



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 Our Ward 5	2. OCF Identification Number CSSCC5125305
Address (Number and Street) 217 P Street, NW	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 20001	

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

CONSTITUENT-SERVICE PROGRAM SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR- TO-DATE
5. Covering Period 10/2/2017 through 1/1/2018		
6. (a) Cash on Hand January 1		\$ 4,038.59
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,126.43	
(c) Total Receipts (from Line (16))	\$ 9,950.00	\$ 16,525.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B)	\$ 11,076.43	
7. Total Expenditures (from Line 24)	\$ 7,286.69	\$ 18,150.63
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 3,789.74	
9. Debts and Obligations Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) All Other Loans (itemize all on Schedule-E1)	\$ 0.00	\$ 0.00

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

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.

Adrian Jordan

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

01/02/2018

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
FOR CONSTITUENT-SERVICE PROGRAMS**

1. Full Name of Constituent-Service Program Our Ward 5	REPORT COVERING THE PERIOD FROM: 10/2/2017 TO: 1/1/2018	
I. RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (EXCLUDING LOANS) FROM:		
(a) Itemized monetary contributions from other than the elected official (Schedule A)	\$ 9,950.00	\$ 16,525.00 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))	\$ 9,950.00	\$ 16,525.00 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS RECEIVED		
(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)
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(f), 12, 13(c), 14 and 15)	\$ 9,950.00	\$ 16,525.00 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 7,286.69	\$ 18,150.63 17
18. ALL OTHER EXPENDITURES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(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)
20. TOTAL EXPENDITURES (add Lines 17, 18, and 19(c))	\$ 7,286.69	\$ 18,150.63 20
III. CASH SUMMARY		
21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	1,126.43
22. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	9,950.00
23. SUBTOTAL (add Lines 21 and 22)	\$	11,076.43
24. TOTAL EXPENDITURES THIS PERIOD (from Line 20)	\$	7,286.69
25. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 24 from Line 23)	\$	3,789.74

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

Our Ward 5

1. Full Name, Mailing Address and Zip Code Doxie A McCoy 3142 Berry Road NE, Washington, DC 20018	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) 10/06/2017	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 25.00
2. Full Name, Mailing Address and Zip Code INSPR Medial LLC 2924 10th St NE, Washington, DC 20017	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) 10/06/2017	Amount of Each Receipt This Period \$ 50.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 50.00
3. Full Name, Mailing Address and Zip Code S.R. Smith 2000 Upshur St NE, Washington, DC 20018	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) 10/06/2017	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 50.00
4. Full Name, Mailing Address and Zip Code Candice L Haynes 4942 11th St NE, Washington, DC 20017	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) 10/06/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 100.00
5. Full Name, Mailing Address and Zip Code Roderic L Woodson 6607 16th St NW # 810, Washington, DC 20012	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) 10/06/2017	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Name and Address of Employer		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Our Ward 5

		Aggregate Year-To-date		\$ 250.00
6. Full Name, Mailing Address and Zip Code Jameela Y Ball-Allen 3202 Banneker Dr NE, Washington, DC 20018		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) 10/06/2017 Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual		Occupation Name and Address of Employer		
		Aggregate Year-To-date		\$ 250.00
7. Full Name, Mailing Address and Zip Code Anthony L Wash 106 16th St SE, Washington, DC 20003		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) 10/06/2017 Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual		Occupation Name and Address of Employer		
		Aggregate Year-To-date		\$ 500.00
8. Full Name, Mailing Address and Zip Code Kadida Development Group LLC 1341 H St NE, Washington, DC 20002		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) 10/26/2017 Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Limited Liability Company		Occupation Name and Address of Employer		
		Aggregate Year-To-date		\$ 500.00
9. Full Name, Mailing Address and Zip Code Keisha G Hudson 7027 Dewdrop Way, Clinton, MD 20735		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) 10/26/2017 Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual		Occupation Name and Address of Employer		
		Aggregate Year-To-date		\$ 500.00

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Our Ward 5

10. Full Name, Mailing Address and Zip Code NWS, Inc 1055 Rector Ln, McLean, VA 22102	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) 10/26/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
11. Full Name, Mailing Address and Zip Code Alfred A Owens 12603 Pleasant Prospect Rd, Bowie, MD 20721	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) 10/26/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
12. Full Name, Mailing Address and Zip Code Grace J Lewis 4945 Sargent Rd NE, Washington, DC 20017	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) 10/26/2017	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 200.00
13. Full Name, Mailing Address and Zip Code Kimberly J Manning 15011 Ridge Chase Ct, Bowie, MD 20715	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) 10/26/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 100.00
14. Full Name, Mailing Address and Zip Code Karl A Muhammad 4009 Liberty Heights Ave , Gwynn Oak, MD 21207	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) 10/26/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer		

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Full Name of Constituent-Service Program

Our Ward 5

	Aggregate Year-To-date		\$ 100.00
15. Full Name, Mailing Address and Zip Code Romaine B Thomas 4003 21st St NE, Washington, DC 20018	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) 10/26/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer		
	Aggregate Year-To-date		\$ 100.00
16. Full Name, Mailing Address and Zip Code Dawn M Quattlebaum 6817 Wilburn Dr, Capitol Heights, MD 20743	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) 10/26/2017	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Name and Address of Employer		
	Aggregate Year-To-date		\$ 25.00
17. Full Name, Mailing Address and Zip Code Yellow Paratransit LLC 1636 Bladensburg Rd NE, Washington, DC 20002	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) 10/26/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
	Aggregate Year-To-date		\$ 500.00
18. Full Name, Mailing Address and Zip Code Transco 3399 Benning Rd NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/26/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Other-	Occupation Name and Address of Employer		
	Aggregate Year-To-date		\$ 500.00

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Our Ward 5

19. Full Name, Mailing Address and Zip Code M. Jones Companies LLC 1905 Brentwood Rd NE, Washington, DC 20018	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) 10/26/2017	Amount of Each Receipt This Period \$ 200.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 200.00
20. Full Name, Mailing Address and Zip Code LiUNA! 11951 Freedom Dr #310, Reston, VA 20190	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) 12/11/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Labor	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 1,000.00
21. Full Name, Mailing Address and Zip Code Fort Lincoln Newtown Corporation 3298 Fort Lincoln Dr NE, Washington, DC 20018	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) 12/11/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
22. Full Name, Mailing Address and Zip Code RAM Foods, Inc PO Box 1789, Upper Marlboro, MD 20773	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) 12/11/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
23. Full Name, Mailing Address and Zip Code David Jannarone 3715 Kansas Ave NW, Washington, DC 20010	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) 12/12/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Our Ward 5

	Aggregate Year-To-date		\$ 500.00
24. Full Name, Mailing Address and Zip Code Stuart Alexander Associates 150 SE 2nd Ave Ste 300, Miami, FL 33131	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) 12/13/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business	Occupation		
Business Type Other-	Name and Address of Employer		
	Aggregate Year-To-date		\$ 500.00
25. Full Name, Mailing Address and Zip Code Verizon PO Box 21074, Tulsa , OK 74121	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) 12/16/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
	Aggregate Year-To-date		\$ 500.00
26. Full Name, Mailing Address and Zip Code Pepco 701 9th ST NW, Washington, DC 20001	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) 12/26/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
	Aggregate Year-To-date		\$ 500.00
27. Full Name, Mailing Address and Zip Code Moore Construction LLC 3060 Blaine St, Coconut Grove, FL 33133	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) 12/26/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business	Occupation		
Business Type Limited Liability Company	Name and Address of Employer		
	Aggregate Year-To-date		\$ 500.00

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Our Ward 5

28. Full Name, Mailing Address and Zip Code LLoyd Moore 3060 Blaine St, Coconut, FL 33133	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) 12/26/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
29. Full Name, Mailing Address and Zip Code NIG Services LLC 3401 8th St NE, Washington, DC 20017	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) 12/26/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 9,950.00

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Full Name of Constituent-Service Program

Our Ward 5

1. Full Name, Mailing Address and Zip Code Party City 3841 Evergreen Pkwy, Bowie, MD 20716	Purpose of Expenditure Equipment Purchases	Date (month, day, year) 10/02/2017	Amount of Each Expenditure This Period \$ 38.46
2. Full Name, Mailing Address and Zip Code Imagine Photography 1522 Rhode Island Ave NE, Washington, DC 20018	Purpose of Expenditure Consultant	Date (month, day, year) 10/17/2017	Amount of Each Expenditure This Period \$ 450.00
3. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 10/18/2017	Amount of Each Expenditure This Period \$ 148.82
4. Full Name, Mailing Address and Zip Code Walmart 310 Riggs Rd NE, Washington, DC 20011	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 10/19/2017	Amount of Each Expenditure This Period \$ 10.94
5. Full Name, Mailing Address and Zip Code North Michigan Park Civic Association PO Box 29181, Washington, DC 20017	Purpose of Expenditure Fund-raiser	Date (month, day, year) 10/19/2017	Amount of Each Expenditure This Period \$ 200.00
6. Full Name, Mailing Address and Zip Code Five Below 2482 Market ST NE, Washington, DC 20018	Purpose of Expenditure Supplies	Date (month, day, year) 11/01/2017	Amount of Each Expenditure This Period \$ 75.00
7. Full Name, Mailing Address and Zip Code Wells Fargo 1301 Pennsylvania Ave NW, Washington, DC 20004	Purpose of Expenditure Bank Fees	Date (month, day, year) 11/08/2017	Amount of Each Expenditure This Period \$ 3.00
8. Full Name, Mailing Address and Zip Code Giant Food 1050 Brentwood Rd NE, Washington, DC 20018	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 11/17/2017	Amount of Each Expenditure This Period \$ 39.58
9. Full Name, Mailing Address and Zip Code Walmart 310 Riggs Rd NE, Washington, DC 20011	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 11/20/2017	Amount of Each Expenditure This Period \$ 4,972.34
10. Full Name, Mailing Address and Zip Code Uhaul 1750 Bladensburg Rd NE, Washington, DC 20002	Purpose of Expenditure Supplies	Date (month, day, year) 11/21/2017	Amount of Each Expenditure This Period \$ 1.74
11. Full Name, Mailing Address and Zip Code Wells Fargo 1301 Pennsylvania Ave NW, Washington, DC 20004	Purpose of Expenditure Bank Fees	Date (month, day, year) 12/08/2017	Amount of Each Expenditure This Period \$ 3.00
12. Full Name, Mailing Address and Zip Code Target 4600 Mitchellville Rd, Bowie, MD 20716	Purpose of Expenditure Supplies	Date (month, day, year) 12/13/2017	Amount of Each Expenditure This Period \$ 14.84

13. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 12/14/2017	Amount of Each Expenditure This Period \$ 56.43
14. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 12/14/2017	Amount of Each Expenditure This Period \$ 338.69
15. Full Name, Mailing Address and Zip Code Massive Entertainment 8415 Bates Dr, Bowie, MD 20720	Purpose of Expenditure Consultant	Date (month, day, year) 12/15/2017	Amount of Each Expenditure This Period \$ 440.00
16. Full Name, Mailing Address and Zip Code Dunkin Donuts 2300 Washington Pl NE Apt 107, Washington, DC 20018	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 12/18/2017	Amount of Each Expenditure This Period \$ 30.77
17. Full Name, Mailing Address and Zip Code Zeke's Coffee 2300 Rhode Island Ave NE, Washington, DC 20018	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 12/18/2017	Amount of Each Expenditure This Period \$ 46.00
18. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 12/18/2017	Amount of Each Expenditure This Period \$ 142.95
19. Full Name, Mailing Address and Zip Code Jon Pratt 4705 English Ct, Suitland, MD 20746	Purpose of Expenditure Consultant	Date (month, day, year) 12/18/2017	Amount of Each Expenditure This Period \$ 200.00
20. Full Name, Mailing Address and Zip Code Five Below 2482 Market ST NE, Washington, DC 20018	Purpose of Expenditure Supplies	Date (month, day, year) 12/26/2017	Amount of Each Expenditure This Period \$ 74.13
TOTAL This Period (aggregate the subtotal of all expenditure pages)			\$ 7,286.69