



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

REPORT OF RECEIPTS AND EXPENDITURES
FOR CANDIDATES, PRINCIPAL CAMPAIGN OR POLITICAL COMMITTEES,
POLITICAL ACTION COMMITTEES, INDEPENDENT EXPENDITURE COMMITTEES

SUMMARY PAGE

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Boese 2018	2. OCF Identification Number PCCCC1186890
Address 608 Rock Creek Church Road, NW	3. Is this report an Amendment? (Yes or No) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City, State and Zip Code Washington, DC 20010	

4. TYPE OF REPORT: **January 31st Report**

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 8/1/2017 through 1/31/2018		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 15,826.17	
(c) Total Receipts [from Line (16)]	\$ 7,223.00	\$ 40,725.91
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 23,049.17	
7. Total Expenditures (from Line 22)	\$ 6,714.30	\$ 24,391.04
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 16,334.87	
9. Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed By the Committee to the Candidate (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) Loans from other sources made to the Committee (itemize all on Schedule E-1)	\$ 0.00	\$ 0.00

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

(1) OATH OR AFFIRMATION OF CANDIDATE IF FILING

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

TYPE OR PRINT FULL NAME OF CANDIDATE

SIGNATURE OF CANDIDATE

DATE

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

NOTARY PUBLIC

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

(2) OATH OR AFFIRMATION OF COMMITTEE TREASURER

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

Mr. Matthew E. Goldschmidt

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

03/10/2018

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.

(3) OATH OR AFFIRMATION OF COMMITTEE TREASURER OF INDEPENDENT EXPENDITURE COMMITTEE

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT THE COMMITTEE HAS MADE NO CONTRIBUTIONS OR TRANSFER OF FUNDS TO ANY PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION COMMITTEE.

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

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

NOTARY PUBLIC

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

(4) OATH OR AFFIRMATION OF COMMITTEE TREASURER OF POLITICAL ACTION COMMITTEE

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT THE CONTRIBUTIONS RECEIVED BY THE COMMITTEE AND THE EXPENDITURES MADE HAVE NOT BEEN CONTROLLED OR DIRECTED BY ANY PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL PARTY.

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

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

NOTARY PUBLIC

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND EXPENDITURES
OCF Form 16, Page 2**

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Boese 2018	REPORT COVERING THE PERIOD FROM: 8/1/2017 TO: 1/31/2018	
I. RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE TO-DATE CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 6,781.00	\$ 29,281.00 11(a)
(b) Political Party Committees (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) The Candidate (Schedule A-3)	\$ 442.00	\$ 10,944.91 11(d)
(e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the candidate or committee (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e) and (f)]	\$ 7,223.00	\$ 40,225.91 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS		
(a) Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 13(b)
(c) Total Loans [add Lines 13(a) and (b)]	\$ 0.00	\$ 0.00 13(c)
14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5)	\$ 0.00	\$ 0.00 14
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$ 0.00	\$ 500.00 15
16. TOTAL RECEIPTS [add Lines 11(g), 12, 13(c), 14 and 15]	\$ 7,223.00	\$ 40,725.91 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 6,711.30	\$ 24,338.04 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) Of Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 19(b)
(c) Total Loan Repayments [add Lines 19(a) and 19(b)]	\$ 0.00	\$ 0.00 19(c)
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Organizations Other Than Political Committees (Schedule B-2)	\$ 3.00	\$ 53.00 20(a)
(b) Political Party Committees (Schedule B-3)	\$ 0.00	\$ 0.00 20(b)
(c) Other Political Committees and PACs (Schedule B-4)	\$ 0.00	\$ 0.00 20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]	\$ 3.00	\$ 53.00 20(d)
21. OTHER EXPENDITURES		
(a) Independent Expenditures (Schedule B-5)	\$ 0.00	\$ 0.00 21(a)
(b) Offsets to Receipts (Schedule B-6)	\$ 0.00	\$ 0.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 0.00	\$ 0.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 6,714.30	\$ 24,391.04 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	15,826.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	7,223.00
25. SUBTOTAL (add Lines 23 and 24)	\$	23,049.17
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)	\$	6,714.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	\$	16,334.87

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

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

Boese 2018

1. Full Name, Mailing Address and Zip Code LaToya Thomas 1112 42nd St NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/11/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Consultant (Real Estate)/Business Owner Name and Address of Employer Brick & Story LLC		
Aggregate Year-To-date			\$ 100.00
2. Full Name, Mailing Address and Zip Code Bill Brown 1215 Lamont ST NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/11/2017	Amount of Each Receipt This Period \$ 1.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer ThreeStars2Bars Washington, DC		
Aggregate Year-To-date			\$ 36.00
3. Full Name, Mailing Address and Zip Code David Van Horn 642 Keefer Pl NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/13/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Professor Name and Address of Employer University of Maryland		
Aggregate Year-To-date			\$ 100.00
4. Full Name, Mailing Address and Zip Code Yared Tesafaye 50 Rhode Island Ave NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/14/2017	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Partner Name and Address of Employer Corcoran and Kendall Development		
Aggregate Year-To-date			\$ 500.00
5. Full Name, Mailing Address and Zip Code Yared Tesafaye 50 Rhode Island Ave NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/14/2017	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Partner Name and Address of Employer Corcoran and Kendall Development		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Boese 2018

6. Full Name, Mailing Address and Zip Code Bryan Kendall 15617 Cheswicke Ln, Upper Marlboro, MD 20772	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/14/2017	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Program Director Name and Address of Employer Amy Jacques Garvey Institute		
Aggregate Year-To-date			\$ 10.00
7. Full Name, Mailing Address and Zip Code Clarence Moore, Jr. 506 Park Rd 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) 12/14/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 100.00
8. Full Name, Mailing Address and Zip Code Kevin Gooch 3620 10th St NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/17/2017	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation CEO Name and Address of Employer BayFirst Solutions LLC		
Aggregate Year-To-date			\$ 500.00
9. Full Name, Mailing Address and Zip Code Lauren Burgess 730 Quebec Pl NW Unit 1, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/03/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Self-Supported Name and Address of Employer NA		
Aggregate Year-To-date			\$ 100.00
10. Full Name, Mailing Address and Zip Code Julie Flores Kriegsfeld 3632 New Hampshire Ave NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/18/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Manager Name and Address of Employer Federal Aviation Administration		
Aggregate Year-To-date			\$ 100.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Boese 2018

11. Full Name, Mailing Address and Zip Code Alan Gambrell 1648 Argonne PL NW, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/18/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Writer/Editor Name and Address of Employer Public Ink Inc. Washington, DC		
Aggregate Year-To-date			\$ 503.00
12. Full Name, Mailing Address and Zip Code Gardner Gregory 1405 Rhode Island Ave NW, Washington, DC 20005	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/18/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Architect Name and Address of Employer SevenFiveThree Development		
Aggregate Year-To-date			\$ 500.00
13. Full Name, Mailing Address and Zip Code Yun Yi 3614 Georgia Ave NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/19/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Owner Name and Address of Employer Lions Fine Wine & Spirits		
Aggregate Year-To-date			\$ 100.00
14. Full Name, Mailing Address and Zip Code Jennifer Kuiper 644 Keefer Pl NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/25/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Community Economic Development Name and Address of Employer District Bridges		
Aggregate Year-To-date			\$ 75.00
15. Full Name, Mailing Address and Zip Code Jennifer Kuiper 644 Keefer Pl NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/25/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Community Economic Development Name and Address of Employer District Bridges		
Aggregate Year-To-date			\$ 75.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Boese 2018

16. Full Name, Mailing Address and Zip Code David Parkin 2112 8th St NW Apt 915, Washington, DC 20001	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/26/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Analyst Name and Address of Employer U.S. Customs and Border Protection		
Aggregate Year-To-date			\$ 50.00
17. Full Name, Mailing Address and Zip Code Philip Mason 1300 Euclid St NW PH, Washington, DC 20009	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) 01/26/2018	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation President Name and Address of Employer PM Sales, Inc.		
Aggregate Year-To-date			\$ 200.00
18. Full Name, Mailing Address and Zip Code Mark Rutstein 1220 10th 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) 01/28/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Realtor Name and Address of Employer Self-Employed		
Aggregate Year-To-date			\$ 50.00
19. Full Name, Mailing Address and Zip Code Peter Lyden 1726 Euclid St NW, Washington, DC 20009	Contribution Type <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input 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) 01/28/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 100.00
20. Full Name, Mailing Address and Zip Code Marianna Ohe 3426 16th St NW Apt 408, Washington, DC 20010	Contribution Type <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input 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) 01/28/2018	Amount of Each Receipt This Period \$ 20.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 20.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Boese 2018

21. Full Name, Mailing Address and Zip Code Lou Vivas 1340 Monroe St 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) 01/28/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Realtor Name and Address of Employer Self-Employed		
Aggregate Year-To-date			\$ 500.00
22. Full Name, Mailing Address and Zip Code Joe Puzzo 2115 12th Pl NW, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/28/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Teacher Name and Address of Employer Arlington Public Schools		
Aggregate Year-To-date			\$ 100.00
23. Full Name, Mailing Address and Zip Code Jose Calvo 3625 11th St NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/28/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Litigation Specialist Name and Address of Employer USDA		
Aggregate Year-To-date			\$ 100.00
24. Full Name, Mailing Address and Zip Code Michael Arnone 3627 10th St NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/28/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Military Officer Name and Address of Employer U.S. Army Washington, DC		
Aggregate Year-To-date			\$ 500.00
25. Full Name, Mailing Address and Zip Code George York 3620 10th St NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/28/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Manager Name and Address of Employer Diageo		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Boese 2018

26. Full Name, Mailing Address and Zip Code Thomas Falcigno 1375 Fairmont St NW, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/28/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Capgemoni Goverment Solutions LLC		
Aggregate Year-To-date		\$ 100.00	
27. Full Name, Mailing Address and Zip Code Haley Griffin 619 Otis Pl NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/28/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Lobbyist Name and Address of Employer Raben Group		
Aggregate Year-To-date		\$ 50.00	
28. Full Name, Mailing Address and Zip Code Tara Van De Mark 3624 New Hampshire Ave NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/28/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 100.00	
29. Full Name, Mailing Address and Zip Code Andre Denegri 1414 V St NW, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input checked="" type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/28/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Financial Analyst Name and Address of Employer Contractor - Team People Washington, DC		
Aggregate Year-To-date		\$ 100.00	
30. Full Name, Mailing Address and Zip Code Ricky Green 1702 Summit Pl NW Apt 500, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/28/2018	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Teacher Name and Address of Employer Centro Nia		
Aggregate Year-To-date		\$ 10.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Boese 2018

31. Full Name, Mailing Address and Zip Code Kelly Delmore 3630 New Hampshire Ave NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/28/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Lobbyist Name and Address of Employer Hooper, Lundy & Bookman PC		
Aggregate Year-To-date			\$ 50.00
32. Full Name, Mailing Address and Zip Code Theodore Fuller 1662 Euclid St NW Apt A, Washington, DC 20009	Contribution Type <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input 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) 01/28/2018	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Psychologist Name and Address of Employer Family Development Associates, Inc.		
Aggregate Year-To-date			\$ 10.00
33. Full Name, Mailing Address and Zip Code Jessica Plock 3632 New Hampshire Ave NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/28/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Deloitte Consulting LLP		
Aggregate Year-To-date			\$ 500.00
34. Full Name, Mailing Address and Zip Code Kelly Carroll 3628 New Hampshire Ave NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/28/2018	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Hooper, Lundy & Bookman		
Aggregate Year-To-date			\$ 200.00
35. Full Name, Mailing Address and Zip Code James Turner 1236 Girard ST NW, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/29/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 250.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Boese 2018

36. Full Name, Mailing Address and Zip Code Tom Carmichael 2032 Belmont Rd NW Apt 418, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/29/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 50.00
37. Full Name, Mailing Address and Zip Code Amir Irani 1841 California St NW, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/29/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Marketer Name and Address of Employer Shinycent		
Aggregate Year-To-date			\$ 50.00
38. Full Name, Mailing Address and Zip Code John Kern 3604 Park Pl NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/30/2018	Amount of Each Receipt This Period \$ 35.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Community Wealth Partners		
Aggregate Year-To-date			\$ 35.00
39. Full Name, Mailing Address and Zip Code Tucker Cholvin 125 F St NW Fl 9, Washington, DC 20528	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/31/2018	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer GPG		
Aggregate Year-To-date			\$ 10.00
40. Full Name, Mailing Address and Zip Code Bryan Simmons 705 Harvard St NW, Washington, DC 20001	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/31/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Contractor Name and Address of Employer Self-Employed		
Aggregate Year-To-date			\$ 50.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Boese 2018

41. Full Name, Mailing Address and Zip Code Terry Applebee 2380 Champlain St NW Apt 201, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/31/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 25.00
42. Full Name, Mailing Address and Zip Code Paul Millstein 16610 Oak Hill Rd, Silver Spring, MD 20905	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/31/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Project Manager Name and Address of Employer DDC		
Aggregate Year-To-date			\$ 500.00
43. Full Name, Mailing Address and Zip Code Ernest Marcus 5460 39th St NW, Washington, DC 20015	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/31/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer Marcus Asset Group		
Aggregate Year-To-date			\$ 100.00
44. Full Name, Mailing Address and Zip Code Joanne Veto 1390 Kenyon St NW Apt 728, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/31/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Public Relations Name and Address of Employer Accenture		
Aggregate Year-To-date			\$ 100.00
45. Full Name, Mailing Address and Zip Code Jason Bauer 737 Park Rd NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/31/2018	Amount of Each Receipt This Period \$ 35.00
Contributor Type Individual	Occupation Statistician Name and Address of Employer US Census Bureau Washington, DC		
Aggregate Year-To-date			\$ 85.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Boese 2018

46. Full Name, Mailing Address and Zip Code Amanda Lorman 469 Luray Pl NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/31/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Civil Service Name and Address of Employer US Department of State		
Aggregate Year-To-date			\$ 25.00
47. Full Name, Mailing Address and Zip Code Andrea Gallelli 2032 Belmont Rd NW, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/31/2018	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Art Historian Name and Address of Employer George Washington University		
Aggregate Year-To-date			\$ 200.00
48. Full Name, Mailing Address and Zip Code Michael Hechter 1602 Allison St NW, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/31/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Director Name and Address of Employer National Cancer Registrars Association		
Aggregate Year-To-date			\$ 25.00
49. Full Name, Mailing Address and Zip Code Yavonne Boyd 1029 Park Rd NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 01/31/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Public Health Consultant Name and Address of Employer Self-Employed		
Aggregate Year-To-date			\$ 50.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 6,781.00

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

Boese 2018

	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Fundraising Event Cost at Busboys and Poets on 1/29/2018	Date (month, day, year) 01/29/2018	Amount of Each Receipt This Period \$ 442.00
	Aggregate Year-To-date		\$ 10,944.91

TOTAL This Period (Aggregate of all Receipt pages)

\$ 442.00

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

Boese 2018

1. Full Name, Mailing Address and Zip Code Bill Brown 1215 Lamont St NW, Washington, DC 20010	Purpose of Expenditure Consultant	Date (month, day, year) 12/12/2017	Amount of Each Expenditure This Period \$ 1,500.00
Occupation ThreeStars2Bars LLC	Name and Address of Employer Consultant Washington, DC		
2. Full Name, Mailing Address and Zip Code Gelberg Signs 6511 Chillum Place NW, Washington, DC 20012	Purpose of Expenditure Campaign Materials	Date (month, day, year) 12/22/2017	Amount of Each Expenditure This Period \$ 2,424.38
Occupation	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code Bill Brown 1215 Lamont St NW, Washington, DC 20010	Purpose of Expenditure Consultant	Date (month, day, year) 12/26/2017	Amount of Each Expenditure This Period \$ 1,500.00
Occupation ThreeStars2Bars LLC	Name and Address of Employer Consultant Washington, DC		
4. Full Name, Mailing Address and Zip Code WeWork 641 S ST NW, Washington, DC 20001	Purpose of Expenditure Rental	Date (month, day, year) 01/02/2018	Amount of Each Expenditure This Period \$ 350.00
Occupation	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code ACH of America, LLC 777 E. Altamone Drive, Altamonte Springs, FL 32701	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 01/02/2018	Amount of Each Expenditure This Period \$ 201.97
Occupation	Name and Address of Employer		
6. Full Name, Mailing Address and Zip Code NGP VAN 1445 New York Ave NW #200, Washington, DC 20005	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 01/02/2018	Amount of Each Expenditure This Period \$ 250.00
Occupation	Name and Address of Employer		
7. Full Name, Mailing Address and Zip Code Kent Boese 608 Rock Creed Church Rd NW, Washington, DC 20010	Purpose of Expenditure In-Kind	Date (month, day, year) 01/29/2018	Amount of Each Expenditure This Period \$ 442.00
Occupation Law Librarian	Name and Address of Employer Wiley Rein , DC		

8. Full Name, Mailing Address and Zip Code Square, Inc. 1455 Market Street #600, San Francisco, CA 94103	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 01/30/2018	Amount of Each Expenditure This Period \$ 42.95
Occupation	Name and Address of Employer		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 6,711.30

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FULL Name of Committee (Name of Candidate, if Candidate is reporting)
Boese 2018

1. Full Name, Mailing Address and Zip Code Alan Gambrell 1648 Argonne PL NW, Washington, DC 20009	Purpose of Expenditure	Date (month, day, year) 01/31/2018	Amount of Each Expenditure This Period \$ 3.00
Contributor Type Individual			

TOTAL This Period (Aggregate of all expenditure pages)\$ 3.00