

#### 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  Ward 4 Constituent Services Fund  | 2. OCF Identification Number<br>CSSCC4157189                                     |  |
|--|--|--|
| Address (Number and Street) 3375 Stuyvesant Place, NW  | 3. Is this report an Amendment? (Yes or No)  ✓ Yes □ No                          |  |
| City, State and Zip Code Washington, DC 20015  |  |  |
| 4. TYPE OF REPORT: January 1st Report  |  |  |
| CONSTITUENT-SERVICE PROGRAM SUMMARY  5. Covering Period 10/2/2017 through 1/1/2018   | COLUMN A<br>THIS PERIOD  | COLUMN B<br>CUMULATIVE YEAR-<br>TO-DATE                                |
| 6. (a) Cash on Hand January 1  |  | \$ 0.00  |
| (b) Cash on Hand at Beginning of Reporting Period  | \$ 704.02  |  |
| (c) Total Receipts (from Line (16))  | \$ 16,225.42   | \$ 25,647.92   |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B)  | \$ 16,929.44   |  |
| 7. Total Expenditures (from Line 24)   | \$ 11,574.79   | \$ 29,209.81   |
| 8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]  | \$ 5,354.65  |  |
| 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 PROGRAM  | RECEIPTS AND EXPENDITURES  | FOR A CONSTITUENT-SERVI  |
| (1) OATH OR AFFIRMATION OF ELECTED OFFICIAL IF FILING  |  |  |
| I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY, TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND FURTHER SWEAR OR AFFIRM THAT I USED ALL REASONABLE CONSTITUENT-SERVICE PROGRAM ESTABLISHED BY ME IS IN COMPUBITATION OF COLUMBIA CAMPAIGN FINANCE ACT OF 2011, AND HAIMPOSED ON CONTRIBUTORS BY THE CAMPAIGN FINANCE ACT. | D BELIEF, THE REPORT IS TR<br>E DUE DILIGENCE TO ENS<br>LIANCE WITH THE REPORTIN | UE AND COMPLETE; AND I<br>SURE THAT I AND THE<br>G REQUIREMENTS OF THE |
| TYPE OR PRINT FULL NAME OF ELECTED OFFICIAL  |  |  |
| SIGNATURE OF ELECTED OFFICIAL  | DATE   |  |

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE \_\_\_\_\_DAY \_\_\_\_OF \_\_\_\_,20

| NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAPENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.   | Y SUBJECT THE PERSON TO THE |
|--|-----------------------------|
| (2) OATH OR AFFIRMATION OF PROGRAM TREASURER   |                             |
| I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED AT PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE, COR |                             |
|  |                             |
| M CL IN  |                             |
| Ms. Sherryl Newman   |                             |
| Ms. Sherryl Newman  TYPE OR PRINT FULL NAME OF TREASURER   |                             |
| •  | 02/19/2018                  |
| TYPE OR PRINT FULL NAME OF TREASURER   | <b>02/19/2018</b> DATE      |
| TYPE OR PRINT FULL NAME OF TREASURER  ELECTRONICALLY CERTIFIED   |                             |
| TYPE OR PRINT FULL NAME OF TREASURER  ELECTRONICALLY CERTIFIED   |                             |
| TYPE OR PRINT FULL NAME OF TREASURER  ELECTRONICALLY CERTIFIED  SIGNATURE OF TREASURER   |                             |

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

| Full Name of Constituent-Service Program     Ward 4 Constituent Services Fund  | 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)  | \$   | 9,250.00  | \$                               | 13,640.00 | 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      | s                                | 0.00      | 11(d) |
| (e) Transfers from Authorized Committees (Schedule A-4)  | \$   | 0.00      | \$                               | 4,831.22  | 11(e) |
| (f) Itemized Monetary Contributions in excess of \$10,000.00 from source not associated  | \$   | 0.00      | s                                | 0.00      | 11(f) |
| with the Elected Official or CSP (Schedule A-7) (g) TOTAL Contributions- Excluding Loans (add lines 11(a) (b), (c), (d), (e) and (f) | \$   | 9,250.00  | \$                               | 18,471.22 | 11(g) |
| 12. SALES AND COLLECTIONS (Schedule C)   | s  | 6,575.00  | \$                               | 6,575.00  | 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      | s                                | 0.00      | 14    |
| 15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)   | \$   | 400.42    | \$                               | 601.70    | 15    |
|  | \$   | 16,225.42 | s                                | 25,647.92 | 16    |
| 16. TOTAL RECEIPTS (add Lines 11(f), 12, 13(c), 14 and 15)   |  |           |                                  |           |       |
| II. EXPENDITURES  17. OPERATING EXPENDITURES (Schedule B)  | \$   | 9,601.00  | \$                               | 9,715.27  | 17    |
|  |  | -         |                                  |           |       |
| 18. ALL OTHER EXPENDITURES (Schedule B-1)  | \$   | 1,973.79  | \$                               | 19,494.54 | 18    |
| 19. LOAN REPAYMENTS:   |  | 0.00      |                                  | 0.00      | 10()  |
| (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))   | \$   | 11,574.79 | \$                               | 29,209.81 | 20    |
| III. CASH SUMMARY  |  |           |                                  |           |       |
| 21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD  | \$   |           |                                  | 704.02    | 2     |
| 22. TOTAL RECEIPTS THIS PERIOD (from Line 16)  | s  |           |                                  | 16,225.42 | 2     |
| 23. SUBTOTAL (add Lines 21 and 22)   | \$   |           |                                  | 16,929.44 | 4     |
| 24. TOTAL EXPENDITURES THIS PERIOD (from Line 20)  | \$   |           |                                  | 11,574.79 | 9     |
| <b>25. CASH ON HAND AT CLOSE OF REPORTING PERIOD</b> (subtract Line 24 from Line 23)   | \$   |           |                                  | 5,354.65  |       |

## OCF FORM 10 SCHEDULE A Page 1 of 13 for Line Number 11a

| Any information copied from such Reports or Stateme contributions, or for commercial purposes.                                     | ents may not be sold or used by any person for the pur  | pose of soliciting                 |  |
|--|---|------------------------------------|--|
| Full Name of Constituent-Service Program   |   |                                    |  |
| Ward 4 Constituent Services Fund   |   |                                    |  |
| Full Name, Mailing Address and Zip Code     Robert Goodrich     4800 17th St NW, Washington, DC 20011  Contributor Type Individual | Contribution Type  ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)  Occupation  Name and Address of Employer | Date (month, day, year) 10/03/2017 | Amount of Each<br>Receipt This Period<br>\$ 500.00 |
|  | Self employed  Aggregate Year-To-date   |                                    | \$ 500.00  |
| Full Name, Mailing Address and Zip Code     Kay Kendall     2412 Tracy Pl NW, Washington, DC 20008  Contributor Type               | Contribution Type  ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)  Occupation                               | Date (month, day, year) 10/06/2017 | Amount of Each<br>Receipt This Period<br>\$ 500.00 |
| Individual   | Name and Address of Employer Self employed  Aggregate Year-To-date  |                                    | \$ 500.00  |
| Full Name, Mailing Address and Zip Code  |   | Data (manth                        |  |
| Chris Smith 1100 New Jersey Ave SE, Washington, DC 20003   | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)   | Date (month, day, year) 10/06/2017 | Amount of Each Receipt This Period \$ 500.00       |
| Contributor Type<br>Individual   | Occupation Partner  Name and Address of Employer  WC Smith  1100 New Jersey Ave SE, Washington, DC 20003  |                                    |  |
|  | Aggregate Year-To-date  |                                    | \$ 500.00  |
| Full Name, Mailing Address and Zip Code     Scott Whittier     4815 Edgefield Rd, Bethesda, MD 20814                               | Contribution Type  ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)   | Date (month, day, year) 10/11/2017 | Amount of Each<br>Receipt This Period<br>\$ 500.00 |
| Contributor Type<br>Individual   | Occupation  Name and Address of Employer  Blue Skye Construction  5125 MacArthur Blvd NW, Washington, DC 20016  |                                    |  |
|  | Aggregate Year-To-date  |                                    | \$ 500.00  |
| 5. Full Name, Mailing Address and Zip Code George Mavrikes 9537 Purcell Dr, Potomac, MD 20854                                      | Contribution Type  ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)   | Date (month, day, year) 10/11/2017 | Amount of Each<br>Receipt This Period<br>\$ 500.00 |
| Contributor Type<br>Individual   | Occupation  Name and Address of Employer  | -                                  |  |

## OCF FORM 10 SCHEDULE A Page 2 of 13 for Line Number 11a

| contributions, or for commercial purposes.  | ements may not be sold or used by any person for the pur  | pose of soliciting                 |  |
|---|---|------------------------------------|--|
| Full Name of Constituent-Service Program  Ward 4 Constituent Services Fund  |   |                                    |  |
| Ward 4 Constituent Services Fund  | Aggregate Year-To-date  |                                    | \$ 500.00  |
| 6. Full Name, Mailing Address and Zip Code The Bernstein Companies 3299 K St NW, Washington, DC 20007                           | Contribution Type  ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)             | Date (month, day, year) 10/11/2017 | Amount of Each<br>Receipt This Period<br>\$ 500.00 |
| Contributor Type Business Business Type Corporation   | Occupation  Name and Address of Employer  |                                    |  |
|   | Aggregate Year-To-date  | •                                  | \$ 500.00  |
| 7. Full Name, Mailing Address and Zip Code Bryant Irving 1204 Fairmont St NW, Washington, DC 20009  Contributor Type            | Contribution Type  ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)  Occupation | Date (month, day, year) 10/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 500.00 |
| Individual  | Name and Address of Employer Blue Skye Construction 5125 MacArthur Blvd NW, Washington, DC 20016                                |                                    |  |
|   | Aggregate Year-To-date  |                                    | \$ 500.00  |
| 8. Full Name, Mailing Address and Zip Code<br>Health IT 2 Business Solutions, LLC<br>1711 N Capitol St NE, Washington, DC 20002 | Contribution Type  ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)             | Date (month, day, year) 11/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 500.00 |
| Contributor Type Business Business Type Limited Liability Company   | Occupation  Name and Address of Employer  |                                    |  |
|   | Aggregate Year-To-date  | <b>'</b>                           | \$ 500.00  |
| 9. Full Name, Mailing Address and Zip Code Ditigal Conventions, LLC 801 Mount Vernon Pl NW, Washington, DC 20001                | Contribution Type  ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)             | Date (month, day, year) 11/30/2017 | Amount of Each<br>Receipt This Period<br>\$ 500.00 |
| Contributor Type Business Business Type Limited Liability Company   | Occupation  Name and Address of Employer  |                                    |  |
|   | Aggregate Year-To-date  |                                    | \$ 500.00  |

| contributions, or for commercial purposes.   | tents may not be sold or used by any person for the pur   | pose of soliciting                 |  |
|--|---|------------------------------------|--|
| Full Name of Constituent-Service Program   |   |                                    |  |
| Ward 4 Constituent Services Fund   |   |                                    |  |
| 10. Full Name, Mailing Address and Zip Code Miatta Thomas 720 13th St NE, Washington, DC 20002  Contributor Type             | Contribution Type  □ Cash □ Money Order ☑ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify)  Occupation | Date (month, day, year) 11/30/2017 | Amount of Each<br>Receipt This Period<br>\$ 500.00 |
| Individual   | Name and Address of Employer Wholistic Services, Inc 680 Rhode Island Ave NE, Washington, DC 20002                              |                                    |  |
|  | Aggregate Year-To-date  |                                    | \$ 500.00  |
| 11. Full Name, Mailing Address and Zip Code<br>Chris Donatelli<br>3031 Gates Rd NW, Washington, DC 20008                     | Contribution Type  ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)             | Date (month, day, year) 12/07/2017 | Amount of Each<br>Receipt This Period<br>\$ 500.00 |
| Contributor Type<br>Individual   | Occupation CEO  Name and Address of Employer  Donatelli Development  4416 E West Hwy, Bethesda, MD 20814                        |                                    |  |
|  | Aggregate Year-To-date  |                                    | \$ 500.00  |
| 12. Full Name, Mailing Address and Zip Code Emory Beacon of Light, Inc 6203 Piney Branch Rd NW, Washington, DC 20011         | Contribution Type  □ Cash □ Money Order ☑ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify)             | Date (month, day, year) 12/11/2017 | Amount of Each<br>Receipt This Period<br>\$ 500.00 |
| Contributor Type Business  Business Type Corporation   | Occupation  Name and Address of Employer  |                                    |  |
|  | Aggregate Year-To-date  | •                                  | \$ 500.00  |
| <ul><li>13. Full Name, Mailing Address and Zip Code MCN Build</li><li>1214 28th St NW, Washington, DC 20007</li></ul>        | Contribution Type  ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)             | Date (month, day, year) 12/11/2017 | Amount of Each<br>Receipt This Period<br>\$ 500.00 |
| Contributor Type Business  Business Type Corporation   | Occupation  Name and Address of Employer  |                                    |  |
|  | Aggregate Year-To-date  |                                    | \$ 500.00  |
| <ul><li>14. Full Name, Mailing Address and Zip Code<br/>Luc Brami</li><li>6511 Chillum Pl NW, Washington, DC 20012</li></ul> | Contribution Type  ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)             | Date (month, day, year) 12/11/2017 | Amount of Each<br>Receipt This Period<br>\$ 250.00 |
| Contributor Type<br>Individual   | Occupation Owner  Name and Address of Employer Gelberg Signs 6511 Chillum Pl NW, Washington, DC 20012                           |                                    |  |

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|---|---|------------------------------------|---|
| Full Name of Constituent-Service Program Ward 4 Constituent Services Fund   |   |                                    |   |
| Waru 4 Constituent Sci vices Fund   | Aggregate Year-To-date  |                                    | \$ 250.00   |
| 15. Full Name, Mailing Address and Zip Code Scot Knickerbocker 814 Underwood ST NW, Washington, DC 20012  Contributor Type Individual | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat  Occupation  Name and Address of Employer Self | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
|   | Aggregate Year-To-date  |                                    | \$ 50.00  |
| 16. Full Name, Mailing Address and Zip Code Lori Lee 7816 16th St NW, Washington, DC 20012  Contributor Type Individual               | Contribution Type  Cash Money Order Cashier Check Credit Card Other (Specify) In Kind (Specify) Adult coat  Occupation Consultant Name and Address of Employer                | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
|   | PJM Interconnect<br>2750 Monroe Blvd, Audubon, PA 19403   |                                    |   |
|   | Aggregate Year-To-date  | 1                                  | \$ 50.00  |
| 17. Full Name, Mailing Address and Zip Code Muriel Bowser 7927 Orchid St NW, Washington, DC 20012                                     | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coat  | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
| Contributor Type<br>Individual  | Occupation Mayor  Name and Address of Employer  DC Government  1350 Pennsylvania Ave NW, Washington, DC 20004   | -                                  |   |
|   | Aggregate Year-To-date  |                                    | \$ 50.00  |
| 18. Full Name, Mailing Address and Zip Code Frank Moses 815 Tewkesbury Pl NW, Washington, DC 20012                                    | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coat  | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
| Contributor Type<br>Individual  | Name and Address of Employer Retired  |                                    |   |
|   | Aggregate Year-To-date  | ı                                  | \$ 50.00  |
|   |   |                                    |   |

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|---|---|------------------------------------|--|
| Full Name of Constituent-Service Program Ward 4 Constituent Services Fund   |   |                                    |  |
| 19. Full Name, Mailing Address and Zip Code Ingrid Rose 1326 Kennedy ST NW, Washington, DC 20011  Contributor Type Individual       | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat  Occupation  Name and Address of Employer Self | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
|   | Aggregate Year-To-date  |                                    | \$ 50.00   |
| 20. Full Name, Mailing Address and Zip Code Charles Gaither 1422 Van Buren St NW, Washington, DC 20012  Contributor Type Individual | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat  Occupation  Name and Address of Employer Self | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
|   | Aggregate Year-To-date  |                                    | \$ 50.00   |
| 21. Full Name, Mailing Address and Zip Code Thomas Blanton 6167 Sligo Mill Rd NE, Washington, DC 20011                              | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coat  | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
| Contributor Type<br>Individual  | Occupation  Name and Address of Employer  Retired   | -                                  |  |
|   | Aggregate Year-To-date  |                                    | \$ 50.00   |
| 22. Full Name, Mailing Address and Zip Code Stephanie Adwincula 2900 14th St NW, Washington, DC 20009  Contributor Type             | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coats - 3  Occupation                               | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 150.00 |
| Individual  | Name and Address of Employer  Home  |                                    |  |
|   | Aggregate Year-To-date  |                                    | \$ 150.00  |
| 23. Full Name, Mailing Address and Zip Code Chelsea Hodgkins 1417 Allison St NW, Washington, DC 20011  Contributor Type             | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coat  Occupation Server                             | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
| Individual  | Name and Address of Employer The Diner 2453 18th St NW, Washington, DC 20009  |                                    |  |

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|--|---|--|--|
| Full Name of Constituent-Service Program  Ward 4 Constituent Services Fund   |   |  |  |
|  | Aggregate Year-To-date  |  | \$ 50.00   |
| 24. Full Name, Mailing Address and Zip Code Ann Garlow 1424 Crittenden St NW, Washington, DC 20011                           | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coats - 2   | Date (month, day, year) 12/16/2017               | Amount of Each<br>Receipt This Period<br>\$ 100.00 |
| Contributor Type<br>Individual   | Occupation  Name and Address of Employer Self  Aggregate Year-To-date   |  | \$ 100.00  |
|  |   |  |  |
| 25. Full Name, Mailing Address and Zip Code Luke Schauer 3336 Tennyson St NW, Washington, DC 20015                           | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat  | Date (month, day, year) 12/16/2017               | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
| Contributor Type<br>Individual   | Occupation  Name and Address of Employer Self   |  |  |
|  | Aggregate Year-To-date  |  | \$ 50.00   |
| 26. Full Name, Mailing Address and Zip Code Vera Lorry 5327 Kansas Ave NW, Washington, DC 20011  Contributor Type Individual | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat  Occupation  Name and Address of Employer  Retired | Date (month, day, year) 12/16/2017               | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
|  | Aggregate Year-To-date  |  | \$ 50.00   |
|  |   | <del>                                     </del> |  |
| 27. Full Name, Mailing Address and Zip Code Sherry Randolph 48 Underwood St NW, Washington, DC 20012                         | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify)  Adult coat   | Date (month, day, year) 12/16/2017               | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
| Contributor Type<br>Individual   | Occupation  Name and Address of Employer  Self  |  |  |
|  | Aggregate Year-To-date  |  | \$ 50.00   |
|  |   |  |  |

| any information copied from such Reports or States contributions, or for commercial purposes.  | nents may not be sold or used by any person for the pu   | rpose of soliciting                |   |
|--|--|------------------------------------|---|
| Full Name of Constituent-Service Program   |  |                                    |   |
| Ward 4 Constituent Services Fund   |  |                                    |   |
| <ul><li>28. Full Name, Mailing Address and Zip Code</li><li>Sheila Darnell</li><li>337 Peabody St NE, Washington, DC 20011</li></ul> | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coat             | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
| Contributor Type   | Occupation   |                                    |   |
| Individual   | Name and Address of Employer Retired   |                                    |   |
|  | Aggregate Year-To-date   |                                    | \$ 50.00  |
| 29. Full Name, Mailing Address and Zip Code Shealia Tyson 413 Marietta Pl NW, Washington, DC 20011  Contributor Type                 | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coat  Occupation | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
| Individual   | Name and Address of Employer self  |                                    |   |
|  | Aggregate Year-To-date   |                                    | \$ 50.00  |
| 30. Full Name, Mailing Address and Zip Code<br>Felicity Keeley<br>443 Randolph St NW, Washington, DC 20011                           | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat             | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
| Contributor Type<br>Individual   | Occupation Staff coordinator   |                                    |   |
| individual   | Name and Address of Employer Seabury Resources 2501 18th St NE, Washington, DC 20018   |                                    |   |
|  | Aggregate Year-To-date   |                                    | \$ 50.00  |
| 31. Full Name, Mailing Address and Zip Code Margery Goldberg 1429 Iris St NW, Washington, DC 20012                                   | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat             | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
| Contributor Type<br>Individual   | Occupation Owner  Name and Address of Employer  Zenith Gallery  1429 Iris St NW, Washington, DC 20012                                      |                                    |   |
|  | Aggregate Year-To-date   |                                    | \$ 50.00  |
| 32. Full Name, Mailing Address and Zip Code Jessica Bacon 1416 W St SE, Washington, DC 20020   | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coat             | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
| Contributor Type<br>Individual   | Occupation Staff assistant  Name and Address of Employer  VOA  2000 5th St S, Arlington, VA 22204  |                                    |   |

## OCF FORM 10 SCHEDULE A Page 8 of 13 for Line Number 11a

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|--|---|------------------------------------|---|
| Full Name of Constituent-Service Program Ward 4 Constituent Services Fund  |   |                                    |   |
| waru 4 Constituent Services Fund   | Aggregate Year-To-date  |                                    | \$ 50.00  |
| 33. Full Name, Mailing Address and Zip Code<br>Fred Valentine<br>4838 Blagden Ave NW, Washington, DC 20011   | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coat  | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
| Contributor Type<br>Individual   | Occupation  Name and Address of Employer  Retired  Aggregate Year-To-date   | -                                  | \$ 50.00  |
| 24 Full Name Mailing Address and Zin Code  |   | D ( 4                              |   |
| 34. Full Name, Mailing Address and Zip Code Allison Scuriatti 3221 Oliver St NW, Washington, DC 20015  | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat  | Date (month, day, year) 12/16/2017 | Amount of Each Receipt This Period \$ 50.00       |
| Contributor Type<br>Individual   | Occupation  Name and Address of Employer  Home  | _                                  |   |
|  | Aggregate Year-To-date  |                                    | \$ 50.00  |
| 35. Full Name, Mailing Address and Zip Code Brenda Devrouax 7704 12th St NW, Washington, DC 20012  Contributor Type Individual   | Contribution Type  □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) ☑ In Kind (Specify) Adult coat  Occupation  Name and Address of Employer  Retired | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
|  | Aggregate Year-To-date  |                                    | \$ 50.00  |
| 36. Full Name, Mailing Address and Zip Code Jennifer Golson 3924 Illinois Ave NW, Washington, DC 20011  Contributor Type   | Contribution Type  Cash  Cashier Check  Cashier Check  Credit Card  Other (Specify)  In Kind (Specify)  Adult coat  Occupation  | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
| Individual The state of the sta | Name and Address of Employer self   |                                    |   |
|  | Aggregate Year-To-date  |                                    | \$ 50.00  |
|  |   |                                    |   |

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|---|--|------------------------------------|--|
| Full Name of Constituent-Service Program Ward 4 Constituent Services Fund   |  |                                    |  |
| 37. Full Name, Mailing Address and Zip Code Raymond Nix 4411 Sheridan St, University Park, MD 20782                                 | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coats - 3                          | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 150.00 |
| Contributor Type<br>Individual  | Occupation Owner  Name and Address of Employer Urban Matters Development 1226 Vermont Ave NW, Washington, DC 20005   | -                                  |  |
|   | Aggregate Year-To-date   |                                    | \$ 150.00  |
| 38. Full Name, Mailing Address and Zip Code Amelia Glymph 1311 Delaware Ave SW, Washington, DC 20024                                | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat                               | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
| Contributor Type<br>Individual  | Occupation  Name and Address of Employer  AIGE  80 F St NW, Washington, DC 20001   | _                                  |  |
|   | Aggregate Year-To-date   |                                    | \$ 50.00   |
| 39. Full Name, Mailing Address and Zip Code Lisa Smith 6007 Mclean Pl NE, Washington, DC 20011                                      | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coat                               | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
| Contributor Type<br>Individual  | Occupation Manager  Name and Address of Employer  ESC  1133 19th St NW, Washington, DC 20036   |                                    |  |
|   | Aggregate Year-To-date   |                                    | \$ 100.00  |
| 40. Full Name, Mailing Address and Zip Code Lisa Smith 6007 Mclean Pl NE, Washington, DC 20011                                      | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat                               | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
| Contributor Type<br>Individual  | Occupation Manager  Name and Address of Employer  ESC  1133 19th St NW, Washington, DC 20036   |                                    |  |
|   | Aggregate Year-To-date   |                                    | \$ 100.00  |
| 41. Full Name, Mailing Address and Zip Code Shaundrae Williams 6007 Mclean Pl NE, Washington, DC 20011  Contributor Type Individual | Contribution Type  Cash Money Order Cashier Check Credit Card Other (Specify) In Kind (Specify) Adult coat  Occupation Manager  Name and Address of Employer | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
|   | DXC Technology<br>1775 Tysons Blvd, Tysons, VA 22102   |                                    |  |

## OCF FORM 10 SCHEDULE A Page 10 of 13 for Line Number 11a ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

| Any information copied from such Reports or Stateme contributions, or for commercial purposes.                                  | ents may not be sold or used by any person for the purpo   | se of soliciting                   |  |
|---|--|------------------------------------|--|
| Full Name of Constituent-Service Program Ward 4 Constituent Services Fund   |  |                                    |  |
|   | Aggregate Year-To-date   |                                    | \$ 50.00   |
| 42. Full Name, Mailing Address and Zip Code Jack Campbell 1511 Allison St NW, Washington, DC 20011                              | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat   | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
| Contributor Type<br>Individual  | Occupation  Name and Address of Employer Self  |                                    |  |
|   | Aggregate Year-To-date   |                                    | \$ 50.00   |
| 43. Full Name, Mailing Address and Zip Code Sylvia Gwathmey 6222 7th St NW, Washington, DC 20011  Contributor Type Individual   | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coats - 3  Occupation  | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 150.00 |
|   | Name and Address of Employer Retired   |                                    |  |
|   | Aggregate Year-To-date   |                                    | \$ 150.00  |
| 44. Full Name, Mailing Address and Zip Code Adam Hunter 516 Crittenden St NW, Washington, DC 20011  Contributor Type Individual | Contribution Type  □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) ☑ In Kind (Specify) Adult coat  Occupation Owner  Name and Address of Employer  Hunter & Johnson, PLLC | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
|   | 700 7th St NW, Washington, DC 20001  |                                    |  |
|   | Aggregate Year-To-date   |                                    | \$ 50.00   |
| 45. Full Name, Mailing Address and Zip Code<br>Selerya Moore<br>215 Ingraham St NW, Washington, DC 20011                        | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coat   | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
| Contributor Type<br>Individual  | Occupation  Name and Address of Employer  Retired  | ,                                  |  |
|   | Aggregate Year-To-date   | <u> </u>                           | \$ 50.00   |
|   |  |                                    |  |

## OCF FORM 10 SCHEDULE A Page 11 of 13 for Line Number 11a

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|---|--|------------------------------------|--|
| Full Name of Constituent-Service Program Ward 4 Constituent Services Fund   |  |                                    |  |
| 46. Full Name, Mailing Address and Zip Code<br>Sheila Jones<br>6925 Georgia Ave NW, Washington, DC 20012                              | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat     | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
| Contributor Type<br>Individual  | Name and Address of Employer Retired   |                                    |  |
|   | Aggregate Year-To-date   |                                    | \$ 50.00   |
| 47. Full Name, Mailing Address and Zip Code Denise Wood 552 Ingraham St NE, Washington, DC 20011                                      | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat - 2 | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 100.00 |
| Contributor Type<br>Individual  | Occupation  Name and Address of Employer  Retired  |                                    |  |
|   | Aggregate Year-To-date   |                                    | \$ 100.00  |
| 48. Full Name, Mailing Address and Zip Code Delyia Lewis 5503 5th St NE, Washington, DC 20011   | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)  Adult coat    | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
| Contributor Type<br>Individual  | Occupation  Name and Address of Employer  Retired  |                                    |  |
|   | Aggregate Year-To-date   |                                    | \$ 50.00   |
| 49. Full Name, Mailing Address and Zip Code Michael Jackson 3636 16th St NW, Washington, DC 20010                                     | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat     | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
| Contributor Type<br>Individual  | Occupation Outreach coordinator  Name and Address of Employer  Garinnc/OMNI  2413 Benning Rd NE, Washington, DC 20002              |                                    |  |
|   | Aggregate Year-To-date   |                                    | \$ 50.00   |
| <ol> <li>Full Name, Mailing Address and Zip Code</li> <li>Dolores Bondurant</li> <li>7923 14th St NW, Washington, DC 20012</li> </ol> | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat     | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00  |
| Contributor Type<br>Individual  | Occupation  Name and Address of Employer  Retired  | 1                                  |  |

## OCF FORM 10 SCHEDULE A Page 12 of 13 for Line Number 11a

|   | CONTRIBUTIONS FROM OTHER THAN THE ELECTED   |                                    |   |
|---|---|------------------------------------|---|
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| Full Name of Constituent-Service Program  |   |                                    |   |
| Ward 4 Constituent Services Fund  |   |                                    |   |
|   | Aggregate Year-To-date  |                                    | \$ 50.00  |
| 51. Full Name, Mailing Address and Zip Code Bill Casey 3118 Rittenhouse St NW, Washington, DC 20015  Contributor Type             | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat  Occupation  | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
| Individual  | Name and Address of Employer  Retired  Aggregate Year-To-date   |                                    | \$ 50.00  |
| 50 F 11 M 27 A 11 A 17 G 1  |   |                                    | •   |
| 52. Full Name, Mailing Address and Zip Code<br>Jordyn Wright<br>914 Hamilton St NW, Washington, DC 20011                          | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coat  | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
| Contributor Type<br>Individual  | Occupation Owner  Name and Address of Employer Self/Betty's Foodtruck   | -                                  |   |
|   | Aggregate Year-To-date  |                                    | \$ 50.00  |
| 53. Full Name, Mailing Address and Zip Code Patricia Lockwood 133 Varnum St NW, Washington, DC 20011  Contributor Type Individual | Contribution Type  □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) ☑ In Kind (Specify) Adult coat  Occupation  Name and Address of Employer  Retired | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
|   | Aggregate Year-To-date  |                                    | \$ 50.00  |
|   |   |                                    |   |
| 54. Full Name, Mailing Address and Zip Code<br>Greg Holliman<br>5506A Dorset Dr, Alexandria, VA 22311                             | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat  | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
| Contributor Type<br>Individual  | Occupation Staff analyst  Name and Address of Employer  DC Government   | -                                  |   |
|   | Aggregate Year-To-date  |                                    | \$ 50.00  |
|   |   |                                    |   |

## OCF FORM 10 SCHEDULE A Page 13 of 13 for Line Number 11a

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|---|---|------------------------------------|---|
| Full Name of Constituent-Service Program  |   |                                    |   |
| Ward 4 Constituent Services Fund  |   |                                    |   |
| 55. Full Name, Mailing Address and Zip Code Cynthia Spooner 2200 Centreville Rd, Herndon, VA 20170  Contributor Type              | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Adult coat  Occupation  | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
| Individual  | Name and Address of Employer US Government  |                                    |   |
|   | Aggregate Year-To-date  |                                    | \$ 50.00  |
| 56. Full Name, Mailing Address and Zip Code Catherine Jones 7067 Wyndale St NW, Washington, DC 20015  Contributor Type Individual | Contribution Type  ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☑ In Kind (Specify) Adult coat  Occupation  Name and Address of Employer  Retired | Date (month, day, year) 12/16/2017 | Amount of Each<br>Receipt This Period<br>\$ 50.00 |
|   | Aggregate Year-To-date  |                                    | \$ 50.00  |
|   |   |                                    |   |
| TOTAL This Period (Aggregate of all Receipt pages)  |   |                                    | \$ 9,250.00                                       |

## OCF FORM 10 SCHEDULE A-6 Page 1 of 1 for Line Number 14

OFFSETS TO OPERATING EXPENDITURES (REFUNDS, REBATES, ETC)

| Receipt Type<br>Refund  | Date (month, day, year) 10/30/2017   | Amount of Each Offse<br>This Period<br>\$ 96.38   |
|-------------------------|--|---|
| Aggregate Year-To-date  |  | \$ 96.38  |
| Receipt Type<br>Refund  | Date (month, day, year)  12/07/2017  | Amount of Each Offse<br>This Period<br>\$ 227.31  |
| A garagata Vaar To data |  | \$ 227.31   |
|                         | Data (manth  | Amount of Each Offse  |
| Refund                  | day, year)   | This Period   |
|                         | 12/08/2017   | \$ 2.00   |
| Aggregate Year-To-date  | L  | \$ 14.00  |
| Receipt Type            | Date (month,   | Amount of Each Offse  |
| Refund                  | day, year)   | This Period   |
|                         | 12/18/2017   | \$ 35.55  |
| Aggregate Year-To-date  | <u>'</u>   | \$ 35.55  |
| Receipt Type<br>Refund  | Date (month, day, year)  | Amount of Each Offso<br>This Period   |
|                         | 12/19/2017   | \$ 13.89  |
| Aggregate Year-To-date  | L  | \$ 13.89  |
| Receipt Type            | Date (month,   | Amount of Each Offse  |
| Refund                  | day, year)   | This Period   |
|                         | 12/20/2017   | \$ 25.29  |
| Aggregate Year-To-date  | l  | \$ 121.67   |
|                         | Aggregate Year-To-date  Receipt Type Refund  Receipt Type Refund | Refund day, year)  10/30/2017  Aggregate Year-To-date  Receipt Type Refund Date (month, day, year) 12/07/2017  Aggregate Year-To-date  Receipt Type Refund Date (month, day, year) 12/08/2017  Aggregate Year-To-date  Receipt Type Refund Date (month, day, year) 12/18/2017  Aggregate Year-To-date  Receipt Type Refund Date (month, day, year) 12/18/2017  Aggregate Year-To-date  Receipt Type Refund Date (month, day, year) 12/19/2017  Aggregate Year-To-date  Receipt Type Refund Date (month, day, year) 12/19/2017 |

OPERATING EXPENDITURES

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| Full Name of Constituent-Service Program  |                                   |                               |   |
|---|-----------------------------------|-------------------------------|---|
| Ward 4 Constituent Services Fund  |                                   |                               |   |
| 1. Full Name, Mailing Address and Zip Code Industrial Bank 4812 Georgia Ave NW, Washington,   | Purpose of Expenditure Bank Fees  | Date (month, day,             | Amount of Each Expenditure This Perior    |
| DC 20011  |                                   | year) 10/06/2017              | \$ 8.00                                   |
| 2. Full Name, Mailing Address and Zip Code Industrial Bank 4812 Georgia Ave NW, Washington, DC 20011                                  | Purpose of Expenditure  Bank Fees | Date<br>(month, day,<br>year) | Amount of Each<br>Expenditure This Period |
| DC 20011  |                                   | 10/17/2017                    | \$ 8.00                                   |
| 3. Full Name, Mailing Address and Zip Code Industrial Bank 4812 Georgia Ave NW, Washington, DC 20011                                  | Purpose of Expenditure  Bank Fees | Date<br>(month, day,<br>year) | Amount of Each<br>Expenditure This Perio  |
|   |                                   | 10/17/2017                    | \$ 500.00                                 |
| 4. Full Name, Mailing Address and Zip Code Industrial Bank 4812 Georgia Ave NW, Washington, DC 20011                                  | Purpose of Expenditure  Bank Fees | Date<br>(month, day,<br>year) | Amount of Each<br>Expenditure This Period |
|   |                                   | 11/09/2017                    | \$ 8.00                                   |
| 5. Full Name, Mailing Address and Zip Code<br>Industrial Bank<br>4812 Georgia Ave NW, Washington,                                     | Purpose of Expenditure  Bank Fees | Date (month, day, year)       | Amount of Each<br>Expenditure This Perio  |
| DC 20011  |                                   | 12/08/2017                    | \$ 2.00                                   |
| 6. Full Name, Mailing Address and Zip Code Ward 4 Constituents 2 (children) 1350 Pennsylvania Avenue, Suite 105,                      | Purpose of Expenditure In-Kind    | Date<br>(month, day,<br>year) | Amount of Each<br>Expenditure This Perio  |
| NW, Washington, DC 20004  |                                   | 12/20/2017                    | \$ 6,575.00                               |
| 7. Full Name, Mailing Address and Zip Code Ward 4 Constituents (Adults) 1350 Pennsylvania Avenue, Suite 105, NW, Washington, DC 20004 | Purpose of Expenditure In-Kind    | Date (month, day, year)       | Amount of Each<br>Expenditure This Perio  |
|   |                                   | 12/20/2017                    | \$ 2,500.00                               |

## ALL OTHER EXPENDITURES

|  | ALL OTHER EXPENDITE  | •                                       | for Line Number 10                     |
|--|--|---|--|
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| contributions, or for commercial purposes.             |  |   |  |
| Full Name of Constituent-Service Program               |  |   |  |
| Ward 4 Constituent Services Fund                       |  |   |  |
| 1. Full Name, Mailing Address and Zip Code             | Purpose of Expenditure   | Date                                    | Amount of Each                         |
| Joshua Fleitman<br>1350 Pennsylvania Ave NW Suite 105, | Summling   | (month, day,                            | Expenditure This Period                |
| Washington, DC 20004                                   | Supplies   | year)                                   |  |
| -  |  | 10/03/2017                              | \$ 29.40                               |
| 2. Full Name, Mailing Address and Zip Code             | Purpose of Expenditure   | Date                                    | Amount of Each                         |
| Homestead<br>3911 Georgia Ave NW, Washington,          | Services   | (month, day, year)                      | Expenditure This Period                |
| DC 20011   | Services   |   | 0.454.00                               |
| 2 F 11N M. T A 11 17' C. 1                             | D man of F man I'v   | 10/10/2017                              | \$ 174.20                              |
| 3. Full Name, Mailing Address and Zip Code  Home Depot | Purpose of Expenditure   | Date (month, day,                       | Amount of Each Expenditure This Period |
| 3301 East West Highway, Hyattsville,                   | Supplies   | year)                                   | Expenditure This Terrou                |
| MD 20782   | S SPF  |   | 0.102.72                               |
| 4. Full Name, Mailing Address and Zip Code             | Purpose of Expenditure   | 10/30/2017<br>Date                      | \$ 102.72  Amount of Each              |
| Walmart Supercenter                                    | rurpose of Expenditure   | (month, day,                            | Expenditure This Period                |
| 5929 Georgia Ave NW, Washington,                       | Supplies   | year)                                   |  |
| DC 20012   |  | 12/04/2017                              | \$ 239.08                              |
| 5. Full Name, Mailing Address and Zip Code             | Purpose of Expenditure   | Date                                    | Amount of Each                         |
| Old City Farm and Guild                                | Turpose of Experiantare  | (month, day,                            | Expenditure This Period                |
| 925 Rhode Island Ave NW,                               | Supplies   | year)                                   |  |
| Washington, DC 20001                                   |  | 12/07/2017                              | \$ 227.31                              |
| 6. Full Name, Mailing Address and Zip Code             | Purpose of Expenditure   | Date                                    | Amount of Each                         |
| Old City Farm and Guild                                | The second secon | (month, day,                            | Expenditure This Period                |
| 925 Rhode Island Ave NW,                               | Supplies   | year)                                   |  |
| Washington, DC 20001                                   |  | 12/07/2017                              | \$ 174.43                              |
| 7. Full Name, Mailing Address and Zip Code             | Purpose of Expenditure   | Date                                    | Amount of Each                         |
| Old City Farm and Guild                                |  | (month, day,                            | Expenditure This Period                |
| 925 Rhode Island Ave NW,<br>Washington, DC 20001       | Supplies   | year)                                   |  |
| washington, DC 20001                                   |  | 12/08/2017                              | \$ 34.84                               |
| 8. Full Name, Mailing Address and Zip Code             | Purpose of Expenditure   | Date                                    | Amount of Each                         |
| Amazon.com<br>4200 Guilford Dr, College Park, MD       |  | (month, day,                            | Expenditure This Period                |
| 20740  | Supplies   | year)                                   |  |
|  |  | 12/08/2017                              | \$ 10.71                               |
| 9. Full Name, Mailing Address and Zip Code             | Purpose of Expenditure   | Date                                    | Amount of Each                         |
| AAA PArty Rental 3361 75th Avenue, suite A, Landover,  | Supplies   | (month, day, year)                      | Expenditure This Period                |
| MD 20785   | Supplies   |   |  |
|  |  | 12/11/2017                              | \$ 350.23                              |
| 10. Full Name, Mailing Address and Zip Code Staples    | Purpose of Expenditure   | Date (month, day,                       | Amount of Each Expenditure This Period |
| 1250 H Sstreet NW, Washington, DC                      | Supplies   | year)                                   | Expenditure This Feriod                |
| 20005  |  |   | o 21 71                                |
| 11. Full Name, Mailing Address and Zip Code            | Purpose of Expenditure   | 12/11/2017 Date                         | \$ 31.71 Amount of Each                |
| DC Treasurer   | 1 dipose of Expenditure  | (month, day,                            | Expenditure This Period                |
| 1275 K St Nw # 600 Washington,                         | Sponsorship  | year)                                   |  |
| Washington, DC 20005                                   |  | 12/14/2017                              | \$ 100.00                              |
| 12. Full Name, Mailing Address and Zip Code            | Purpose of Expenditure   | Date                                    | Amount of Each                         |
| Costco   |  | (month, day,                            | Expenditure This Period                |
| 2241 Market St NE, Washington, DC                      | Supplies   | year)                                   |  |
| 20018  |  | 12/14/2017                              | \$ 93.44                               |
|  | I .  | 12/11/201/                              | 1                                      |

| 13. Full Name, Mailing Address and Zip Code Walmart Supercenter | Purpose of Expenditure | Date (month, day,  | Amount of Each Expenditure This Period |
|---|------------------------|--------------------|--|
| 5929 Georgia Ave NW, Washington,                                | Supplies               | vear)              | Expenditure This Ferioc                |
| DC 20012  |                        | 12/14/2017         | \$ 42.84                               |
| 14. Full Name, Mailing Address and Zip Code                     | Purpose of Expenditure | Date               | Amount of Each                         |
| AAA PArty Rental<br>3361 75th Avenue, suite A, Landover,        | Supplies               | (month, day, year) | Expenditure This Period                |
| MD 20785  |                        | 12/15/2017         | \$ 92.60                               |
| 15. Full Name, Mailing Address and Zip Code                     | Purpose of Expenditure | Date               | Amount of Each                         |
| Staples<br>1250 H Sstreet NW, Washington, DC                    | Supplies               | (month, day, year) | Expenditure This Period                |
| 20005   |                        | 12/15/2017         | \$ 34.97                               |
| 6. Full Name, Mailing Address and Zip Code                      | Purpose of Expenditure | Date               | Amount of Each                         |
| Costco<br>2241 Market St NE, Washington, DC                     | Supplies               | (month, day, year) | Expenditure This Period                |
| 20018   |                        | 12/15/2017         | \$ 79.21                               |
| 17. Full Name, Mailing Address and Zip Code                     | Purpose of Expenditure | Date               | Amount of Each                         |
| CVS<br>5335 Wisconsin Ave NW, Washington,                       |                        | (month, day,       | Expenditure This Period                |
| DC 20015  | Supplies               | year)              |  |
| 10 F 11 12 12 12 12 12 12 12 12 12 12 12 12                     |                        | 12/16/2017         | \$ 11.88                               |
| 18. Full Name, Mailing Address and Zip Code <b>Dollar Tree</b>  | Purpose of Expenditure | Date (month, day,  | Amount of Each Expenditure This Period |
| 1919 Michigan Ave NE, Washington,                               | Supplies               | year)              | Expenditure This Terror                |
| DC 20018  | "                      | 12/16/2017         | \$ 18.92                               |
| 19. Full Name, Mailing Address and Zip Code                     | Purpose of Expenditure | Date               | Amount of Each                         |
| Home Depot  |                        | (month, day,       | Expenditure This Period                |
| 3301 East West Highway, Hyattsville,<br>MD 20782                | Supplies               | year)              |  |
| NID 20/02   |                        | 12/16/2017         | \$ 44.57                               |
| 20. Full Name, Mailing Address and Zip Code                     | Purpose of Expenditure | Date               | Amount of Each                         |
| Costco<br>2241 Market St NE, Washington, DC                     | Committee              | (month, day,       | Expenditure This Period                |
| 20018   | Supplies               | year)              |  |
|   | 1                      | 12/19/2017         | \$ 27.87                               |
| 21. Full Name, Mailing Address and Zip Code                     | Purpose of Expenditure | Date (month, day,  | Amount of Each Expenditure This Period |
| Jackson Carnes<br>1350 Pennsylvania Avenue, Suite 105,          | Supplies               | year)              | Expenditure This Period                |
|   | Supplies               |                    |  |

#### SCHEDULE C

#### SALES AND COLLECTIONS

Page 1 of 1 for Line Number 12

| Full Name of Constituent-Ser  | vice Program   |  | ige I of   | 1 Ior    | Line Number 12                         |
|---|--|--|------------|----------|--|
| Ward 4 Constituent Ser  | -  |  |            |          |  |
|   | EEDS DURING THE REPORTING PERIOD FROM:   | 10/02/2017                                 | то         | 01/01/20 | 18                                     |
|   |  |  |            |          | 0.00                                   |
| 1. Sale of Tickets (list by ex  |  |  |            | \$ —     | 6,575.00                               |
| 2. Mass Collections (list by  |  |  |            | \$ —     | 0.00                                   |
|   |  |  |            | \$ —     | 0.00                                   |
| 4. Total cash/check contributions of \$49.00 or less from individuals |  |  |            |          | 6,575.00                               |
| TOTAL (carry forward to L   | .ine 12 of Detailed Summary Page)  |  |            | \$       |  |
| D. C. C.  | LIST OF SALES AND COLLECT  |  |            |          | · F                                    |
| Date of Event<br>(Month, Day, Year)                                   | Type of Event  | Amount From Sale of<br>Tickets This Period |            |          | nount From Mass<br>ections This Period |
| 12/16/2017  | Ward 4 Holiday Party & Coat Drive - 263 You  | \$ 0.00                                    |            |          | \$ 6,575.00                            |
| TOTAL THIS DEDIOD   |  | £0.00                                      |            |          | \$ CE75 00                             |
| TOTAL THIS PERIOD   |  | \$ 0.00                                    |            |          | \$ 6575.00                             |
|   | f all Sales and Collections Pages)  we list by event use the appropriate sub-schedule of Schedule A to list to | the date full name and mailing address t   | occupation | n and    |  |

<sup>\*</sup> 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-schedule A to this Schedule, and identify it as Part 2 of Schedule C.