

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

NOTARY PUBLIC

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

(2) OATH OR AFFIRMATION OF COMMITTEE TREASURER

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

Mr. Jonas Singer

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

03/20/2018

SIGNATURE OF TREASURER

DATE

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(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

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(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

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

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Holmes for DC	REPORT COVERING THE PERIOD FROM: 2/1/2018 TO: 3/10/2018	
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)	\$ 8,720.00	\$ 27,405.00 11(a)
(b) Political Party Committees (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) The Candidate (Schedule A-3)	\$ 0.00	\$ 0.00 11(d)
(e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the candidate or committee (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e) and (f)]	\$ 8,720.00	\$ 27,405.00 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS		
(a) Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 13(b)
(c) Total Loans [add Lines 13(a) and (b)]	\$ 0.00	\$ 0.00 13(c)
14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5)	\$ 0.00	\$ 0.00 14
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$ 0.00	\$ 0.00 15
16. TOTAL RECEIPTS [add Lines 11(g), 12, 13(c), 14 and 15]	\$ 8,720.00	\$ 27,405.00 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 4,924.05	\$ 8,734.08 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) Of Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 19(b)
(c) Total Loan Repayments [add Lines 19(a) and 19(b)]	\$ 0.00	\$ 0.00 19(c)
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Organizations Other Than Political Committees (Schedule B-2)	\$ 0.00	\$ 0.00 20(a)
(b) Political Party Committees (Schedule B-3)	\$ 0.00	\$ 0.00 20(b)
(c) Other Political Committees and PACs (Schedule B-4)	\$ 0.00	\$ 0.00 20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]	\$ 0.00	\$ 0.00 20(d)
21. OTHER EXPENDITURES		
(a) Independent Expenditures (Schedule B-5)	\$ 0.00	\$ 0.00 21(a)
(b) Offsets to Receipts (Schedule B-6)	\$ 0.00	\$ 0.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 0.00	\$ 0.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 4,924.05	\$ 8,734.08 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		14,874.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		8,720.00
25. SUBTOTAL (add Lines 23 and 24)		23,594.97
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)		4,924.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		18,670.92

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

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

Holmes for DC

1. Full Name, Mailing Address and Zip Code Miatta Thomas 720 13th St NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/01/2018	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Self Name and Address of Employer Self		
Aggregate Year-To-date			\$ 1,000.00
2. Full Name, Mailing Address and Zip Code Robert Thomas 6211 Winslow Ct , Fairfax Station, VA 22039	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) 02/01/2018	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Self Name and Address of Employer Self		
Aggregate Year-To-date			\$ 1,000.00
3. Full Name, Mailing Address and Zip Code Maheni John 8190 Strawberry Ln Apt 519, Falls Church, VA 22042	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) 02/02/2018	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Self Name and Address of Employer Self		
Aggregate Year-To-date			\$ 1,000.00
4. Full Name, Mailing Address and Zip Code Saweda Kess Bullock 720 13th St NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/02/2018	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Self Name and Address of Employer Self		
Aggregate Year-To-date			\$ 1,000.00
5. Full Name, Mailing Address and Zip Code Alex Kamara 6211 Winslow Ct , Fairfax Station, VA 22039	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) 02/03/2018	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Self Name and Address of Employer Self		
Aggregate Year-To-date			\$ 1,000.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Holmes for DC

6. Full Name, Mailing Address and Zip Code Rebekah Caruthers 1001 3rd St SW, Washington, DC 20024	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) 02/04/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation RCC LLC Name and Address of Employer Political Consultant		
Aggregate Year-To-date			\$ 100.00
7. Full Name, Mailing Address and Zip Code Shaundrae Williams 6007 McLean PI NE, Washington, DC 20011	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) 02/04/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation DXC Technology Name and Address of Employer Solution Consultant		
Aggregate Year-To-date			\$ 100.00
8. Full Name, Mailing Address and Zip Code Emory Andrews 10313 Welshire Dr, Upper Marlboro, MD 20772	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) 02/04/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 100.00
9. Full Name, Mailing Address and Zip Code Darrin Davis 2239 Nicholson St SE, Washington, DC 20020	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) 02/04/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Anacostia River Realty Name and Address of Employer Real Estate		
Aggregate Year-To-date			\$ 50.00
10. Full Name, Mailing Address and Zip Code Brenda Wharton 3604 Lochearn Dr, Baltimore, MD 21207	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/04/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Howard County Public Schools Name and Address of Employer Interpreter		
Aggregate Year-To-date			\$ 100.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Holmes for DC

11. Full Name, Mailing Address and Zip Code kyle bolick 9115 Lake Spring Ave, Charlotte, NC 28216	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) 02/04/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Charter communications Name and Address of Employer Recruiter		
Aggregate Year-To-date			\$ 50.00
12. Full Name, Mailing Address and Zip Code Jamie Trotter 409 17th St NE Unit B, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/11/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Health Administrator Name and Address of Employer PCORI		
Aggregate Year-To-date			\$ 1,000.00
13. Full Name, Mailing Address and Zip Code Twee Nguyen 6 Carver Rd, Cabin John, MD 20818	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) 02/11/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Self Name and Address of Employer Self		
Aggregate Year-To-date			\$ 100.00
14. Full Name, Mailing Address and Zip Code WHITNEY SHEPARD 4211 Eastern Ave, Mount Rainier, MD 20712	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) 02/18/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Self Name and Address of Employer Self		
Aggregate Year-To-date			\$ 50.00
15. Full Name, Mailing Address and Zip Code Nabilah Islam 151 Q St NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/18/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation DNC Name and Address of Employer Southeast Finance Director		
Aggregate Year-To-date			\$ 50.00

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

Holmes for DC

16. Full Name, Mailing Address and Zip Code Velvet Wright 429 Hamilton St NW, Washington, DC 20011	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) 02/18/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Self Name and Address of Employer Eucator		
Aggregate Year-To-date			\$ 50.00
17. Full Name, Mailing Address and Zip Code Henry Stewart 312 Emerson St NW, Washington, DC 20011	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) 02/18/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation EMERSON STREET STRATEGY GROUP Name and Address of Employer PR EXEC		
Aggregate Year-To-date			\$ 50.00
18. Full Name, Mailing Address and Zip Code Christian Taylor 1800 Lawrence St NE, Washington, DC 20018	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/18/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation CT3 Strategies Name and Address of Employer Consultant		
Aggregate Year-To-date			\$ 100.00
19. Full Name, Mailing Address and Zip Code Clayton Lawrence 1111 23rd St NW, Washington, DC 20037	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) 02/18/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Leap Name and Address of Employer President		
Aggregate Year-To-date			\$ 250.00
20. Full Name, Mailing Address and Zip Code Lael Echo-Hawk 417 17th St NE # 1, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/25/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Self Name and Address of Employer Self		
Aggregate Year-To-date			\$ 100.00

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

Holmes for DC

21. Full Name, Mailing Address and Zip Code Anthony Jernigan 407 17th St NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/25/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Self		
Name and Address of Employer Self			
Aggregate Year-To-date			\$ 100.00
22. Full Name, Mailing Address and Zip Code Brenda Wharton 3604 Lochearn Dr, Gwynn Oak, MD 21207	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/25/2018	Amount of Each Receipt This Period \$ 75.00
Contributor Type Individual	Occupation Self		
Name and Address of Employer Self			
Aggregate Year-To-date			\$ 75.00
23. Full Name, Mailing Address and Zip Code Michelle Robinson-Trotter 2003 Clearwood Dr, Bowie, MD 20721	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/25/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Self		
Name and Address of Employer Self			
Aggregate Year-To-date			\$ 100.00
24. Full Name, Mailing Address and Zip Code Janet Erickson 338 18th St NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/25/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Self		
Name and Address of Employer Self			
Aggregate Year-To-date			\$ 100.00
25. Full Name, Mailing Address and Zip Code Jarvis Grindstaff 417 17th St NE Apt B, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/25/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Self		
Name and Address of Employer Self			
Aggregate Year-To-date			\$ 50.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Holmes for DC

26. Full Name, Mailing Address and Zip Code Willierre Benjamin 169 Union St, Everett, MA 02149	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) 02/25/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Self Name and Address of Employer Self		
Aggregate Year-To-date		\$ 100.00	
27. Full Name, Mailing Address and Zip Code Michael Lohri PO Box 90002, Washington, DC 20090	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) 02/25/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Federal Government Name and Address of Employer Social Worker		
Aggregate Year-To-date		\$ 50.00	
28. Full Name, Mailing Address and Zip Code Robert Read 603 14th Pl NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/25/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Intelsat Name and Address of Employer Engineer		
Aggregate Year-To-date		\$ 250.00	
29. Full Name, Mailing Address and Zip Code Desiree Callender 2002 Clearwood Dr, Mitchellville, MD 20721	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/28/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Self Name and Address of Employer Self		
Aggregate Year-To-date		\$ 100.00	
30. Full Name, Mailing Address and Zip Code William Lee 3111 Ayres Ct, Waldorf, MD 20603	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) 03/04/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date		\$ 100.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Holmes for DC

31. Full Name, Mailing Address and Zip Code Shakirah Hill 522 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) 03/04/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Metropolitan Group Name and Address of Employer Vice President		
Aggregate Year-To-date		\$ 25.00	
32. Full Name, Mailing Address and Zip Code Kathy Pointer 4905 Eastern Ln, Suitland, MD 20746	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) 03/04/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date		\$ 50.00	
33. Full Name, Mailing Address and Zip Code Aubrey Coachman 5417 Bandoleres Choice Dr, Bowie, MD 20720	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) 03/04/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation WheelUp Name and Address of Employer Driver		
Aggregate Year-To-date		\$ 50.00	
34. Full Name, Mailing Address and Zip Code Clayton Lawrence 1111 23rd St NW, Washington, DC 20037	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) 03/04/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Leap Name and Address of Employer President		
Aggregate Year-To-date		\$ 800.00	
35. Full Name, Mailing Address and Zip Code Clayton Lawrence 1111 23rd St NW, Washington, DC 20037	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) 03/04/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Leap Name and Address of Employer President		
Aggregate Year-To-date		\$ 800.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Holmes for DC

36. Full Name, Mailing Address and Zip Code Sok Prum 3451 Annandale Rd, Falls Church, VA 22042	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) 03/04/2018	Amount of Each Receipt This Period \$ 20.00
Contributor Type Individual	Occupation PCORI Name and Address of Employer Program Associate		
Aggregate Year-To-date		\$ 70.00	
37. Full Name, Mailing Address and Zip Code Sok Prum 3451 Annandale Rd, Falls Church, VA 22042	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) 03/04/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation PCORI Name and Address of Employer Program Associate		
Aggregate Year-To-date		\$ 70.00	
38. Full Name, Mailing Address and Zip Code Asa Briggs 601 A St NE Apt 3, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/04/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Unity Health Care Onc Name and Address of Employer Director of Psychiatry		
Aggregate Year-To-date		\$ 100.00	
39. Full Name, Mailing Address and Zip Code Amy Estersohn 14 Magnolia Rd, Scarsdale, NY 10583	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) 03/04/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Hommocks Middle School Name and Address of Employer teacher		
Aggregate Year-To-date		\$ 50.00	
40. Full Name, Mailing Address and Zip Code Devon Lesesne 1001 Savannah St SE, Washington, DC 20032	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) 03/04/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation DC Government Name and Address of Employer MOCR		
Aggregate Year-To-date		\$ 50.00	

TOTAL This Period (Aggregate of all Receipt pages)

\$ 8,720.00

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

Holmes for DC

1. Full Name, Mailing Address and Zip Code Print Depot 7941 Central Ave, Capital Heights, MD 20743	Purpose of Expenditure Printing	Date (month, day, year) 02/06/2018	Amount of Each Expenditure This Period \$ 519.40
Occupation	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code John Rodriguez 1825 K Street NW, Washington, DC 20006	Purpose of Expenditure Consultant	Date (month, day, year) 02/12/2018	Amount of Each Expenditure This Period \$ 2,000.00
Occupation Consultant	Name and Address of Employer Self Employed		
3. Full Name, Mailing Address and Zip Code Lamine Dour 1825 K Street NW, Washington, DC 20006	Purpose of Expenditure Consultant	Date (month, day, year) 02/13/2018	Amount of Each Expenditure This Period \$ 154.65
Occupation	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code Derrell Simpson 1825 K Street NW, Washington, DC 20006	Purpose of Expenditure Consultant	Date (month, day, year) 03/04/2018	Amount of Each Expenditure This Period \$ 1,750.00
Occupation	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code Good Word Digital 1296 Cronson Blvd #3166, Crofton, MD 21114	Purpose of Expenditure Consultant	Date (month, day, year) 03/05/2018	Amount of Each Expenditure This Period \$ 500.00
Occupation	Name and Address of Employer		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 4,924.05