



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) Holmes for DC	2. OCF Identification Number PCCCCL186908
Address 1527 17th Street, SE	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: **December 10th Report**

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 8/1/2017 through 12/10/2017		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 0.00	
(c) Total Receipts [from Line (16)]	\$ 6,495.00	\$ 6,495.00
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 6,495.00	
7. Total Expenditures (from Line 22)	\$ 242.81	\$ 242.81
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 6,252.19	
9. Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed By the Committee to the Candidate (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) Loans from other sources made to the Committee (itemize all on Schedule E-1)	\$ 0.00	\$ 0.00

CERTIFICATIONS/OATHS AND AFFIRMATIONS OF FILERS OF REPORTS OF RECEIPTS AND EXPENDITURES

(1) OATH OR AFFIRMATION OF CANDIDATE IF FILING

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

TYPE OR PRINT FULL NAME OF CANDIDATE

SIGNATURE OF CANDIDATE

DATE

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

NOTARY PUBLIC

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

(2) OATH OR AFFIRMATION OF COMMITTEE TREASURER

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

Mr. Jonas Singer

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

12/11/2017

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) Holmes for DC	REPORT COVERING THE PERIOD FROM: 8/1/2017 TO: 12/10/2017	
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)	\$ 6,495.00	\$ 6,495.00 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	\$ 0.00 11(d)
(e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the candidate or committee (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e) and (f)]	\$ 6,495.00	\$ 6,495.00 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS		
(a) Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 13(b)
(c) Total Loans [add Lines 13(a) and (b)]	\$ 0.00	\$ 0.00 13(c)
14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5)	\$ 0.00	\$ 0.00 14
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$ 0.00	\$ 0.00 15
16. TOTAL RECEIPTS [add Lines 11(g), 12, 13(c), 14 and 15]	\$ 6,495.00	\$ 6,495.00 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 242.81	\$ 242.81 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) Of Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 19(b)
(c) Total Loan Repayments [add Lines 19(a) and 19(b)]	\$ 0.00	\$ 0.00 19(c)
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Organizations Other Than Political Committees (Schedule B-2)	\$ 0.00	\$ 0.00 20(a)
(b) Political Party Committees (Schedule B-3)	\$ 0.00	\$ 0.00 20(b)
(c) Other Political Committees and PACs (Schedule B-4)	\$ 0.00	\$ 0.00 20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]	\$ 0.00	\$ 0.00 20(d)
21. OTHER EXPENDITURES		
(a) Independent Expenditures (Schedule B-5)	\$ 0.00	\$ 0.00 21(a)
(b) Offsets to Receipts (Schedule B-6)	\$ 0.00	\$ 0.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 0.00	\$ 0.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 242.81	\$ 242.81 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		6,495.00
25. SUBTOTAL (add Lines 23 and 24)		6,495.00
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)		242.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		6,252.19

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)

Holmes for DC

1. Full Name, Mailing Address and Zip Code Renita Depp 1220 Blair Mill Rd Apt 200, Silver Spring, MD 20910	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) 10/20/2017	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Federal Government Contract Name and Address of Employer Sevatec		
Aggregate Year-To-date			\$ 250.00
2. Full Name, Mailing Address and Zip Code Christopher Cox 12203 Pleasant Prospect Rd, Bowie, 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) 10/22/2017	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Consumer Safety Officer Name and Address of Employer FDA		
Aggregate Year-To-date			\$ 250.00
3. Full Name, Mailing Address and Zip Code Monique Diop 4660 Martin Luther King Jr Ave SW, 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) 10/27/2017	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Project Coordinator Name and Address of Employer Department of Justice		
Aggregate Year-To-date			\$ 50.00
4. Full Name, Mailing Address and Zip Code Joshua Elder 3054 Bridgeford Way, El Dorado Hills, CA 95762	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) 10/28/2017	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Physician Name and Address of Employer University of California		
Aggregate Year-To-date			\$ 1,000.00
5. Full Name, Mailing Address and Zip Code Tony Keith Jr 2225 Kearny St NE Apt 6, Washington, DC 20018	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) 10/31/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Educator Name and Address of Employer The Future Project		
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)

Holmes for DC

6. Full Name, Mailing Address and Zip Code Phil Goss 4929 Matapeakes Bounty Dr, Bowie, MD 20720	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) 10/31/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date		\$ 100.00	
7. Full Name, Mailing Address and Zip Code Tricia Parry 9907 Woodburn Rd, Silver Spring, MD 20901	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) 11/01/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation HR Name and Address of Employer None		
Aggregate Year-To-date		\$ 100.00	
8. Full Name, Mailing Address and Zip Code Kevin Holmes 5373 Racegate Run, Columbia, MD 21045	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) 11/02/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Self Name and Address of Employer K&W Janitorial LLC		
Aggregate Year-To-date		\$ 100.00	
9. Full Name, Mailing Address and Zip Code Lissette Duran 2605 Frederick Douglass Blvd, New York, NY 10030	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) 11/03/2017	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Paul Weiss Rifkind Wharton Garrison		
Aggregate Year-To-date		\$ 200.00	
10. Full Name, Mailing Address and Zip Code Sheba Cousins 1424 Howard Rd 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) 11/07/2017	Amount of Each Receipt This Period \$ 40.00
Contributor Type Individual	Occupation Govt Name and Address of Employer HUD		
Aggregate Year-To-date		\$ 40.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Holmes for DC

11. Full Name, Mailing Address and Zip Code Kevin Griffith 5190 Munich Pl, Dulles, VA 20189	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) 11/08/2017	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Accountant Name and Address of Employer DoS		
Aggregate Year-To-date			\$ 250.00
12. Full Name, Mailing Address and Zip Code Derick Martin 8110 Holly Ln, Clinton, MD 20735	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) 11/08/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Owner Name and Address of Employer Achieving Mental Victory LLC		
Aggregate Year-To-date			\$ 100.00
13. Full Name, Mailing Address and Zip Code Nicole Garner 6716 Edgemere Dr, Temple Hills, MD 20748	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) 11/10/2017	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation PT Name and Address of Employer Kaiser		
Aggregate Year-To-date			\$ 50.00
14. Full Name, Mailing Address and Zip Code Gregory Banks 200 Rhode Island Ave NE Apt 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) 11/11/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Program Specialist Name and Address of Employer District of Columbia		
Aggregate Year-To-date			\$ 100.00
15. Full Name, Mailing Address and Zip Code Karoline Mayr 42522 Benfold Sq, Ashburn, VA 20148	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) 11/11/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Director SalesDee Name and Address of Employer Deem		
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)

Holmes for DC

16. Full Name, Mailing Address and Zip Code Frank McDonough 25 Stiles Rd, South Yarmouth, MA 02664	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) 11/13/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 100.00
17. Full Name, Mailing Address and Zip Code Tiffany Williams 385 Ralph McGill Blvd NE Apt C, Atlanta, GA 30312	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) 11/13/2017	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Supply Chain Planner Name and Address of Employer CSM Bakery Solutions		
Aggregate Year-To-date			\$ 1,000.00
18. Full Name, Mailing Address and Zip Code Lakisha Owens 2313 Good Hope Ct 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) 11/13/2017	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Health Educator Name and Address of Employer Howard University		
Aggregate Year-To-date			\$ 50.00
19. Full Name, Mailing Address and Zip Code Brandon Cole 9305 Crystal Oaks Ln, Upper Marlboro, MD 20772	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) 11/13/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Governemr Employee Name and Address of Employer Dept of Commerce		
Aggregate Year-To-date			\$ 100.00
20. Full Name, Mailing Address and Zip Code Jess Johnson 2216 Martin Luther King Jr 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) 11/15/2017	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Principal Name and Address of Employer Stockbridge		
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)

Holmes for DC

21. Full Name, Mailing Address and Zip Code JUSTIN Cooper 10809 Tyrone Dr, Upper Marlboro, MD 20772	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) 11/16/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Financial Systems Consultant Name and Address of Employer Finit Solutions		
Aggregate Year-To-date			\$ 100.00
22. Full Name, Mailing Address and Zip Code Kendra Macko 3509 Sheffield Manor Ter, Silver Spring, MD 20904	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) 11/16/2017	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Special Educator Name and Address of Employer Capital City Public Charter School		
Aggregate Year-To-date			\$ 50.00
23. Full Name, Mailing Address and Zip Code Mari Events 2000 14th St NW # 73293, Washington, DC 20056	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) 11/16/2017	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation None Name and Address of Employer None		
Aggregate Year-To-date			\$ 25.00
24. Full Name, Mailing Address and Zip Code John Capozzi 3612 Austin 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) 11/17/2017	Amount of Each Receipt This Period \$ 20.00
Contributor Type Individual	Occupation Technical Recruiter Name and Address of Employer Hill Technology Inc.		
Aggregate Year-To-date			\$ 20.00
25. Full Name, Mailing Address and Zip Code George McDonald 1505 Crystal Dr Apt 413, Arlington, VA 22202	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) 11/17/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Tel/Logic Inc.		
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)

Holmes for DC

26. Full Name, Mailing Address and Zip Code Kevin Parker 2768 Unicorn Ln NW, Washington, DC 20015	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) 11/17/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation consultant Name and Address of Employer capitol consulting		
Aggregate Year-To-date			\$ 100.00
27. Full Name, Mailing Address and Zip Code Leonard Downes 6607 Desiree Ct, Alexandria, VA 22315	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) 11/18/2017	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Director Name and Address of Employer Fannie Mae		
Aggregate Year-To-date			\$ 200.00
28. Full Name, Mailing Address and Zip Code Kendall Ellis 5201 Sheriff Rd 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) 11/20/2017	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Self employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 50.00
29. Full Name, Mailing Address and Zip Code Crystal Washington 1604 Willowood Ct, Hyattsville, MD 20785	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) 11/21/2017	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Regional Manager Name and Address of Employer MNCPPC		
Aggregate Year-To-date			\$ 50.00
30. Full Name, Mailing Address and Zip Code Demetrious Kinney 3609 Martin Luther King Jr Ave 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) 11/22/2017	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
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)

Holmes for DC

31. Full Name, Mailing Address and Zip Code Robert Gundling 5904 Mount Eagle Dr Apt 1007, Alexandria, VA 22303	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) 11/23/2017	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Early Childhood Education Consultant Name and Address of Employer Self		
Aggregate Year-To-date			\$ 25.00
32. Full Name, Mailing Address and Zip Code Gladys Hamilton 4124 Ames St NE Apt 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) 11/24/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Project Manager Name and Address of Employer PPD Inc		
Aggregate Year-To-date			\$ 100.00
33. Full Name, Mailing Address and Zip Code Aristotle Jones 4538 Raleigh Ave Apt 101, Alexandria, VA 22304	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) 11/24/2017	Amount of Each Receipt This Period \$ 30.00
Contributor Type Individual	Occupation Communications and Legislative Assistant Name and Address of Employer APTS		
Aggregate Year-To-date			\$ 30.00
34. Full Name, Mailing Address and Zip Code Darrell Holloman 13500 Piscataway Dr, 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) 11/26/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Teacher Name and Address of Employer DCPS		
Aggregate Year-To-date			\$ 100.00
35. Full Name, Mailing Address and Zip Code Yvonne Nash 1524 Gallatin Pl 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) 11/27/2017	Amount of Each Receipt This Period \$ 30.00
Contributor Type Individual	Occupation Relationship Manager Name and Address of Employer UNCF		
Aggregate Year-To-date			\$ 30.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Holmes for DC

36. Full Name, Mailing Address and Zip Code mauricio drummond jr 4020 Minnesota Ave NE Apt 477, 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) 11/28/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation attorney Name and Address of Employer us government		
Aggregate Year-To-date			\$ 100.00
37. Full Name, Mailing Address and Zip Code Karra Curtis 9781 Leighland Ct, Waldorf, MD 20603	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) 11/28/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Finance Mgr Name and Address of Employer Dept of Navy		
Aggregate Year-To-date			\$ 100.00
38. Full Name, Mailing Address and Zip Code Mike Warfield 406 Rhode Island Ave NW, Washington, DC 20001	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) 11/30/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer TTR Sothebeys		
Aggregate Year-To-date			\$ 100.00
39. Full Name, Mailing Address and Zip Code Queenie Hoang 2121 Columbia Pike Apt 203, Arlington, VA 22204	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) 11/30/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Manager Name and Address of Employer State Farm		
Aggregate Year-To-date			\$ 100.00
40. Full Name, Mailing Address and Zip Code Mana Ali 940 Hall Station Dr, Bowie, 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) 11/30/2017	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Psychologist Name and Address of Employer Hospital		
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)

Holmes for DC

41. Full Name, Mailing Address and Zip Code Monica Jackson 6413 Halleck St, District Heights, MD 20747	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) 12/01/2017	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Business Owner Name and Address of Employer Self		
Aggregate Year-To-date			\$ 50.00
42. Full Name, Mailing Address and Zip Code Horace Daniel 11308 Jefferson Cir N, Atlanta, GA 30341	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) 12/02/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Personal Trainer Name and Address of Employer Self		
Aggregate Year-To-date			\$ 100.00
43. Full Name, Mailing Address and Zip Code Nicholas Choi 3830 Lightfoot St Unit 435, Chantilly, VA 20151	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) 12/02/2017	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Purchasing Name and Address of Employer Stanley Martin		
Aggregate Year-To-date			\$ 50.00
44. Full Name, Mailing Address and Zip Code JASON MOORE 2700 R 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) 12/03/2017	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation FITNESS SNOB STUDIO Name and Address of Employer SELF		
Aggregate Year-To-date			\$ 250.00
45. Full Name, Mailing Address and Zip Code Olga B Nelson 2411 Wintergreen Ave, Forestville, MD 20747	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) 12/05/2017	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation None Name and Address of Employer None		
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)

Holmes for DC

46. Full Name, Mailing Address and Zip Code Calvin I Smith 11325 Classical Ln, Silver Spring, MD 20901	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) 12/07/2017	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation None		
	Name and Address of Employer None		
Aggregate Year-To-date			\$ 150.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 6,495.00

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

Holmes for DC

1. Full Name, Mailing Address and Zip Code ActBlue 366 Summer Street, Somerville, MA 02144	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 10/22/2017	Amount of Each Expenditure This Period \$ 19.76
Occupation	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code ActBlue 366 Summer Street, Somerville, MA 02144	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 11/19/2017	Amount of Each Expenditure This Period \$ 80.79
Occupation	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code ActBlue 366 Summer Street, Somerville, MA 02144	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 11/26/2017	Amount of Each Expenditure This Period \$ 16.02
Occupation	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code ActBlue 366 Summer Street, Somerville, MA 02144	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 11/28/2017	Amount of Each Expenditure This Period \$ 41.48
Occupation	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code ActBlue 366 Summer Street, Somerville, MA 02144	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 11/28/2017	Amount of Each Expenditure This Period \$ 23.70
Occupation	Name and Address of Employer		
6. Full Name, Mailing Address and Zip Code ActBlue 366 Summer Street, Somerville, MA 02144	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 11/28/2017	Amount of Each Expenditure This Period \$ 25.29
Occupation	Name and Address of Employer		
7. Full Name, Mailing Address and Zip Code ActBlue 366 Summer Street, Somerville, MA 02144	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 12/03/2017	Amount of Each Expenditure This Period \$ 35.77
Occupation	Name and Address of Employer		

TOTAL This Period (Aggregate of all expenditure pages)	\$ 242.81
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Holmes for DC

1. Sale of Tickets (list by event below)*	\$	<u>0.00</u>
2. Mass Collections (list by event below)	\$	<u>0.00</u>
3. Sale of Items	\$	<u>0.00</u>
4. Total cash/check contributions of \$49.00 or less from individuals	\$	<u>0.00</u>
TOTAL (carry forward to Line 12 of Detailed Summary Page)	\$	<u>0.00</u>

LIST OF SALES AND COLLECTIONS BY EVENT

Date of Event (Month, Day, Year)	Type of Event	Amount From Sale of Tickets This Period	Amount From Mass Collections This Period
TOTAL THIS PERIOD (Aggregate the subtotal of all Sales and Collections Pages)		\$ 0.00	\$ 0.00

* After completion of the above list by event, use the appropriate sub-schedule of Schedule A to list the date, full name and mailing address (occupation and principal place of business, if any) of each person who has purchased one or more tickets for events such as dinners, luncheons, rallies, and similar fund-raising events during this reporting period, and whose ticket purchases are in excess of \$49, or whose total ticket purchases to date for the calendar year (aggregate) are in excess of \$49. Attach the appropriate sub-scheduleSchedule A to this Schedule, and identify it as Part 2 of Schedule C.