



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

REPORT OF RECEIPTS AND EXPENDITURES  
FOR A CONSTITUENT-SERVICE PROGRAM

SUMMARY PAGE

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

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

CONSTITUENT-SERVICE PROGRAM SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR- TO-DATE
5. Covering Period <b>4/2/2017</b> through <b>7/1/2017</b>		
6. (a) Cash on Hand January 1		<b>\$ 0.00</b>
(b) Cash on Hand at Beginning of Reporting Period	<b>\$ 231.24</b>	
(c) Total Receipts (from Line (16))	<b>\$ 5,951.00</b>	<b>\$ 7,392.48</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B)	<b>\$ 6,182.24</b>	
7. Total Expenditures (from Line 24)	<b>\$ 2,167.16</b>	<b>\$ 3,377.40</b>
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	<b>\$ 4,015.08</b>	
9. Debts and Obligations Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule D)	<b>\$ 0.00</b>	<b>\$ 0.00</b>
10. (a) Loans Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule E)	<b>\$ 0.00</b>	<b>\$ 0.00</b>
(b) All Other Loans (itemize all on Schedule-E1)	<b>\$ 0.00</b>	<b>\$ 0.00</b>

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

(1) OATH OR AFFIRMATION OF ELECTED OFFICIAL IF FILING

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

**Mr. Trayon White**

TYPE OR PRINT FULL NAME OF ELECTED OFFICIAL

**ELECTRONICALLY CERTIFIED**

**07/03/2017**

SIGNATURE OF ELECTED OFFICIAL

DATE

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

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NOTARY PUBLIC

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

(2) OATH OR AFFIRMATION OF PROGRAM TREASURER

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

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TYPE OR PRINT FULL NAME OF TREASURER

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SIGNATURE OF TREASURER

DATE

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

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NOTARY PUBLIC

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

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

1. Full Name of Constituent-Service Program Do Something Constituents Fund	REPORT COVERING THE PERIOD FROM: <b>4/2/2017</b> TO: <b>7/1/2017</b>	
<b>I. RECEIPTS</b>	<b>COLUMN A THIS PERIOD</b>	<b>COLUMN B CUMULATIVE YEAR-TO-DATE</b>
<b>11. CONTRIBUTIONS (EXCLUDING LOANS) FROM:</b>		
(a) Itemized monetary contributions from other than the elected official (Schedule A)	\$ 5,951.00	\$ 5,951.00 11(a)
(b) Itemized monetary contributions from the elected official (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Contributions of personal property from other than the elected official (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) Contributions of Personal Property from the elected official (Schedule A-3)	\$ 0.00	\$ 0.00 11(d)
(e) Transfers from Authorized Committees (Schedule A-4)	\$ 0.00	\$ 1,441.48 11(e)
(f) Itemized Monetary Contributions in excess of \$10,000.00 from source not associated with the Elected Official or CSP (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) TOTAL Contributions- Excluding Loans (add lines 11(a) (b), (c), (d), (e) and (f))	\$ 5,951.00	\$ 7,392.48 11(g)
<b>12. SALES AND COLLECTIONS (Schedule C)</b>	\$ 0.00	\$ 0.00 12
<b>13. LOANS RECEIVED</b>		
(a) Made or guaranteed by the elected Official and or CSP (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) All other Loans (Schedule E-1)	\$ 0.00	\$ 0.00 13(b)
(c) TOTAL Loans (add Lines 13(a), and 13(b))	\$ 0.00	\$ 0.00 13(c)
<b>14. OTHER RECEIPTS (DIVIDENDS, INTEREST, etc.)(Schedule A-5)</b>	\$ 0.00	\$ 0.00 14
<b>15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)</b>	\$ 0.00	\$ 0.00 15
<b>16. TOTAL RECEIPTS</b> (add Lines 11(f), 12, 13(c), 14 and 15)	\$ 5,951.00	\$ 7,392.48 16
<b>II. EXPENDITURES</b>		
<b>17. OPERATING EXPENDITURES (Schedule B)</b>	\$ 2,067.16	\$ 3,277.40 17
<b>18. ALL OTHER EXPENDITURES (Schedule B-1)</b>	\$ 100.00	\$ 100.00 18
<b>19. LOAN REPAYMENTS:</b>		
(a) Loans made or guaranteed by the elected Official and/or Constituent Service Program (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) All other Loans (Schedule E-1)	\$ 0.00	\$ 0.00 19(b)
(c) TOTAL Loan Repayments (add Lines 19(a) and 19(b))	\$ 0.00	\$ 0.00 19(c)
<b>20. TOTAL EXPENDITURES</b> (add Lines 17, 18, and 19(c))	\$ 2,167.16	\$ 3,377.40 20
<b>III. CASH SUMMARY</b>		
<b>21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	231.24
<b>22. TOTAL RECEIPTS THIS PERIOD</b> (from Line 16)	\$	5,951.00
<b>23. SUBTOTAL</b> (add Lines 21 and 22)	\$	6,182.24
<b>24. TOTAL EXPENDITURES THIS PERIOD</b> (from Line 20)	\$	2,167.16
<b>25. CASH ON HAND AT CLOSE OF REPORTING PERIOD</b> (subtract Line 24 from Line 23)	\$	4,015.08

## ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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

Full Name of Constituent-Service Program

**Do Something Constituents Fund**

1. Full Name, Mailing Address and Zip Code <b>DCA Hadley LTACH, LLC</b> <b>4601 Martin Luther King, Jr. Avenue, SW,</b> <b>Washington, DC 20032</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/03/2017</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
2. Full Name, Mailing Address and Zip Code <b>Metropolitan Washington Political Action</b> <b>1050 17th Street, NW Suite 300, Washington,</b> <b>DC 20036</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/16/2017</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> PAC	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
3. Full Name, Mailing Address and Zip Code <b>Corey Arnez Griffin</b> <b>1515 Lawrence Street, NE, Washington, DC</b> <b>20017</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/17/2017</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Owner</b> Name and Address of Employer <b>2Gip, LLC</b> <b>2901 14th Street, NW, Washington, DC 20009</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
4. Full Name, Mailing Address and Zip Code <b>Manatt, Phelps &amp; Phillips</b> <b>1050 Connecticut Avenue, NW, Washington, DC</b> <b>20036</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/17/2017</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
5. Full Name, Mailing Address and Zip Code <b>Donnie Shaw Jr.</b> <b>1837 Monroe Street, NE, Washington, DC 20018</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Communications Director</b> Name and Address of Employer <b>YMCA</b> <b>1112 16th Street, NW, Washington, DC 20036</b>		

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Full Name of Constituent-Service Program

**Do Something Constituents Fund**

	Aggregate Year-To-date		<b>\$ 100.00</b>
6. Full Name, Mailing Address and Zip Code <b>Denise Wright</b> <b>219 R Street, SE, Washington, DC 20020</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Psychologist</b> Name and Address of Employer <b>District of Columbia</b> <b>899 North Capitol Street, NE, Washington, DC 20002</b>		
	Aggregate Year-To-date		<b>\$ 50.00</b>
7. Full Name, Mailing Address and Zip Code <b>Melissa Clarke</b> <b>4660 Martin Luther King, Jr. Avenue, SE, Washington, DC 20032</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Physician</b> Name and Address of Employer <b>Medical Home Development Group</b> <b>1647 Benning Road, NE, Suite 200, Washington, DC 20002</b>		
	Aggregate Year-To-date		<b>\$ 100.00</b>
8. Full Name, Mailing Address and Zip Code <b>Harry Dunstan III</b> <b>1801 16th Street, NW, Washington, DC 20009</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Broker</b> Name and Address of Employer <b>Coldwell Bank</b> <b>1617 14th Street, NW, Washington, DC 20009</b>		
	Aggregate Year-To-date		<b>\$ 100.00</b>
9. Full Name, Mailing Address and Zip Code <b>Pat Faggett</b> <b>4013 16th Street, NW, Washington, DC 20009</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Patient Navigator</b> Name and Address of Employer <b>DC Healthlink</b> <b>1207 Taylor Street, NE, Washington, DC 20011</b>		
	Aggregate Year-To-date		<b>\$ 100.00</b>

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Full Name of Constituent-Service Program

**Do Something Constituents Fund**

10. Full Name, Mailing Address and Zip Code <b>John Zottoli</b> <b>3025 Ontario Road, NW #504, Washington, DC</b> <b>20009</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>None</b> <b>Washington, DC</b>		
Aggregate Year-To-date		<b>\$ 100.00</b>	
11. Full Name, Mailing Address and Zip Code <b>James W. Linhares</b> <b>500 Madison Street #502, Alexandria, VA 22314</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Chief Executive Officer Name and Address of Employer <b>Bridgepoint</b> <b>700 Constitution Avenue, NE, Washington, DC</b> <b>20002</b>		
Aggregate Year-To-date		<b>\$ 100.00</b>	
12. Full Name, Mailing Address and Zip Code <b>Karen M. Dale</b> <b>P.O. Box 4353, Upper Marlboro, MD 20775</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Chief Executive Officer Name and Address of Employer <b>Amerihealth Caritas DC</b> <b>1120 Vermont Avenue, NW, Suite 200 , Washington, DC 20005</b>		
Aggregate Year-To-date		<b>\$ 150.00</b>	
13. Full Name, Mailing Address and Zip Code <b>Clifford Barnes</b> <b>4326 Davenport Street, NW, Washington, DC</b> <b>20016</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney Name and Address of Employer <b>Epstein, Becker, Green</b> <b>1227 25th Street, NW, Suite 700, Washington, DC</b> <b>20037</b>		
Aggregate Year-To-date		<b>\$ 200.00</b>	

## ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

**Do Something Constituents Fund**

14. Full Name, Mailing Address and Zip Code <b>Robin Maria Barclay</b> <b>7707 Wisconsin Avenue #248, Bethesda, MD</b> <b>20814</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Development Director</b> Name and Address of Employer <b>Trusted Health Plan</b> <b>1100 New Jersey Avenue, SE, Washington, DC</b> <b>20003</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
15. Full Name, Mailing Address and Zip Code <b>Veronica Sharpe</b> <b>102 Oakford Avenue, Edgewater, MD 21037</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>President</b> Name and Address of Employer <b>DC Health Care Association</b> <b>1220 L Street, NW #100, Washington, DC 20005</b>		
Aggregate Year-To-date		<b>\$ 200.00</b>	
16. Full Name, Mailing Address and Zip Code <b>M. Jones Companies, LLC</b> <b>1905 Brentwood Road, NE, Washington, DC</b> <b>20018</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date		<b>\$ 200.00</b>	
17. Full Name, Mailing Address and Zip Code <b>Manisha Singal</b> <b>1801 16th Street, NW, Apt 706, Washington, DC</b> <b>20009</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 201.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Physician</b> Name and Address of Employer <b>Bridgepoint</b> <b>700 Constitution Avenue, NE, Washington, DC</b> <b>20002</b>		
Aggregate Year-To-date		<b>\$ 201.00</b>	

## ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

**Do Something Constituents Fund**

18. Full Name, Mailing Address and Zip Code <b>Robin Maria Barclay</b> <b>7707 Wisconsin Avenue #248, Bethesda, MD</b> <b>20814</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Development Director</b> Name and Address of Employer <b>Trusted Health Plan</b> <b>1100 New Jersey Avenue, SE, Washington, DC</b> <b>20003</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
19. Full Name, Mailing Address and Zip Code <b>Ishaan Patel</b> <b>1801 16th Street, NW #412, Washington, DC</b> <b>20009</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 350.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Lawyer</b> Name and Address of Employer <b>McGuire Woods</b> <b>2001 K Street, NW #400, Washington, DC 20006</b>		
Aggregate Year-To-date		<b>\$ 350.00</b>	
20. Full Name, Mailing Address and Zip Code <b>Cynthia Brock-Smith</b> <b>2939 Fort Baker Drive, SE, Washington, DC</b> <b>20020</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Assistant Vice President</b> Name and Address of Employer <b>Howard University</b> <b>2400 6th Street, NW, Washington, DC 20059</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
21. Full Name, Mailing Address and Zip Code <b>Kerry S Pearson, LLC</b> <b>750 3rd Street, NW Suite 404, Washington, DC</b> <b>20001</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date		<b>\$ 500.00</b>	
22. Full Name, Mailing Address and Zip Code <b>James Hudson</b> <b>2200 20th Street, NW, Washington, DC 20009</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>05/18/2017</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Lawyer</b> Name and Address of Employer <b>Self-Employed</b> <b>2200 20th Street, NW, Washington, DC 20009</b>		



## ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

**\$ 5,951.00**

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**Full Name of Constituent-Service Program**

**Do Something Constituents Fund**

1. Full Name, Mailing Address and Zip Code <b>MailChimp.com</b> <b>675 Ponce DeLeon Avenue, NE,</b> <b>Atlanta, GA 30308</b>	Purpose of Expenditure <b>Computer and Web Expenses</b>	Date (month, day, year) <b>04/07/2017</b>	Amount of Each Expenditure This Period  <b>\$ 27.00</b>
2. Full Name, Mailing Address and Zip Code <b>Industrial Bank</b> <b>4812 Georgia Avenue, NW,</b> <b>Washington, DC 20011</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>04/07/2017</b>	Amount of Each Expenditure This Period  <b>\$ 14.00</b>
3. Full Name, Mailing Address and Zip Code <b>Industrial Bank</b> <b>4812 Georgia Avenue, NW,</b> <b>Washington, DC 20011</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>05/09/2017</b>	Amount of Each Expenditure This Period  <b>\$ 14.00</b>
4. Full Name, Mailing Address and Zip Code <b>Dianna Robinson</b> <b>2617 Douglass Road, SE #402,</b> <b>Washington, DC 20020</b>	Purpose of Expenditure <b>Consultant</b>	Date (month, day, year) <b>05/13/2017</b>	Amount of Each Expenditure This Period  <b>\$ 625.00</b>
5. Full Name, Mailing Address and Zip Code <b>Spirit Airlines</b> <b>2800 Executive Way, Miramar, FL</b> <b>33025</b>	Purpose of Expenditure <b>Travel</b>	Date (month, day, year) <b>05/22/2017</b>	Amount of Each Expenditure This Period  <b>\$ 63.00</b>
6. Full Name, Mailing Address and Zip Code <b>Uber Technologies</b> <b>182 Howard Street #8, San Francisco,</b> <b>CA 94105</b>	Purpose of Expenditure <b>Travel</b>	Date (month, day, year) <b>05/24/2017</b>	Amount of Each Expenditure This Period  <b>\$ 45.26</b>
7. Full Name, Mailing Address and Zip Code <b>Desert Cab</b> <b>4675 Wynn Road, Las Vegas, NV</b> <b>89107</b>	Purpose of Expenditure <b>Travel</b>	Date (month, day, year) <b>05/25/2017</b>	Amount of Each Expenditure This Period  <b>\$ 68.17</b>
8. Full Name, Mailing Address and Zip Code <b>Uber Technologies</b> <b>182 Howard Street #8, San Francisco,</b> <b>CA 94105</b>	Purpose of Expenditure <b>Travel</b>	Date (month, day, year) <b>05/25/2017</b>	Amount of Each Expenditure This Period  <b>\$ 6.02</b>
9. Full Name, Mailing Address and Zip Code <b>Industrial Bank</b> <b>4812 Georgia Avenue, NW,</b> <b>Washington, DC 20011</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>05/25/2017</b>	Amount of Each Expenditure This Period  <b>\$ 8.00</b>
10. Full Name, Mailing Address and Zip Code <b>Organic Good</b> <b>2014 Rhode Island Avenue, NE,</b> <b>Washington, DC 20018</b>	Purpose of Expenditure <b>Supplies</b>	Date (month, day, year) <b>05/26/2017</b>	Amount of Each Expenditure This Period  <b>\$ 1,000.00</b>
11. Full Name, Mailing Address and Zip Code <b>Industrial Bank</b> <b>4812 Georgia Avenue, NW,</b> <b>Washington, DC 20011</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>05/26/2017</b>	Amount of Each Expenditure This Period  <b>\$ 15.00</b>
12. Full Name, Mailing Address and Zip Code <b>Industrial Bank</b> <b>4812 Georgia Avenue, NW,</b> <b>Washington, DC 20011</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>06/09/2017</b>	Amount of Each Expenditure This Period  <b>\$ 14.00</b>

13. Full Name, Mailing Address and Zip Code <b>Uber Technologies</b> <b>182 Howard Street #8, San Francisco,</b> <b>CA 94105</b>	Purpose of Expenditure <b>Travel</b>	Date (month, day, year) <b>06/12/2017</b>	Amount of Each Expenditure This Period  <b>\$ 2.84</b>
14. Full Name, Mailing Address and Zip Code <b>Deluxe Business Systems</b> <b>3680 Victoria Street, North, St. Paul,</b> <b>MN 55126</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>06/19/2017</b>	Amount of Each Expenditure This Period  <b>\$ 164.87</b>
TOTAL This Period (aggregate the subtotal of all expenditure pages)			<b>\$ 2,067.16</b>

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Full Name of Constituent-Service Program  
Do Something Constituents Fund

1. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
Pat Faggett 4013 16th Street, NW, Washington, DC 20009	Return Check 174 from 5-18-2017	05/25/2017	\$ 100.00