 27035	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/02/2015	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation National Account Exec. Name and Address of Employer Visit Seattle Sesttle, WA		
Aggregate Year-To-date		\$ 500.00	
18. Full Name, Mailing Address and Zip Code Christopher Montgomery 101 Decatur Street, Brooklyn, NY 11216	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/04/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Management Consultant Name and Address of Employer KPMG Washington, DC		
Aggregate Year-To-date		\$ 250.00	
19. Full Name, Mailing Address and Zip Code Gary Coates 4914 Cooper Road Unit 42891, Cincinnati, OH 45242	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/05/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Chief of Prosthetics Name and Address of Employer Department of Veterans Affairs Washington, DC		
Aggregate Year-To-date		\$ 100.00	
20. Full Name, Mailing Address and Zip Code Lincoln Jenkins-Ansarah 1155 4th St., NE, 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) 06/06/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer Retired Washington, DC		
Aggregate Year-To-date		\$ 100.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

21. Full Name, Mailing Address and Zip Code Nathaniel Thomas 1725 H St NE #2, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/06/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Non-Profit Name and Address of Employer CAEP Washington, DC		
Aggregate Year-To-date			\$ 100.00
22. Full Name, Mailing Address and Zip Code Michael Chamber 5360 Gay St., NE, Washington, DC 20019	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) 06/08/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Principal Name and Address of Employer Humanities In Public, LLC Washington, DC		
Aggregate Year-To-date			\$ 100.00
23. Full Name, Mailing Address and Zip Code Lee Wilson 1312 44th Place SE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/08/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Contractor Name and Address of Employer Self Washington, DC		
Aggregate Year-To-date			\$ 100.00
24. Full Name, Mailing Address and Zip Code Bawi Kebede 4005 Wisconsin Avenue NW #5947, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/08/2015	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Realtor Name and Address of Employer Self Washington, DC		
Aggregate Year-To-date			\$ 500.00
25. Full Name, Mailing Address and Zip Code Karen Lee Williams 2914 W St., SE, Washington, DC 20029	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) 06/13/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Name and Address of Employer Retired Washington, DC		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

26. Full Name, Mailing Address and Zip Code Charles Jackson 11440 Horse Soldier Pl., Beltsville, MD 20705	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) 06/17/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Veterans Administration Name and Address of Employer Psychologist Washington, DC		
Aggregate Year-To-date			\$ 50.00
27. Full Name, Mailing Address and Zip Code John Zottoli 3025 Ontario Rd., NW #504, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/18/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer Retired Washington, DC		
Aggregate Year-To-date			\$ 50.00
28. Full Name, Mailing Address and Zip Code James Gary 8732 Cumbria Ct. , Fort Washington, MD 20744	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) 06/23/2015	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Name and Address of Employer Retired Washington, DC		
Aggregate Year-To-date			\$ 150.00
29. Full Name, Mailing Address and Zip Code Linda Jackson 1955 NW 13th Street Apt.104, Delray Beach, FL 33445	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/25/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer Not Employed Washington, DC		
Aggregate Year-To-date			\$ 100.00
30. Full Name, Mailing Address and Zip Code Robert Simpson PO BOX 10147, Silver Spring, MD 20914	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/08/2015	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Realtor Name and Address of Employer Self Employed Washington, MD		
Aggregate Year-To-date			\$ 200.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

31. Full Name, Mailing Address and Zip Code Carlton Retland 3314 Ames St NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/08/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Engineer Name and Address of Employer Self-Employed Washington, DC		
Aggregate Year-To-date			\$ 100.00
32. Full Name, Mailing Address and Zip Code Tai Chapman 5261 West Plano Parkway, Plano, TX 75093	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/09/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Vice President Name and Address of Employer Scholastic Washington, DC		
Aggregate Year-To-date			\$ 250.00
33. Full Name, Mailing Address and Zip Code Cordierro Richardson 15455 Ella Blvd #43, Houston, TX 77090	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/15/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Design Consultant Name and Address of Employer KB Home Washington, DC		
Aggregate Year-To-date			\$ 100.00
34. Full Name, Mailing Address and Zip Code Claude Elliott 428 Mellon St SE, Washington, DC 20032	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/16/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer Not Employed Washington, DC		
Aggregate Year-To-date			\$ 50.00
35. Full Name, Mailing Address and Zip Code Marc Cross P.O. Box 116, Owings Mills, MD 21117	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) 07/17/2015	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Financial Advisor Name and Address of Employer T.Rowe Price Washington, DC		
Aggregate Year-To-date			\$ 150.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

36. Full Name, Mailing Address and Zip Code Marla Mitchell 3509 Lake Avenue Apt 1224, Columbia, SC 29206	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/17/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation CEO Name and Address of Employer EduCare Unlimited Consulting Washington, DC		
Aggregate Year-To-date			\$ 100.00
37. Full Name, Mailing Address and Zip Code Carolyn French 4214 Eads St., NE, Washington, DC 20019	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) 07/18/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer Retired Washington, DC		
Aggregate Year-To-date			\$ 50.00
38. Full Name, Mailing Address and Zip Code Gary Coates 4914 Cooper Road, Unit #42891, Cincinnati, OH 45242	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/18/2015	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Chief of Prosthetics Name and Address of Employer Veterans Affairs Washington, DC		
Aggregate Year-To-date			\$ 200.00
39. Full Name, Mailing Address and Zip Code Jelani Jabari 18701 Grand River #151, Detroit, MI 48223	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/20/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Education Washington, MI		
Aggregate Year-To-date			\$ 25.00
40. Full Name, Mailing Address and Zip Code Nettie Vaughn 6989 Calderwood Drive, Cane Ridge, TN 37013	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/20/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Teacher Name and Address of Employer Nashville Public Schools Washington, DC		
Aggregate Year-To-date			\$ 100.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

41. Full Name, Mailing Address and Zip Code Gerri Bohanan 4202 Elderon Ave , Baltimore, MD 21215	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/20/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation BTU Liaison for Support Services Name and Address of Employer BCPS/BTU Washington, MD		
Aggregate Year-To-date			\$ 100.00
42. Full Name, Mailing Address and Zip Code Rosa Lee 227 Anacostia Avenue NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/20/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer Retired Washington, DC		
Aggregate Year-To-date			\$ 100.00
43. Full Name, Mailing Address and Zip Code David Alaga 5213 B St., SE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/21/2015	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Owner Name and Address of Employer Malolo's Bed & Breakfast Washington, DC		
Aggregate Year-To-date			\$ 500.00
44. Full Name, Mailing Address and Zip Code Olutosin Okusaga 243 33rd St NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/21/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Anesthesiologist Assistant Name and Address of Employer Washington Hospital Center Washington, DC		
Aggregate Year-To-date			\$ 100.00
45. Full Name, Mailing Address and Zip Code Kim Eldridge 625 Monroe Street Ne, Washington, DC 20017	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/22/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Education Name and Address of Employer Trinity Washington University Washington, DC		
Aggregate Year-To-date			\$ 25.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

46. Full Name, Mailing Address and Zip Code Ying-Ying Wang 2800 Woodley Rd NW Apt 306, Washington, DC 20008	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/22/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Beghou Consulting Washington, DC		
Aggregate Year-To-date			\$ 25.00
47. Full Name, Mailing Address and Zip Code Patricia Evans 3140 Westover Dr SE, Washington, DC 20020	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) 07/23/2015	Amount of Each Receipt This Period \$ 75.00
Contributor Type Individual	Occupation Associate Director Name and Address of Employer DC Human Resources Washington, DC		
Aggregate Year-To-date			\$ 75.00
48. Full Name, Mailing Address and Zip Code David Belt 3940 Benning Rd. N.E., Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/23/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 50.00
49. Full Name, Mailing Address and Zip Code Jonathan Gentry 29 46th Street SE #10, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/23/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation I.T. Name and Address of Employer Self Employed Washington, DC		
Aggregate Year-To-date			\$ 100.00
50. Full Name, Mailing Address and Zip Code Omolara Layeni 7020 Woodstream Lane, Lanham, MD 20706	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/23/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Physician Assistant Name and Address of Employer UNI Urgent Care Washington, DC		
Aggregate Year-To-date			\$ 25.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

51. Full Name, Mailing Address and Zip Code Dr. William Clay 204 East Mill, Capitol Heights, MD 20743	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/23/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation SELF Name and Address of Employer RRR L.L.C. Washington, DC		
Aggregate Year-To-date		\$ 50.00	
52. Full Name, Mailing Address and Zip Code James Jackson 415 19th Street NE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/24/2015	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation DC Government Name and Address of Employer Admin Program Officer Washington, DC		
Aggregate Year-To-date		\$ 500.00	
53. Full Name, Mailing Address and Zip Code Major Lewis 12204 Arrow Park Drive, Fort Washington, MD 20744	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/24/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Manager, Corporate Health Exchange Name and Address of Employer CareFirst BlueCross BlueShield Washington, DC		
Aggregate Year-To-date		\$ 100.00	
54. Full Name, Mailing Address and Zip Code Stuart Washington 1414 17th 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 checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/25/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Property Manager Name and Address of Employer William C. Smith & Co., Inc. Washington, DC		
Aggregate Year-To-date		\$ 100.00	
55. Full Name, Mailing Address and Zip Code Rufus Norris 2558 Naylor Road, SE #302, 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) 07/26/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer Retired Washington, DC		
Aggregate Year-To-date		\$ 100.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

56. Full Name, Mailing Address and Zip Code James Laws 6739 13th Place, NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/26/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Education Name and Address of Employer Dept. of Education Washington, DC		
Aggregate Year-To-date		\$ 100.00	
57. Full Name, Mailing Address and Zip Code Mary Thomas 4713 Lake Champlain Ln , Austin, TX 78754	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/26/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Educator Name and Address of Employer Austin ISD Washington, DC		
Aggregate Year-To-date		\$ 100.00	
58. Full Name, Mailing Address and Zip Code Ronald Streff 4915 Central Ave NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/26/2015	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Director of Business Intelligence Name and Address of Employer American Land Title Association Washington, DC		
Aggregate Year-To-date		\$ 500.00	
59. Full Name, Mailing Address and Zip Code Chris and Maria Earley 2211 31st street SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/27/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Banker/Lawyer Name and Address of Employer Capital One/Sidley Austin LLP Washington, DC		
Aggregate Year-To-date		\$ 100.00	
60. Full Name, Mailing Address and Zip Code Steven Niederman 9208 rosehill drive, Bethesda, MD 20817	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/27/2015	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Self Employed Washington, DC		
Aggregate Year-To-date		\$ 500.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

61. Full Name, Mailing Address and Zip Code Maceo Thomas 3802 East Capitol St., NE, Washington, DC 20019	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) 07/28/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer Self-Employed Washington, DC		
Aggregate Year-To-date		\$ 100.00	
62. Full Name, Mailing Address and Zip Code Tina Thompson 4562 Texas Avenue SE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/28/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Academic Intervention Coach Name and Address of Employer DCPS Washington, DC		
Aggregate Year-To-date		\$ 50.00	
63. Full Name, Mailing Address and Zip Code Patrick Jordan PO Box 74, Garrett Park, MD 20896	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/28/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Community Development Specialist Name and Address of Employer Enterprise Community Partners Washington, DC		
Aggregate Year-To-date		\$ 50.00	
64. Full Name, Mailing Address and Zip Code Linda Gray 6430 Blair Road NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/28/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 50.00	
65. Full Name, Mailing Address and Zip Code Babatunde Oloyede 7 Goodman Street North, Rochester, NY 14607	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/28/2015	Amount of Each Receipt This Period \$ 7.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 7.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

66. Full Name, Mailing Address and Zip Code Katrina Dunigan 28643 Red Leaf Lane, Southfield, MI 48075	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/28/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Educator Name and Address of Employer Detroit Public Schools Washington, DC		
Aggregate Year-To-date		\$ 250.00	
67. Full Name, Mailing Address and Zip Code Earl Williams 2914 W Street 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) 07/29/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Name and Address of Employer Retired Washington, DC		
Aggregate Year-To-date		\$ 330.00	
68. Full Name, Mailing Address and Zip Code Michael Chambers 5360 Gay St., NE, Washington, DC 20019	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) 07/29/2015	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Principal Name and Address of Employer Humanities In Public, LLC Washington, DC		
Aggregate Year-To-date		\$ 150.00	
69. Full Name, Mailing Address and Zip Code Humanities in Public, LLC 5360 Gay St., NE, Washington, DC 20019	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) 07/29/2015	Amount of Each Receipt This Period \$ 200.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 200.00	
70. Full Name, Mailing Address and Zip Code Ella Peete 1388 Tuckerman 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) 07/29/2015	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer Retired Washington, DC		
Aggregate Year-To-date		\$ 200.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

71. Full Name, Mailing Address and Zip Code Frederick Hill 1425 Bangor St., SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/29/2015	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Owner Name and Address of Employer Gotta Go Now, LLC Washington, DC		
Aggregate Year-To-date			\$ 500.00
72. Full Name, Mailing Address and Zip Code Kweku Toure 3407 12th Street, NE, Washington, DC 20017	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/29/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Lawyer Name and Address of Employer Self Washington, DC		
Aggregate Year-To-date			\$ 250.00
73. Full Name, Mailing Address and Zip Code Jeanne Contardo 3209 Alabama Ave SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/29/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Executive Director Name and Address of Employer Excelsior College Washington, DC		
Aggregate Year-To-date			\$ 50.00
74. Full Name, Mailing Address and Zip Code Cinque Culver 228 34th Street NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/29/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Principal Name and Address of Employer Culver Celeritas Inc. Washington, DC		
Aggregate Year-To-date			\$ 250.00
75. Full Name, Mailing Address and Zip Code Abram Spencer III 5418 Whisperwood Dr, Durham, NC 27713	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/29/2015	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Sales Consultant Name and Address of Employer CarMax Washington, DC		
Aggregate Year-To-date			\$ 150.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

76. Full Name, Mailing Address and Zip Code Christina Sturdivant 3325 Baker St. NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/29/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Journalist Name and Address of Employer Freelance Washington, DC		
Aggregate Year-To-date			\$ 25.00
77. Full Name, Mailing Address and Zip Code 7/29/2015 16:18 25 Sudie 1995 46th Street, SE , Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/29/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Program Analyst Name and Address of Employer Government of District of Columbia Washington, DC		
Aggregate Year-To-date			\$ 25.00
78. Full Name, Mailing Address and Zip Code Darlene Brownlee 3343 clay street ne, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/29/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed Washington, DC		
Aggregate Year-To-date			\$ 25.00
79. Full Name, Mailing Address and Zip Code Tanisha Hanible 305 47th ST NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/29/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Prince George's County Public Schools Name and Address of Employer Family & Comm Engagement Specialist Washington, DC		
Aggregate Year-To-date			\$ 100.00
80. Full Name, Mailing Address and Zip Code Kia Chatmon 303 42nd Street, NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/29/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 25.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

81. Full Name, Mailing Address and Zip Code Michael Chamber 5360 Gay St., NE, Washington, DC 20019	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) Meet & Greet	Date (month, day, year) 07/29/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Principal Name and Address of Employer Humanities In Public, LLC Washington, DC		
Aggregate Year-To-date			\$ 150.00
82. Full Name, Mailing Address and Zip Code Cordierro Richardson 15455 Ella Blvd #43, Houston, TX 77090	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/30/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Design Consultant Name and Address of Employer KB Home Washington, DC		
Aggregate Year-To-date			\$ 200.00
83. Full Name, Mailing Address and Zip Code Cynthia Graddy 1108 Holbrook Terrace NE, Unit 1, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/30/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation NDA Name and Address of Employer Meeting Planner Washington, DC		
Aggregate Year-To-date			\$ 50.00
84. Full Name, Mailing Address and Zip Code Tischa Cockrell 5521 Chillum Place NE, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/30/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Analyst Name and Address of Employer E-Management Washington, DC		
Aggregate Year-To-date			\$ 25.00
85. Full Name, Mailing Address and Zip Code Olukayode Okusaga 243 33rd St NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/30/2015	Amount of Each Receipt This Period \$ 47.00
Contributor Type Individual	Occupation Engineer Name and Address of Employer Johns Hopkins Washington, DC		
Aggregate Year-To-date			\$ 47.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

86. Full Name, Mailing Address and Zip Code Kristiana Hamilton 2806 Apple Creek Circle, Bryan, TX 77802	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Teacher Name and Address of Employer College Station ISD , DC		
Aggregate Year-To-date			\$ 25.00
87. Full Name, Mailing Address and Zip Code John Hyland 15437 Smithaven Pl, Centreville, VA 20120	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Sales Name and Address of Employer Experient , DC		
Aggregate Year-To-date			\$ 25.00
88. Full Name, Mailing Address and Zip Code Myron Smith 4633 East Capitol St. SE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Statistician Name and Address of Employer Department of Commerce Washington, DC		
Aggregate Year-To-date			\$ 50.00
89. Full Name, Mailing Address and Zip Code Edward Hill 1423 Trinidad Ave, NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Manager Name and Address of Employer Federal Government Washington, DC		
Aggregate Year-To-date			\$ 50.00
90. Full Name, Mailing Address and Zip Code Sherrell Jennings 4254 East Capitol Street, NE #103, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Staff Assistant Name and Address of Employer DC Government Washington, DC		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

91. Full Name, Mailing Address and Zip Code Patricia Montegut 728 Adrian Street SE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed Washington, DC		
Aggregate Year-To-date		\$ 500.00	
92. Full Name, Mailing Address and Zip Code Yurii Land 6480 South Downing Street, Littleton, CO 80121	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Meeting Planner Name and Address of Employer Experient Washington, DC		
Aggregate Year-To-date		\$ 25.00	
93. Full Name, Mailing Address and Zip Code Clifford Willis 344 11th Street, SE, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Real Estate Agent Name and Address of Employer Coldwell Bankers Residential Brokerage Washington, DC		
Aggregate Year-To-date		\$ 25.00	
94. Full Name, Mailing Address and Zip Code Eugene Cox Jr. PO Box 3143, Merrifield, VA 22116	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 5.00
Contributor Type Individual	Occupation PT Sales Name and Address of Employer Macy's , DC		
Aggregate Year-To-date		\$ 5.00	
95. Full Name, Mailing Address and Zip Code Celia Anderson 2120 S Jackson, Little Rock, AR 72204	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Sales Director Name and Address of Employer Little Rock CVB Washington, DC		
Aggregate Year-To-date		\$ 100.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

96. Full Name, Mailing Address and Zip Code Dionna Lewis 3958 Blaine St. NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Fay Law Group, PLLC Washington, DC		
Aggregate Year-To-date		\$ 100.00	
97. Full Name, Mailing Address and Zip Code Koura Gibson 3112 Westover Drive, SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 20.00
Contributor Type Individual	Occupation Teacher Name and Address of Employer DCPS Washington, DC		
Aggregate Year-To-date		\$ 20.00	
98. Full Name, Mailing Address and Zip Code Sharon Culver 318 34th place ne, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Teacher Name and Address of Employer PGCPS Washington, DC		
Aggregate Year-To-date		\$ 50.00	
99. Full Name, Mailing Address and Zip Code Lisa White 554 25th Place NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Auditor Name and Address of Employer DC Government Washington, DC		
Aggregate Year-To-date		\$ 25.00	
100. Full Name, Mailing Address and Zip Code Fred Bridges 4401 Palmer dr, Mansfield, TX 76063	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Sales Manager Name and Address of Employer Self Employed Washington, DC		
Aggregate Year-To-date		\$ 50.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

101. Full Name, Mailing Address and Zip Code Bridget Ware 15509 Baileys Lane, Silver Spring, MD 20906	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Public Health Analyst Name and Address of Employer US DHHS Washington, DC		
Aggregate Year-To-date			\$ 50.00
102. Full Name, Mailing Address and Zip Code Marietta English 8222 Scotts Level Road, Pikesville, MD 21208	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Educator Name and Address of Employer Baltimore Teachers Union Washington, DC		
Aggregate Year-To-date			\$ 250.00
103. Full Name, Mailing Address and Zip Code Ida Love 22 Parkstone Ct, Stone Mountain , GA 30087	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed Washington, DC		
Aggregate Year-To-date			\$ 50.00
104. Full Name, Mailing Address and Zip Code Kim Eldridge 625 Monroe Street NE #181, Washington, DC 20017	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Education Name and Address of Employer Trinity Washington University Washington, DC		
Aggregate Year-To-date			\$ 100.00
105. Full Name, Mailing Address and Zip Code Monica Walker 3905 Georgia ave, Kansas City , KS 66104	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 7.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 7.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Potillo for Council 2016 Exploratory Committee

106. Full Name, Mailing Address and Zip Code Keith Robinson 6412 Blair Rd NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Engineer Name and Address of Employer Mahan Consulting Washington, DC		
Aggregate Year-To-date			\$ 100.00
107. Full Name, Mailing Address and Zip Code Jimell Sanders 4805 Meade Street Northeast, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation NA Name and Address of Employer NA , DC		
Aggregate Year-To-date			\$ 200.00
108. Full Name, Mailing Address and Zip Code Kimberly McLeod 20322 sequoia trace, Spring, TX 77379	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2015	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Teacher Name and Address of Employer HCDE Washington, DC		
Aggregate Year-To-date			\$ 250.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 16,786.00

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

Potillo for Council 2016 Exploratory Committee

1. Full Name, Mailing Address and Zip Code Culver Celeritas, Inc. 228 34th St., NE, Washington, DC 20019	Purpose of Expenditure Consultant	Date (month, day, year) 05/04/2015	Amount of Each Expenditure This Period \$ 1,000.00
Occupation	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code Culver Celeritas, Inc. 228 34th St., NE, Washington, DC 20019	Purpose of Expenditure Consultant	Date (month, day, year) 06/11/2015	Amount of Each Expenditure This Period \$ 1,000.00
Occupation	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code District Political 1790 Lanier Place, Washington, DC 20009	Purpose of Expenditure Consultant	Date (month, day, year) 06/15/2015	Amount of Each Expenditure This Period \$ 2,764.00
Occupation	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code Culver Celeritas, Inc. 228 34th St., NE, Washington, DC 20019	Purpose of Expenditure Consultant	Date (month, day, year) 07/18/2015	Amount of Each Expenditure This Period \$ 800.00
Occupation	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code District Political 1790 Lanier Place, NW, Washington, DC 20009	Purpose of Expenditure Consultant	Date (month, day, year) 07/24/2015	Amount of Each Expenditure This Period \$ 2,660.88
Occupation	Name and Address of Employer		
6. Full Name, Mailing Address and Zip Code Michael Chambers 5360 Gay St., NE, Washington, DC 20019	Purpose of Expenditure In-Kind	Date (month, day, year) 07/29/2015	Amount of Each Expenditure This Period \$ 65.00
Occupation Principal	Name and Address of Employer Humanities in Public, LLC 5360 Gay St., NE, Washington, DC 20019		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 8,289.88