



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>Mayor Bowser's Constituent Service Fund</b>	2. OCF Identification Number <b>CSSMYR146587</b>
Address (Number and Street) <b>1625 K Street, NW, Suite 700</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 20004</b>	

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

CONSTITUENT-SERVICE PROGRAM SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR- TO-DATE
5. Covering Period <b>7/2/2017</b> through <b>10/1/2017</b>		
6. (a) Cash on Hand January 1		<b>\$ 0.00</b>
(b) Cash on Hand at Beginning of Reporting Period	<b>\$ 83,545.94</b>	
(c) Total Receipts (from Line (16))	<b>\$ 6,090.00</b>	<b>\$ 6,090.00</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B)	<b>\$ 89,635.94</b>	
7. Total Expenditures (from Line 24)	<b>\$ 8,456.85</b>	<b>\$ 11,956.85</b>
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	<b>\$ 81,179.09</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.

TYPE OR PRINT FULL NAME OF ELECTED OFFICIAL

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.

**Mr. Robert Bo Shuff**

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TYPE OR PRINT FULL NAME OF TREASURER

**ELECTRONICALLY CERTIFIED**

**10/02/2017**

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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 Mayor Bowser's Constituent Service Fund	REPORT COVERING THE PERIOD FROM: <b>7/2/2017</b> TO: <b>10/1/2017</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)	\$ 6,090.00	\$ 6,090.00 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	\$ 0.00 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))	\$ 6,090.00	\$ 6,090.00 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)	\$ 6,090.00	\$ 6,090.00 16
<b>II. EXPENDITURES</b>		
<b>17. OPERATING EXPENDITURES (Schedule B)</b>	\$ 0.00	\$ 0.00 17
<b>18. ALL OTHER EXPENDITURES (Schedule B-1)</b>	\$ 8,456.85	\$ 11,956.85 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))	\$ 8,456.85	\$ 11,956.85 20
<b>III. CASH SUMMARY</b>		
<b>21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	83,545.94
<b>22. TOTAL RECEIPTS THIS PERIOD</b> (from Line 16)	\$	6,090.00
<b>23. SUBTOTAL</b> (add Lines 21 and 22)	\$	89,635.94
<b>24. TOTAL EXPENDITURES THIS PERIOD</b> (from Line 20)	\$	8,456.85
<b>25. CASH ON HAND AT CLOSE OF REPORTING PERIOD</b> (subtract Line 24 from Line 23)	\$	81,179.09

## 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

**Mayor Bowser's Constituent Service Fund**

1. Full Name, Mailing Address and Zip Code <b>Anthony Roberson</b> <b>4500 South Dakota Ave NE, Washington, DC 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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Consultant</b> Name and Address of Employer <b>Life Stride</b> <b>Washington, DC</b>		
Aggregate Year-To-date		<b>\$ 25.00</b>	
2. Full Name, Mailing Address and Zip Code <b>Jakeline Reyes Yanes</b> <b>4643 Hilltop Terr SE, Washington, DC 20019</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Executive Office of the Mayor</b> Name and Address of Employer <b>DC Government</b> <b>Washington, DC</b>		
Aggregate Year-To-date		<b>\$ 150.00</b>	
3. Full Name, Mailing Address and Zip Code <b>Mahesh Tyagi</b> <b>18715 Olney Mill Dr, Olney, MD 20832</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Professor</b> Name and Address of Employer <b>Montgomery College</b> <b>Washington, DC</b>		
Aggregate Year-To-date		<b>\$ 100.00</b>	
4. Full Name, Mailing Address and Zip Code <b>Renee McCoy-Collins</b> <b>4708 Blogden Terr NW, Washington, DC 20011</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Oral Surgeon</b> Name and Address of Employer <b>SELF</b> <b>Washington, DC</b>		
Aggregate Year-To-date		<b>\$ 100.00</b>	
5. Full Name, Mailing Address and Zip Code <b>Miriam Linder</b> <b>1525 33rd St NW, Washington, DC 20007</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Self</b> Name and Address of Employer <b>Self</b> <b>Washington, DC</b>		

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Full Name of Constituent-Service Program

**Mayor Bowser's Constituent Service Fund**

	Aggregate Year-To-date		<b>\$ 500.00</b>
6. Full Name, Mailing Address and Zip Code <b>Russell Linder</b> <b>1025 Thomas Jefferson St , Washington, DC</b> <b>20007</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>CEO</b> Name and Address of Employer <b>The Forge Group</b> <b>Washington, DC</b>		
	Aggregate Year-To-date		<b>\$ 500.00</b>
7. Full Name, Mailing Address and Zip Code <b>Lori Parris</b> <b>3118 16th St 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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Dep Director</b> Name and Address of Employer <b>DC Government</b> <b>Washington, DC</b>		
	Aggregate Year-To-date		<b>\$ 100.00</b>
8. Full Name, Mailing Address and Zip Code <b>Melinda Bolling</b> <b>2108 31st ST 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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Director</b> Name and Address of Employer <b>DC Government</b> <b>Washington, DC</b>		
	Aggregate Year-To-date		<b>\$ 100.00</b>
9. Full Name, Mailing Address and Zip Code <b>Larry Henderson</b> <b>2025 Meadow Springs Dr, Vienna, VA 22182</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Executive</b> Name and Address of Employer <b>Alpha Omega Integration</b> <b>Washington, DC</b>		
	Aggregate Year-To-date		<b>\$ 100.00</b>

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Full Name of Constituent-Service Program

**Mayor Bowser's Constituent Service Fund**

10. Full Name, Mailing Address and Zip Code <b>Judi Gold</b> <b>1901 Ingleside Terr NW, Washington, DC 20010</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Director</b> Name and Address of Employer <b>DC Government</b> <b>Washington, DC</b>		
Aggregate Year-To-date			<b>\$ 300.00</b>
11. Full Name, Mailing Address and Zip Code <b>Kathleen Lineham</b> <b>1557 N Danville St, Arlington, VA 22201</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Engineer</b> Name and Address of Employer <b>CH2M</b> <b>Washington, DC</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
12. Full Name, Mailing Address and Zip Code <b>James Watson</b> <b>3218 10th Place 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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Contracting Officer</b> Name and Address of Employer <b>Department of Defense</b> <b>Washington, DC</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
13. Full Name, Mailing Address and Zip Code <b>Donna Dowdy</b> <b>P.O. Box 65926, Washington, DC 20035</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Actress</b> Name and Address of Employer <b>Self</b> <b>Washington, DC</b>		
Aggregate Year-To-date			<b>\$ 200.00</b>
14. Full Name, Mailing Address and Zip Code <b>Herman Taylor</b> <b>17505 Country View Way, Ashton, MD 20861</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>President</b> Name and Address of Employer <b>MBEC</b> <b>Washington, DC</b>		

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Full Name of Constituent-Service Program

**Mayor Bowser's Constituent Service Fund**

	Aggregate Year-To-date		<b>\$ 100.00</b>
15. Full Name, Mailing Address and Zip Code <b>Fostenia Baker</b> <b>502 Oglethorpe St NE, Washington, DC 20011</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
Contributor Type Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b> <b>Washington, DC</b>		
	Aggregate Year-To-date		<b>\$ 50.00</b>
16. Full Name, Mailing Address and Zip Code <b>Julio Guity</b> <b>3051 Idaho Ave NW #208, Washington, DC 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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
Contributor Type Individual	<b>Occupation Deputy Director</b> Name and Address of Employer <b>DC Government</b> <b>Washington, DC</b>		
	Aggregate Year-To-date		<b>\$ 50.00</b>
17. Full Name, Mailing Address and Zip Code <b>Moses Babatunde</b> <b>734 Delafield St NE, Washington, DC 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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
Contributor Type Individual	<b>Occupation Accountant</b> Name and Address of Employer <b>Cov Accounting Services</b> <b>Washington, DC</b>		
	Aggregate Year-To-date		<b>\$ 50.00</b>
18. Full Name, Mailing Address and Zip Code <b>Angie Gates</b> <b>701 12th St NE, Washington, DC 20006</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 40.00</b>
Contributor Type Individual	<b>Occupation Director</b> Name and Address of Employer <b>DC Government</b> <b>Washington, DC</b>		
	Aggregate Year-To-date		<b>\$ 40.00</b>

## ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

**Mayor Bowser's Constituent Service Fund**

19. Full Name, Mailing Address and Zip Code <b>Johnnie Scott Rice</b> 4262 Massachusetts Ave SE, Washington, DC 20019	<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>07/27/2017</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 Retired Washington, DC		
Aggregate Year-To-date			<b>\$ 100.00</b>
20. Full Name, Mailing Address and Zip Code <b>Tonyette Bables</b> 601 4th Street SW, Washington, DC 20024	<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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Program Analyst Name and Address of Employer GSA Washington, DC		
Aggregate Year-To-date			<b>\$ 25.00</b>
21. Full Name, Mailing Address and Zip Code <b>David Grogan</b> 15616 Everglade Lane, Bowie, MD 20716	<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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> VP for Government Relations Name and Address of Employer Interdynamics, Inc Washington, DC		
Aggregate Year-To-date			<b>\$ 50.00</b>
22. Full Name, Mailing Address and Zip Code <b>Marvin Briggs</b> 3287 15th Pl SE, Washington, DC 20020	<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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Records Management Specialist Name and Address of Employer DC Government Washington, DC		
Aggregate Year-To-date			<b>\$ 25.00</b>
23. Full Name, Mailing Address and Zip Code <b>Samuel McCoy</b> 7605 Morningside Dr NW, Washington, DC 20012	<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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer Retired Washington, DC		



## ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

**Mayor Bowser's Constituent Service Fund**

	Aggregate Year-To-date		<b>\$ 25.00</b>
24. Full Name, Mailing Address and Zip Code <b>U Street Parking, INC</b> <b>50 Rhode Island Ave NE, Washington, DC 20002</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
	Aggregate Year-To-date		<b>\$ 500.00</b>
25. Full Name, Mailing Address and Zip Code <b>APH Consulting Group</b> <b>2816 31st St 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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
	Aggregate Year-To-date		<b>\$ 25.00</b>
26. Full Name, Mailing Address and Zip Code <b>Blue Skye Construction LLC</b> <b>5101 MacArthur Blvd. NW Ste.200, Washington, DC 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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Limited Liability Company	Name and Address of Employer		
	Aggregate Year-To-date		<b>\$ 500.00</b>
27. Full Name, Mailing Address and Zip Code <b>Blue Skye Development</b> <b>5101 MacArthur Blvd. NW, Washington, DC 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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Limited Liability Company	Name and Address of Employer		
	Aggregate Year-To-date		<b>\$ 500.00</b>

## ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

**Mayor Bowser's Constituent Service Fund**

28. Full Name, Mailing Address and Zip Code <b>Manatt, Phelps &amp; Phillips LLP</b> <b>11355 W. Olympic Blvd, Los Angeles, CA 90057</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>07/27/2017</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>
29. Full Name, Mailing Address and Zip Code <b>Baltimore/Washington Construction &amp; Public Enterprises</b> <b>11451 Freedom Drive, Reston, VA 20190</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Labor	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 250.00</b>
30. Full Name, Mailing Address and Zip Code <b>Edison Legacy Holdings LLC</b> <b>3113 Lunar Ct, Laurel, MD 20724</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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 25.00</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>\$ 25.00</b>
31. Full Name, Mailing Address and Zip Code <b>BCG Holdings INC</b> <b>1354 W 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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 250.00</b>
32. Full Name, Mailing Address and Zip Code <b>Thomas Duncan</b> <b>4370 Westover Pl NE, Washington, DC 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>07/27/2017</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>CEO</b> Name and Address of Employer <b>Trusted Health</b> <b>Washington, DC</b>		

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Full Name of Constituent-Service Program

Mayor Bowser's Constituent Service Fund

	Aggregate Year-To-date	\$ 500.00
<div></div>		
TOTAL This Period (Aggregate of all Receipt pages)		\$ 6,090.00

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## Full Name of Constituent-Service Program

**Mayor Bowser's Constituent Service Fund**

1. Full Name, Mailing Address and Zip Code <b>Lamont Akins</b> <b>738 Longfellow St NW, Washington,</b> <b>DC 20011</b>	Purpose of Expenditure  <b>Refreshments for Tea</b>	Date (month, day, year)  <b>07/03/2017</b>	Amount of Each Expenditure This Period  <b>\$ 249.60</b>
2. Full Name, Mailing Address and Zip Code <b>The Salt Line</b> <b>79 Potomac Ave SE, Washington, DC</b> <b>20011</b>	Purpose of Expenditure  <b>Event Catering</b>	Date (month, day, year)  <b>07/27/2017</b>	Amount of Each Expenditure This Period  <b>\$ 5,207.25</b>
3. Full Name, Mailing Address and Zip Code <b>Stewart Funeral Home</b> <b>4001 Benning Rd NE, Washington, DC</b> <b>20019</b>	Purpose of Expenditure  <b>Funeral Support Donation</b>	Date (month, day, year)  <b>08/16/2017</b>	Amount of Each Expenditure This Period  <b>\$ 1,000.00</b>
4. Full Name, Mailing Address and Zip Code <b>Cease Fire....Don't Smoke the Brothers and S</b> <b>4708 14th Street NW, Washington, DC</b> <b>20011</b>	Purpose of Expenditure  <b>Annual Backpack Giveaway Support</b>	Date (month, day, year)  <b>08/25/2017</b>	Amount of Each Expenditure This Period  <b>\$ 1,000.00</b>
5. Full Name, Mailing Address and Zip Code <b>Anacostia Coordinating Council</b> <b>2401 Shannon Pl SE, Washington, DC</b> <b>20020</b>	Purpose of Expenditure  <b>Annual Boat Cruise Event Support</b>	Date (month, day, year)  <b>09/14/2017</b>	Amount of Each Expenditure This Period  <b>\$ 1,000.00</b>

TOTAL This Period (aggregate the subtotal of all expenditure pages)

**\$ 8,456.85**