



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF CAMPAIGN FINANCE  
WASHINGTON, D.C. 20003**

**REPORT OF RECEIPTS AND EXPENDITURES  
FOR A CONSTITUENT-SERVICE PROGRAM**

**SUMMARY PAGE**

1. Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>	2. OCF Identification Number <b>CSSCC4157189</b>
Address (Number and Street) <b>3375 Stuyvesant Place, NW</b>	3. Is this report an Amendment? (Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State and Zip Code <b>Washington, DC 20015</b>	

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

<b>CONSTITUENT-SERVICE PROGRAM SUMMARY</b>	<b>COLUMN A THIS PERIOD</b>	<b>COLUMN B CUMULATIVE YEAR- TO-DATE</b>
5. Covering Period <b>4/2/2018</b> through <b>7/1/2018</b>		
6. (a) Cash on Hand January 1		<b>\$ 0.00</b>
(b) Cash on Hand at Beginning of Reporting Period	<b>\$ 4,024.97</b>	
(c) Total Receipts (from Line (16))	<b>\$ 23,386.77</b>	<b>\$ 23,949.70</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B)	<b>\$ 27,411.74</b>	
7. Total Expenditures (from Line 24)	<b>\$ 13,629.67</b>	<b>\$ 15,522.28</b>
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	<b>\$ 13,782.07</b>	
9. Debts and Obligations Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule D)	<b>\$ 0.00</b>	<b>\$ 0.00</b>
10. (a) Loans Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule E)	<b>\$ 0.00</b>	<b>\$ 0.00</b>
(b) All Other Loans (itemize all on Schedule-E1)	<b>\$ 0.00</b>	<b>\$ 0.00</b>

**CERTIFICATIONS/OATHS AND AFFIRMATIONS OF FILERS OF REPORTS OF RECEIPTS AND EXPENDITURES FOR A CONSTITUENT-SERVICE PROGRAM**

**(1) OATH OR AFFIRMATION OF ELECTED OFFICIAL IF FILING**

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

\_\_\_\_\_  
TYPE OR PRINT FULL NAME OF ELECTED OFFICIAL

\_\_\_\_\_  
SIGNATURE OF ELECTED OFFICIAL

\_\_\_\_\_  
DATE

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

---

NOTARY PUBLIC

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

(2) OATH OR AFFIRMATION OF PROGRAM TREASURER

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

**Ms. Sherryl Newman**

---

TYPE OR PRINT FULL NAME OF TREASURER

**ELECTRONICALLY CERTIFIED**

**07/16/2018**

---

SIGNATURE OF TREASURER

DATE

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

---

NOTARY PUBLIC

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND EXPENDITURES  
FOR CONSTITUENT-SERVICE PROGRAMS**

1. Full Name of Constituent-Service Program Ward 4 Constituent Services Fund	REPORT COVERING THE PERIOD FROM: <b>4/2/2018</b> TO: <b>7/1/2018</b>	
<b>I. RECEIPTS</b>	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE
<b>11. CONTRIBUTIONS (EXCLUDING LOANS) FROM:</b>		
(a) Itemized monetary contributions from other than the elected official (Schedule A)	\$ 23,174.00	\$ 23,674.00 11(a)
(b) Itemized monetary contributions from the elected official (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Contributions of personal property from other than the elected official (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) Contributions of Personal Property from the elected official (Schedule A-3)	\$ 0.00	\$ 0.00 11(d)
(e) Transfers from Authorized Committees (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions in excess of \$10,000.00 from source not associated with the Elected Official or CSP (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) TOTAL Contributions- Excluding Loans (add lines 11(a) (b), (c), (d), (e) and (f))	\$ 23,174.00	\$ 23,674.00 11(g)
<b>12. SALES AND COLLECTIONS (Schedule C)</b>	\$ 0.00	\$ 0.00 12
<b>13. LOANS RECEIVED</b>		
(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)
<b>14. OTHER RECEIPTS (DIVIDENDS, INTEREST, etc.)(Schedule A-5)</b>	\$ 0.00	\$ 0.00 14
<b>15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)</b>	\$ 212.77	\$ 275.70 15
<b>16. TOTAL RECEIPTS (add Lines 11(f), 12, 13(c), 14 and 15)</b>	\$ 23,386.77	\$ 23,949.70 16
<b>II. EXPENDITURES</b>		
<b>17. OPERATING EXPENDITURES (Schedule B)</b>	\$ 69.89	\$ 84.69 17
<b>18. ALL OTHER EXPENDITURES (Schedule B-1)</b>	\$ 13,559.78	\$ 15,437.59 18
<b>19. LOAN REPAYMENTS:</b>		
(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)
<b>20. TOTAL EXPENDITURES (add Lines 17, 18, and 19(c))</b>	\$ 13,629.67	\$ 15,522.28 20
<b>III. CASH SUMMARY</b>		
<b>21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	4,024.97
<b>22. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$	23,386.77
<b>23. SUBTOTAL (add Lines 21 and 22)</b>	\$	27,411.74
<b>24. TOTAL EXPENDITURES THIS PERIOD (from Line 20)</b>	\$	13,629.67
<b>25. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 24 from Line 23)</b>	\$	13,782.07

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
1. Full Name, Mailing Address and Zip Code <b>Loretta Neumann</b> 7124 Piney Branch Rd NW, Washington, DC 20012	<b>Contribution Type</b> <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) <b>04/09/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
2. Full Name, Mailing Address and Zip Code <b>Gwendolyn Cofield</b> 305 Quackenbos St NE, Washington, DC 20011	<b>Contribution Type</b> <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) <b>04/09/2018</b>	Amount of Each Receipt This Period <b>\$ 15.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 15.00</b>
3. Full Name, Mailing Address and Zip Code <b>Carlos Stewart</b> 103 Madison St NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>04/09/2018</b>	Amount of Each Receipt This Period <b>\$ 5.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 5.00</b>
4. Full Name, Mailing Address and Zip Code <b>Alan Korn</b> 6801 32nd St NW, Washington, DC 20015	<b>Contribution Type</b> <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) <b>04/09/2018</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Self-Employed</b> Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 200.00</b>
5. Full Name, Mailing Address and Zip Code <b>Donna Ellis</b> 710 Peabody St NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>04/09/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

<p>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.</p>			
<p>Full Name of Constituent-Service Program  <b>Ward 4 Constituent Services Fund</b></p>			
		<p>Aggregate Year-To-date <b>\$ 50.00</b></p>	
<p>6. Full Name, Mailing Address and Zip Code  <b>Loretta Neumann</b>  <b>7124 Piney Branch Rd NW, Washington, DC 20012</b></p>	<p><b>Contribution Type</b>  <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)</p>	<p>Date (month, day, year)  <b>05/01/2018</b></p>	<p>Amount of Each Receipt This Period  <b>\$ 35.00</b></p>
<p><b>Contributor Type</b>                  Individual</p>	<p><b>Occupation Retired</b>                  Name and Address of Employer  <b>Retired</b></p>		
		<p>Aggregate Year-To-date <b>\$ 85.00</b></p>	
<p>7. Full Name, Mailing Address and Zip Code  <b>Marie Peoples</b>  <b>1429 Geranium St NW, Washington, DC 20012</b></p>	<p><b>Contribution Type</b>  <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)</p>	<p>Date (month, day, year)  <b>05/01/2018</b></p>	<p>Amount of Each Receipt This Period  <b>\$ 35.00</b></p>
<p><b>Contributor Type</b>                  Individual</p>	<p><b>Occupation Retired</b>                  Name and Address of Employer  <b>Retired</b></p>		
		<p>Aggregate Year-To-date <b>\$ 35.00</b></p>	
<p>8. Full Name, Mailing Address and Zip Code  <b>Joan Thomas</b>  <b>715 Varnum St NW, Washington, DC 20011</b></p>	<p><b>Contribution Type</b>  <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)</p>	<p>Date (month, day, year)  <b>05/01/2018</b></p>	<p>Amount of Each Receipt This Period  <b>\$ 70.00</b></p>
<p><b>Contributor Type</b>                  Individual</p>	<p><b>Occupation Retired</b>                  Name and Address of Employer  <b>Retired</b></p>		
		<p>Aggregate Year-To-date <b>\$ 105.00</b></p>	
<p>9. Full Name, Mailing Address and Zip Code  <b>Joan Thomas</b>  <b>715 Varnum St NW, Washington, DC 20011</b></p>	<p><b>Contribution Type</b>  <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)</p>	<p>Date (month, day, year)  <b>05/01/2018</b></p>	<p>Amount of Each Receipt This Period  <b>\$ 35.00</b></p>
<p><b>Contributor Type</b>                  Individual</p>	<p><b>Occupation Retired</b>                  Name and Address of Employer  <b>Retired</b></p>		
		<p>Aggregate Year-To-date <b>\$ 105.00</b></p>	

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
10. Full Name, Mailing Address and Zip Code <b>Evon Ervin</b> <b>1925 Tulip St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>05/03/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
11. Full Name, Mailing Address and Zip Code <b>Patricia Lockwood</b> <b>133 Varnum St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>05/03/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
12. Full Name, Mailing Address and Zip Code <b>Kate Moore</b> <b>7032 31st St NW, Washington, DC 20015</b>	<b>Contribution Type</b> <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) <b>05/03/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
13. Full Name, Mailing Address and Zip Code <b>Joan Thomas</b> <b>715 Varnum St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>05/03/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 140.00</b>
14. Full Name, Mailing Address and Zip Code <b>Donna Ellis</b> <b>710 Peabody St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>05/07/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

<p>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.</p>			
<p>Full Name of Constituent-Service Program  <b>Ward 4 Constituent Services Fund</b></p>			
			<p>Aggregate Year-To-date <b>\$ 85.00</b></p>
<p>15. Full Name, Mailing Address and Zip Code  <b>Emmanuel Bailey</b>  <b>4002 Cotton Tree Ln, Burtonsville, MD 20866</b></p>	<p><b>Contribution Type</b>  <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)</p>	<p>Date (month, day, year)  <b>05/25/2018</b></p>	<p>Amount of Each Receipt This Period  <b>\$ 500.00</b></p>
<p><b>Contributor Type</b>                  Individual</p>	<p><b>Occupation</b>    <b>CEO</b>                  Name and Address of Employer  <b>DC09</b>  <b>55 M St SE, Washington, DC 20003</b></p>		
			<p>Aggregate Year-To-date <b>\$ 500.00</b></p>
<p>16. Full Name, Mailing Address and Zip Code  <b>David Jannerone</b>  <b>3715 Kansas Ave NW, Washington, DC 20010</b></p>	<p><b>Contribution Type</b>  <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)</p>	<p>Date (month, day, year)  <b>05/25/2018</b></p>	<p>Amount of Each Receipt This Period  <b>\$ 500.00</b></p>
<p><b>Contributor Type</b>                  Individual</p>	<p><b>Occupation</b>    <b>Policy</b>                  Name and Address of Employer  <b>Taylor Adams Associates</b>  <b>1509 16th St NW Ste 606, Washington, DC 20036</b></p>		
			<p>Aggregate Year-To-date <b>\$ 500.00</b></p>
<p>17. Full Name, Mailing Address and Zip Code  <b>Russell Lidner</b>  <b>1025 Thomas Jefferson St NW, Washington, DC 20007</b></p>	<p><b>Contribution Type</b>  <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)</p>	<p>Date (month, day, year)  <b>05/25/2018</b></p>	<p>Amount of Each Receipt This Period  <b>\$ 500.00</b></p>
<p><b>Contributor Type</b>                  Individual</p>	<p><b>Occupation</b>    <b>Employee</b>                  Name and Address of Employer  <b>Forge Company</b>  <b>1050 Thomas Jefferson St NW, Washington, DC 20007</b></p>		
			<p>Aggregate Year-To-date <b>\$ 500.00</b></p>
<p>18. Full Name, Mailing Address and Zip Code  <b>Roger Limoges</b>  <b>1622 Juniper St NW, Washington, DC 20012</b></p>	<p><b>Contribution Type</b>  <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)</p>	<p>Date (month, day, year)  <b>05/25/2018</b></p>	<p>Amount of Each Receipt This Period  <b>\$ 100.00</b></p>
<p><b>Contributor Type</b>                  Individual</p>	<p><b>Occupation</b>    <b>Federal Government</b>                  Name and Address of Employer  <b>Federal Government</b></p>		
			<p>Aggregate Year-To-date <b>\$ 100.00</b></p>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
19. Full Name, Mailing Address and Zip Code <b>Evelyn Lucas</b> <b>112 Varnum St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>05/25/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
20. Full Name, Mailing Address and Zip Code <b>Marilyn Muir</b> <b>526 Buchanan St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>05/25/2018</b>	Amount of Each Receipt This Period <b>\$ 40.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Employee</b> Name and Address of Employer <b>American University</b> <b>4400 Massachusetts Ave NW, Washington, DC 20016</b>		
Aggregate Year-To-date			<b>\$ 40.00</b>
21. Full Name, Mailing Address and Zip Code <b>Judy Ponds</b> <b>1721 Verbena St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>05/25/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 35.00</b>
22. Full Name, Mailing Address and Zip Code <b>Blanchita Porter</b> <b>6800 Piney Branch Rd NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>05/25/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
23. Full Name, Mailing Address and Zip Code <b>Casey Stringer</b> <b>1821 Sudbury Ln NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>05/25/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Employee</b> Name and Address of Employer <b>Broughton Construction Company</b> <b>4832 Nannie Helen Burroughs Ave NE,</b> <b>Washington, DC 20019</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
24. Full Name, Mailing Address and Zip Code <b>Joan Thomas</b> <b>715 Varnum St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>05/25/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 175.00</b>
25. Full Name, Mailing Address and Zip Code <b>Mark Tuohey</b> <b>1655 Kalmia Rd NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>05/25/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
26. Full Name, Mailing Address and Zip Code <b>MCN Build</b> <b>1214 28th St NW, Washington, DC 20007</b>	<b>Contribution Type</b> <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) <b>05/25/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
27. Full Name, Mailing Address and Zip Code <b>RAMW</b> <b>1625 K St NW, Washington, DC 20006</b>	<b>Contribution Type</b> <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) <b>05/25/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
Aggregate Year-To-date			<b>\$ 500.00</b>
28. Full Name, Mailing Address and Zip Code <b>Veterans Service Corp.</b> <b>55 M St SE Ste 350, Washington, DC 20003</b>	<b>Contribution Type</b> <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) <b>05/25/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
29. Full Name, Mailing Address and Zip Code <b>Washington Boat Lines, Inc</b> <b>1050 Thomas Jefferson St NW Ste 100,</b> <b>Washington, DC 20007</b>	<b>Contribution Type</b> <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) <b>05/25/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
30. Full Name, Mailing Address and Zip Code <b>Premium Title &amp; Escrow</b> <b>3407 14th St NW, Washington, DC 20010</b>	<b>Contribution Type</b> <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) <b>05/25/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
31. Full Name, Mailing Address and Zip Code <b>Blue Sky Housing LLC</b> <b>1900 M St NW, Washington, DC 20036</b>	<b>Contribution Type</b> <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) <b>05/30/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>

--	--	--	--

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
32. Full Name, Mailing Address and Zip Code <b>Charles Paret LLC</b> <b>1215 1st St NE, Washington, DC 20002</b>	<b>Contribution Type</b> <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) <b>05/30/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
33. Full Name, Mailing Address and Zip Code <b>Robert Childs</b> <b>1624 Webster St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/04/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Pastor Name and Address of Employer <b>Berean Baptist Church</b> <b>924 Madison St NW, Washington, DC 20011</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
34. Full Name, Mailing Address and Zip Code <b>Kevin Jenkins</b> <b>1236 Underwood St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/04/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Federal Government Name and Address of Employer <b>Federal Government</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
35. Full Name, Mailing Address and Zip Code <b>Raymond Nix</b> <b>4411 Sheridan St, University Park, MD 20782</b>	<b>Contribution Type</b> <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) <b>06/04/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Name and Address of Employer <b>Urban Matters Development Partners LLC</b> <b>1226 Vermont Ave NW, #200, Washington, DC 20005</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
36. Full Name, Mailing Address and Zip Code <b>Maria Wilson</b> <b>1310 Decatur St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/04/2018</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
Aggregate Year-To-date			<b>\$ 300.00</b>
37. Full Name, Mailing Address and Zip Code <b>Dantes Partners</b> <b>701 Lamont St NW, Washington, DC 20010</b>	<b>Contribution Type</b> <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) <b>06/04/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
38. Full Name, Mailing Address and Zip Code <b>Ashby Beal</b> <b>3327 Stephenson PL NW, Washington, DC 20015</b>	<b>Contribution Type</b> <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) <b>06/07/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Attorney</b> Name and Address of Employer <b>Law Offices of Ashby Beal</b> <b>1730 Rhode Island Ave NW, Washington, DC 20036</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
39. Full Name, Mailing Address and Zip Code <b>Janette Firshein</b> <b>3391 Stephenson PL NW, Washington, DC 20015</b>	<b>Contribution Type</b> <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) <b>06/07/2018</b>	Amount of Each Receipt This Period <b>\$ 40.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Consultant</b> Name and Address of Employer <b>Burness</b> <b>7910 Woodmont Ave Ste 700, Bethesda, MD 20814</b>		
Aggregate Year-To-date			<b>\$ 40.00</b>
40. Full Name, Mailing Address and Zip Code <b>Mary Gibbons</b> <b>3314 Stephenson PL NW, Washington, DC 20015</b>	<b>Contribution Type</b> <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) <b>06/07/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>

## ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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

Full Name of Constituent-Service Program

Ward 4 Constituent Services Fund

41. Full Name, Mailing Address and Zip Code <b>Alan Koch</b> 3338 Stephenson PL NW, Washington, DC 20015	<b>Contribution Type</b> <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) <b>06/07/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Employee</b> Name and Address of Employer <b>IBM/Federal Government Technology Sales</b> <b>600 14th St NW Ste 300, Washington, DC 20005</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
42. Full Name, Mailing Address and Zip Code <b>Darren MacLennan</b> 3326 Stephenson PL NW, Washington, DC 20015	<b>Contribution Type</b> <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) <b>06/07/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Employee</b> Name and Address of Employer <b>Federal Systems Integration</b> <b>1800 F St NW Ste 3100, Washington, DC 20405</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
43. Full Name, Mailing Address and Zip Code <b>James Smith</b> 3339 Stephenson PL NW, Washington, DC 20015	<b>Contribution Type</b> <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) <b>06/07/2018</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Self-Employed</b> Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
44. Full Name, Mailing Address and Zip Code <b>Food Service PAC</b> 1625 K St NW, Washington, DC 20006	<b>Contribution Type</b> <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) <b>06/07/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
45. Full Name, Mailing Address and Zip Code <b>Joy &amp; Wayne Alexander</b> 1334 Sheridan St NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Montgomery County Government</b> Name and Address of Employer <b>Montgomery County Government</b> <b>100 Maryland Ave, Rockville, MD 20850</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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

Full Name of Constituent-Service Program  
**Ward 4 Constituent Services Fund**

Aggregate Year-To-date **\$ 100.00**

46. Full Name, Mailing Address and Zip Code <b>Virginia Ali</b> <b>8345 E Beach Dr NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
-----------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Owner</b> Name and Address of Employer <b>Ben's Chili Bowl</b> <b>1213 U St NW, Washington, DC 20009</b>
---------------------------------------	---------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

47. Full Name, Mailing Address and Zip Code <b>Sonya Ali</b> <b>1818 Shepherd St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
---------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Owner</b> Name and Address of Employer <b>Ben' Chili Bowl</b> <b>1213 U St NW, Washington, DC 20009</b>
---------------------------------------	--------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

48. Full Name, Mailing Address and Zip Code <b>Vanessa Allen Murray</b> <b>1560 Hemlock St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
-------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	--------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Employee</b> Name and Address of Employer <b>SPECPRO Management</b> <b>1826 N Loop 1604 W Ste 336B, San Antonio, TX 78248</b>
---------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 100.00**

49. Full Name, Mailing Address and Zip Code <b>Wallace Ashby</b> <b>7464 7th St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
--------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Self-Employed</b> Name and Address of Employer <b>Self-Employed</b>
---------------------------------------	-----------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

## ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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

Full Name of Constituent-Service Program

Ward 4 Constituent Services Fund

50. Full Name, Mailing Address and Zip Code <b>Bobby Austin</b> 1800 Birch Dr NW, Washington, DC 20012	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Self-Employed Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
51. Full Name, Mailing Address and Zip Code <b>Helga Baskett-Tippett</b> 400 Gallatin St NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 150.00</b>
52. Full Name, Mailing Address and Zip Code <b>Doris Belton</b> 7530 16th St NW, Washington, DC 20012	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 135.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 135.00</b>
53. Full Name, Mailing Address and Zip Code <b>William Bennett</b> 2237 Sudbury Rd NW, Washington, DC 20012	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 85.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Employee Name and Address of Employer <b>Harika Consulting LLC</b> 1325 G St NW Ste 500, Washington, DC 20005		
Aggregate Year-To-date			<b>\$ 85.00</b>
54. Full Name, Mailing Address and Zip Code <b>Lisa Bess</b> 7234 15th Pl NW, Washington, DC 20012	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Employee Name and Address of Employer <b>PAE</b> 1320 N Courthouse Rd, Arlington, VA 22201		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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

Full Name of Constituent-Service Program  
**Ward 4 Constituent Services Fund**

Aggregate Year-To-date **\$ 35.00**

55. Full Name, Mailing Address and Zip Code <b>Althea Black</b> <b>5019 5th St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 20.00</b>
-------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>
---------------------------------------	-----------------------------------------------------------------------------

Aggregate Year-To-date **\$ 20.00**

56. Full Name, Mailing Address and Zip Code <b>Hazel Broadnax</b> <b>717 Quackenbos St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 135.00</b>
---------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	--------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>
---------------------------------------	-----------------------------------------------------------------------------

Aggregate Year-To-date **\$ 135.00**

57. Full Name, Mailing Address and Zip Code <b>Charrise Brossard</b> <b>7714 13th ST NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
-------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Program Manager</b> Name and Address of Employer <b>ADP</b> <b>800 Connecticut Ave NW, Washington, DC 20006</b>
---------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

58. Full Name, Mailing Address and Zip Code <b>Collean Brown</b> <b>4927 4th St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
--------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>
---------------------------------------	-----------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
59. Full Name, Mailing Address and Zip Code <b>Marilyn Brown</b> <b>3050 Chestnut St NW, Washington, DC 20015</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
60. Full Name, Mailing Address and Zip Code <b>Laverne Brown</b> <b>7552 Alaska Ave NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
61. Full Name, Mailing Address and Zip Code <b>William Burns</b> <b>700 Longfellow St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 235.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Policy</b> Name and Address of Employer <b>Air BnB</b> <b>888 Brannan St, San Francisco, CA 94103</b>		
Aggregate Year-To-date			<b>\$ 235.00</b>
62. Full Name, Mailing Address and Zip Code <b>Calvin Butler Jr.</b> <b>3823 20th St NE, Washington, DC 20018</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Employee</b> Name and Address of Employer <b>DC FEMS</b> <b>2000 14th St NW Fl 5, Washington, DC 20009</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
63. Full Name, Mailing Address and Zip Code <b>Kenneth Clarke</b> <b>2249 Sudbury Rd NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
Aggregate Year-To-date			<b>\$ 35.00</b>
64. Full Name, Mailing Address and Zip Code <b>Eleanor Compton</b> <b>6621 3rd St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
65. Full Name, Mailing Address and Zip Code <b>Helen Compton Harris</b> <b>6621 3rd St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Administrator</b> Name and Address of Employer <b>Richard Wright Public Charter School</b> <b>770 M St SE, Washington, DC 20003</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
66. Full Name, Mailing Address and Zip Code <b>Darryl Cullins</b> <b>38466 Lori Ln, Westland, MI 48185</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Employee</b> Name and Address of Employer <b>3M</b> <b>1425 K St NW Ste 300, Washington, DC 20005</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
67. Full Name, Mailing Address and Zip Code <b>Juana Cumberbatch-Beverly</b> <b>5812 6th St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 33.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Self-Employed</b> Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 33.00</b>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
68. Full Name, Mailing Address and Zip Code <b>Michael Davis</b> 4308 Georgia Ave NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Employee Name and Address of Employer <b>Montage South Condominium</b> 4308 Georgia Ave NW, Washington, DC 20011		
Aggregate Year-To-date			<b>\$ 250.00</b>
69. Full Name, Mailing Address and Zip Code <b>Victoria Davis Cust</b> 7516 Radnor Rd, Bethesda, MD 20817	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 235.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Self-Employed Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 235.00</b>
70. Full Name, Mailing Address and Zip Code <b>Marilyn Dillon</b> 11201 Prelude Ct, Silver Spring, MD 20901	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> US Dept. Energy Name and Address of Employer <b>US Dept Energy</b> 1000 Independence Ave SW, Washington, DC 20585		
Aggregate Year-To-date			<b>\$ 100.00</b>
71. Full Name, Mailing Address and Zip Code <b>Herbert Dixon</b> 1801 Plymouth St NW, Washington, DC 20012	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
72. Full Name, Mailing Address and Zip Code <b>Enid Doggett</b> 2924 10th St NE, Washington, DC 20017	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Self-Employed Name and Address of Employer <b>Self-Employed</b> 3108 12th St NE, Washington, DC 20017		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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

Full Name of Constituent-Service Program  
**Ward 4 Constituent Services Fund**

Aggregate Year-To-date **\$ 25.00**

73. Full Name, Mailing Address and Zip Code <b>Christopher Dyer</b> <b>1450 N St NW, Washington, DC 20005</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 40.00</b>
	<b>Contributor Type</b> Individual		

<b>Occupation</b> <b>DC Government</b> Name and Address of Employer <b>DC Government</b> <b>1350 Pennsylvania Ave NW, Washington, DC 20004</b>
---------------------------------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 40.00**

74. Full Name, Mailing Address and Zip Code <b>Patrica "Pat" Elwood</b> <b>2740 34th St NW, Washington, DC 20008</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
	<b>Contributor Type</b> Individual		

<b>Occupation</b> <b>DC Government</b> Name and Address of Employer <b>DC Government</b> <b>1350 Pennsylvania Ave NW, Washington, DC 20004</b>
---------------------------------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 50.00**

75. Full Name, Mailing Address and Zip Code <b>Deborah Evans</b> <b>5304 Chillum Pl NE, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
	<b>Contributor Type</b> Individual		

<b>Occupation</b> <b>DC Government</b> Name and Address of Employer <b>DC Government</b> <b>1350 Pennsylvania Ave NW, Washington, DC 20004</b>
---------------------------------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 200.00**

76. Full Name, Mailing Address and Zip Code <b>Hugene Tyrell Fields</b> <b>5423 Lakeford Ln, Bowie, MD 20720</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
	<b>Contributor Type</b> Individual		

<b>Occupation</b> <b>Accountant</b> Name and Address of Employer <b>Gelman Rosenberg &amp; Friedman CPA</b> <b>4550 Montgomery Ave Ste 650N, Bethesda, MD 20814</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
77. Full Name, Mailing Address and Zip Code <b>Richard Fitzhugh</b> 431 Ingraham St NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Self-Employed Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
78. Full Name, Mailing Address and Zip Code <b>Bettie Florence</b> 509 Oglethorpe St NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 40.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 40.00</b>
79. Full Name, Mailing Address and Zip Code <b>Xiomara Flores</b> 1325 Randolph St NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Self-Employed Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
80. Full Name, Mailing Address and Zip Code <b>Ronald Flowers</b> 7705 Alaska Ave NW, Washington, DC 20012	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
81. Full Name, Mailing Address and Zip Code <b>Mattie Flowers</b> 7705 Alaska Ave NW, Washington, DC 20012	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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

Full Name of Constituent-Service Program  
**Ward 4 Constituent Services Fund**

Aggregate Year-To-date **\$ 35.00**

82. Full Name, Mailing Address and Zip Code <b>Simon Francis</b> <b>1613 Billman Ln, Silver Spring, MD 20902</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 135.00</b>
------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	--------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>
---------------------------------------	-----------------------------------------------------------------------------

Aggregate Year-To-date **\$ 135.00**

83. Full Name, Mailing Address and Zip Code <b>Jasun Frone</b> <b>4507 Blagden Ave NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 135.00</b>
-----------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	--------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Policy</b> Name and Address of Employer <b>Plural Sight</b> <b>182 N Union Ave, Farmington, UT 84025</b>
---------------------------------------	---------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 135.00**

84. Full Name, Mailing Address and Zip Code <b>Seth Gabriel</b> <b>6225 29th St NW, Washington, DC 20015</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 70.00</b>
--------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation DC Government</b> Name and Address of Employer <b>DC Government</b> <b>1350 Pennsylvania Ave NW, Washington, DC 20004</b>
---------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 70.00**

85. Full Name, Mailing Address and Zip Code <b>Aeva Gaymon</b> <b>7315 13th St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
-------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Self-Employed</b> Name and Address of Employer <b>Self-Employed</b> <b>4228 Wisconsin Ave NW, Washington, DC 20016</b>
---------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
86. Full Name, Mailing Address and Zip Code <b>Ella Gilbert</b> <b>6804 32nd St NW, Washington, DC 20015</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 150.00</b>
87. Full Name, Mailing Address and Zip Code <b>Judi Gold</b> <b>1901 Ingleside Ter NW, Washington, DC 20010</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 135.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> DC Government Name and Address of Employer <b>DC Government</b> <b>1350 Pennsylvania Ave NW, Washington, DC 20004</b>		
Aggregate Year-To-date			<b>\$ 135.00</b>
88. Full Name, Mailing Address and Zip Code <b>Margery Goldberg</b> <b>1429 Iris St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Owner Name and Address of Employer <b>Zenith Gallery</b> <b>1111 Pennsylvania Ave NW, Washington, DC 20004</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
89. Full Name, Mailing Address and Zip Code <b>John Gordon</b> <b>5802 8th St NE, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Employee Name and Address of Employer <b>UDC</b> <b>4200 Connecticut Ave NW, Washington, DC 20008</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
90. Full Name, Mailing Address and Zip Code <b>Byron Grant</b> <b>338 Ingraham St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Sales Name and Address of Employer <b>Salesforce</b> <b>2550 Wasser Ter Ste 100, Herndon, VA 20171</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

<p>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.</p>			
<p>Full Name of Constituent-Service Program  <b>Ward 4 Constituent Services Fund</b></p>			
			<p>Aggregate Year-To-date <b>\$ 35.00</b></p>
<p>91. Full Name, Mailing Address and Zip Code  <b>Linda Gray</b>  <b>6430 Blair Rd NW, Washington, DC 20012</b></p>	<p><b>Contribution Type</b>  <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)</p>	<p>Date (month, day, year)  <b>06/08/2018</b></p>	<p>Amount of Each Receipt This Period  <b>\$ 35.00</b></p>
<p><b>Contributor Type</b>                  Individual</p>	<p><b>Occupation Retired</b>                  Name and Address of Employer  <b>Retired</b></p>		
			<p>Aggregate Year-To-date <b>\$ 35.00</b></p>
<p>92. Full Name, Mailing Address and Zip Code  <b>Andrei Greenawalt</b>  <b>4111 Fessenden St NW, Washington, DC 20016</b></p>	<p><b>Contribution Type</b>  <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)</p>	<p>Date (month, day, year)  <b>06/08/2018</b></p>	<p>Amount of Each Receipt This Period  <b>\$ 500.00</b></p>
<p><b>Contributor Type</b>                  Individual</p>	<p><b>Occupation Policy</b>                  Name and Address of Employer  <b>Via</b>  <b>2233 Wisconsin Ave NW Ste 210, Washington, DC 20007</b></p>		
			<p>Aggregate Year-To-date <b>\$ 500.00</b></p>
<p>93. Full Name, Mailing Address and Zip Code  <b>Alvin Gross</b>  <b>1940 Upshur St NW, Washington, DC 20011</b></p>	<p><b>Contribution Type</b>  <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)</p>	<p>Date (month, day, year)  <b>06/08/2018</b></p>	<p>Amount of Each Receipt This Period  <b>\$ 100.00</b></p>
<p><b>Contributor Type</b>                  Individual</p>	<p><b>Occupation Real Estate</b>                  Name and Address of Employer  <b>Self-Employed</b></p>		
			<p>Aggregate Year-To-date <b>\$ 100.00</b></p>
<p>94. Full Name, Mailing Address and Zip Code  <b>Philip Hall</b>  <b>6024 8th St NW Apt A6, Washington, DC 20011</b></p>	<p><b>Contribution Type</b>  <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)</p>	<p>Date (month, day, year)  <b>06/08/2018</b></p>	<p>Amount of Each Receipt This Period  <b>\$ 135.00</b></p>
<p><b>Contributor Type</b>                  Individual</p>	<p><b>Occupation US Postal Service</b>                  Name and Address of Employer  <b>US Postal Service</b>  <b>470 Lenfant Plz SW Ste 604, Washington, DC 20024</b></p>		
			<p>Aggregate Year-To-date <b>\$ 135.00</b></p>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
95. Full Name, Mailing Address and Zip Code <b>Trina Harrod</b> 5723 3rd Pl NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
96. Full Name, Mailing Address and Zip Code <b>James Harvey</b> 5502 Nebraska Ave NW, Washington, DC 20015	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 335.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Employee</b> Name and Address of Employer <b>Agilian LLC</b> 5335 Wisconsin Ave NW Ste 400, Washington, DC 20015		
Aggregate Year-To-date			<b>\$ 335.00</b>
97. Full Name, Mailing Address and Zip Code <b>Willie Hasson</b> 416 Ingraham St NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
98. Full Name, Mailing Address and Zip Code <b>Carroll Henry</b> 5915 2nd Pl NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 70.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Tennis Instructor</b> Name and Address of Employer <b>S.A.F.E.</b> 5915 2nd Pl NW, Washington, DC 20011		
Aggregate Year-To-date			<b>\$ 70.00</b>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
99. Full Name, Mailing Address and Zip Code <b>Anthony Herald</b> <b>225 Rock Creek Church Rd NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 175.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Program Manager Name and Address of Employer <b>A.Wash Associates</b> <b>4649 Nannie Helen Burroughs Ave NE,</b> <b>Washington, DC 20019</b>		
Aggregate Year-To-date			<b>\$ 175.00</b>
100. Full Name, Mailing Address and Zip Code <b>Charon Hines</b> <b>307 Oneida St NE, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> DC Government Name and Address of Employer <b>DC Government</b> <b>1350 Pennsylvania Ave NW, Washington, DC 20004</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
101. Full Name, Mailing Address and Zip Code <b>Stella Hodge</b> <b>10806 Hollaway Dr, Upper Marlboro, MD 20772</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
102. Full Name, Mailing Address and Zip Code <b>Robert Hodge</b> <b>10806 Hollaway Dr, Upper Marlboro, MD 20772</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
103. Full Name, Mailing Address and Zip Code <b>Janette Hoston Harris</b> <b>4407 16th St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Self-Employed Name and Address of Employer <b>Self-Employed</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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

Full Name of Constituent-Service Program  
**Ward 4 Constituent Services Fund**

Aggregate Year-To-date **\$ 100.00**

104. Full Name, Mailing Address and Zip Code <b>Espanola Hughes</b> <b>12205 Pleasant Prospect Rd, Bowie, MD 20721</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>
---------------------------------------	-----------------------------------------------------------------------------

Aggregate Year-To-date **\$ 50.00**

105. Full Name, Mailing Address and Zip Code <b>Mary Ivey</b> <b>429 N St SW, Washington, DC 20024</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
--------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>
---------------------------------------	-----------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

106. Full Name, Mailing Address and Zip Code <b>N Jarvis</b> <b>1825 Shepherd St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
---------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	--------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Owner</b> Name and Address of Employer <b>The Jarvis Company</b> <b>1701 K St NW Ste 1201, Washington, DC 20006</b>
---------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 250.00**

107. Full Name, Mailing Address and Zip Code <b>Benjamin Johnson</b> <b>4009 Georgia Ave NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 175.00</b>
-----------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	--------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation Employee</b> Name and Address of Employer <b>Four Brothers LLC</b> <b>4009 Georgia Ave NW, Washington, DC 20011</b>
---------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 175.00**

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
108. Full Name, Mailing Address and Zip Code <b>Delores Jolley</b> <b>5711 13th St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Owner</b> Name and Address of Employer <b>Willie Jolley Prod. Inc.</b> <b>5711 13th St NW, Washington, DC 20011</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
109. Full Name, Mailing Address and Zip Code <b>Cliftine Jones</b> <b>1917 Shepherd St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>DC Government</b> Name and Address of Employer <b>DC Government</b> <b>1350 Pennsylvania Ave NW, Washington, DC 20004</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
110. Full Name, Mailing Address and Zip Code <b>Phinis Jones</b> <b>1847 Woodmont Pl SE, Washington, DC 20020</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Self-Employed</b> Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
111. Full Name, Mailing Address and Zip Code <b>Caroline Kenney</b> <b>924 4th St SE, Washington, DC 20003</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>VP</b> Name and Address of Employer <b>Urban Atlantic</b> <b>7735 Old Georgetown Rd Ste 600, Bethesda, MD 20814</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
112. Full Name, Mailing Address and Zip Code <b>George Koch</b> <b>1438 Montague St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Executive Director</b> Name and Address of Employer <b>Artomatic</b> <b>1800 S Bell St, Arlington, VA 22202</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
Aggregate Year-To-date			<b>\$ 100.00</b>
113. Full Name, Mailing Address and Zip Code <b>Vera Larry</b> <b>5327 Kansas Ave NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
114. Full Name, Mailing Address and Zip Code <b>Richard Lee</b> <b>601 L St SE Apt 401, Washington, DC 20003</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
115. Full Name, Mailing Address and Zip Code <b>William Lightfoot</b> <b>1609 Kalmia Rd NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 70.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Partner</b> Name and Address of Employer <b>Koonz</b> <b>2001 Pennsylvania Ave NW Ste 450, Washington, DC 20006</b>		
Aggregate Year-To-date			<b>\$ 70.00</b>
116. Full Name, Mailing Address and Zip Code <b>Ariana Lightfoot</b> <b>1609 Kalmia Rd NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 36.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Unemployed</b> Name and Address of Employer <b>Unemployed</b>		
Aggregate Year-To-date			<b>\$ 36.00</b>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
117. Full Name, Mailing Address and Zip Code <b>Marsha Lillie-Blanton</b> <b>6167 Sligo Mill Rd NE, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
118. Full Name, Mailing Address and Zip Code <b>LaDonna Love</b> <b>5102 5th St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
119. Full Name, Mailing Address and Zip Code <b>Alice Love</b> <b>403 9th St NE, Washington, DC 20002</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Self-Employed</b> Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
120. Full Name, Mailing Address and Zip Code <b>Nancy Lucas</b> <b>8331 E Beach Dr NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Montgomery County Government</b> Name and Address of Employer <b>Montgomery County Government</b> <b>100 Maryland Ave, Rockville, MD 20850</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
121. Full Name, Mailing Address and Zip Code <b>Terrance Lynch</b> <b>1737 Kenyon St NW, Washington, DC 20010</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Executive Director</b> Name and Address of Employer <b>Downtown Cluster of Congregations</b> <b>1313 New York Ave NW, Washington, DC 20005</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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

Full Name of Constituent-Service Program  
**Ward 4 Constituent Services Fund**

Aggregate Year-To-date **\$ 35.00**

122. Full Name, Mailing Address and Zip Code <b>Sharrolyn Mack</b> <b>510 Riggs Rd NE, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
	<b>Contributor Type</b> Individual		

<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>
------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

123. Full Name, Mailing Address and Zip Code <b>Erich Martel</b> <b>5436 39th St NW, Washington, DC 20015</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
	<b>Contributor Type</b> Individual		

<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>
------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 100.00**

124. Full Name, Mailing Address and Zip Code <b>Alfreda Mauuso</b> <b>929 Sheridan St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
	<b>Contributor Type</b> Individual		

<b>Occupation</b> <b>Self-Employed</b> Name and Address of Employer <b>Self-Employed</b>
------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

125. Full Name, Mailing Address and Zip Code <b>Samuel MCCoy</b> <b>7605 Morningside Dr NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
	<b>Contributor Type</b> Individual		

<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>
------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
126. Full Name, Mailing Address and Zip Code <b>Pamela McKee</b> <b>431 Oneida Pl NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
127. Full Name, Mailing Address and Zip Code <b>C.L. McKoin</b> <b>1610 Tamarack St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
128. Full Name, Mailing Address and Zip Code <b>David Meadows</b> <b>305 K St SE, Washington, DC 20003</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation DC Government</b> Name and Address of Employer <b>DC Government</b> <b>1350 Pennsylvania Ave NW, Washington, DC 20004</b>		
Aggregate Year-To-date			<b>\$ 25.00</b>
129. Full Name, Mailing Address and Zip Code <b>Belva Milson</b> <b>5743 9th St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
130. Full Name, Mailing Address and Zip Code <b>Selerya Moore</b> <b>215 Ingraham St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
			Aggregate Year-To-date
131. Full Name, Mailing Address and Zip Code <b>Ivonne Moyonoubissi</b> <b>PO Box 92417, Washington, DC 20090</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Employee</b> Name and Address of Employer <b>GWU Hospital</b> <b>900 23rd St NW, Washington, DC 20037</b>		
			Aggregate Year-To-date
			<b>\$ 35.00</b>
132. Full Name, Mailing Address and Zip Code <b>Ralph Neal</b> <b>1909 Tulip St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>		
			Aggregate Year-To-date
			<b>\$ 35.00</b>
133. Full Name, Mailing Address and Zip Code <b>Audrey Nwanze</b> <b>1308 Emerson St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Self-Employed</b> Name and Address of Employer <b>Self-Employed</b>		
			Aggregate Year-To-date
			<b>\$ 100.00</b>
134. Full Name, Mailing Address and Zip Code <b>Terri Smith Moore</b> <b>10105 Baltimore Ave Apt 3110, College Park, MD 20740</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 105.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Principal</b> Name and Address of Employer <b>Moore Associates</b> <b>200 33rd St NE, Washington, DC 20019</b>		
			Aggregate Year-To-date
			<b>\$ 105.00</b>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
135. Full Name, Mailing Address and Zip Code <b>Bernardine Spaulding Evans</b> <b>1701 Poplar Ln NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/08/2018</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Program Manager Name and Address of Employer <b>Howard University</b> <b>2400 6th St NW, Washington, DC 20059</b>		
Aggregate Year-To-date			<b>\$ 200.00</b>
136. Full Name, Mailing Address and Zip Code <b>Hazel Bland Thomas</b> <b>4317 20th St NE, Washington, DC 20018</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> US State Dept. Name and Address of Employer <b>US State Dept.</b> <b>2201 C St NW, Washington, DC 20520</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
137. Full Name, Mailing Address and Zip Code <b>Ralph Neal</b> <b>1909 Tulip St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 40.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 75.00</b>
138. Full Name, Mailing Address and Zip Code <b>Candace Nelson</b> <b>1000 Rittenhouse St NW Apt G, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> DC Government Name and Address of Employer <b>DC Government</b> <b>1350 Pennsylvania Ave NW, Washington, DC 20004</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
139. Full Name, Mailing Address and Zip Code <b>Mary Ann Nordheimer</b> <b>5400 Bradley Blvd, Bethesda, MD 20814</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
Aggregate Year-To-date			<b>\$ 200.00</b>
140. Full Name, Mailing Address and Zip Code <b>Lavdena Orr</b> <b>5804 8th St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 135.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Administrator</b> Name and Address of Employer <b>Amerihealth</b> <b>1120 Vermont Ave NW, Washington, DC 20005</b>		
Aggregate Year-To-date			<b>\$ 135.00</b>
141. Full Name, Mailing Address and Zip Code <b>Abigail Osborne</b> <b>825 Juniper St NW Apt 301, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Employee</b> Name and Address of Employer <b>American College of Cardiology</b> <b>2400 N St NW, Washington, DC 20037</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
142. Full Name, Mailing Address and Zip Code <b>Josephine Pamphile</b> <b>551 Brummel Ct NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
143. Full Name, Mailing Address and Zip Code <b>Thomas Penny</b> <b>4514 Harwich Ter, Upper Marlboro, MD 20772</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Employee</b> Name and Address of Employer <b>Courtyard Marriott Convention Center</b> <b>900 F St NW, Washington, DC 20004</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
144. Full Name, Mailing Address and Zip Code <b>Thomas Pipkin</b> <b>308 Allison St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 235.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Self-Employed Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 235.00</b>
145. Full Name, Mailing Address and Zip Code <b>Cynthia Prather</b> <b>7832 12th St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 40.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> DC Government Name and Address of Employer <b>DC Government</b> <b>1350 Pennsylvania Ave NW, Washington, DC 20004</b>		
Aggregate Year-To-date			<b>\$ 40.00</b>
146. Full Name, Mailing Address and Zip Code <b>Jakeline Reyes-Yanes</b> <b>4643 Hilltop Ter SE, Washington, DC 20019</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> DC Government Name and Address of Employer <b>DC Government</b> <b>1350 Pennsylvania Ave NW, Washington, DC 20004</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
147. Full Name, Mailing Address and Zip Code <b>Barbara Rogers</b> <b>339 Oneida St NE, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Accountant Name and Address of Employer <b>Buchanan &amp; Mitchell</b> <b>1901 L St NW Ste 750, Washington, DC 20036</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
148. Full Name, Mailing Address and Zip Code <b>McKinley Rush Jr</b> <b>5517 13th St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Self-Employed Name and Address of Employer <b>Self-Employed</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
		Aggregate Year-To-date <b>\$ 35.00</b>	
149. Full Name, Mailing Address and Zip Code <b>Stephen Salis</b> <b>6856 Eastern Ave NW # 225, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Owner</b> Name and Address of Employer <b>Salis Holdings</b> <b>1818 14th St NW, Washington, DC 20009</b>		
		Aggregate Year-To-date <b>\$ 500.00</b>	
150. Full Name, Mailing Address and Zip Code <b>Earline Sampson</b> <b>604 Underwood St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
		Aggregate Year-To-date <b>\$ 50.00</b>	
151. Full Name, Mailing Address and Zip Code <b>Rickey Sarter</b> <b>8224 W Beach Ter NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 135.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Employee</b> Name and Address of Employer <b>J &amp; J</b> <b>1050 Connecticut Ave NW, Washington, DC 20036</b>		
		Aggregate Year-To-date <b>\$ 135.00</b>	
152. Full Name, Mailing Address and Zip Code <b>Amy Schear</b> <b>6672 32nd Pl NW, Washington, DC 20015</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Unemployed</b> Name and Address of Employer <b>Unemployed</b>		
		Aggregate Year-To-date <b>\$ 35.00</b>	

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
153. Full Name, Mailing Address and Zip Code <b>Stacie Scott</b> 7317 Alaska Ave NW, Washington, DC 20012	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real Estate</b> Name and Address of Employer <b>RLAH</b> 11 DuPont Cir NW Ste 650, Washington, DC 20036		
Aggregate Year-To-date			<b>\$ 35.00</b>
154. Full Name, Mailing Address and Zip Code <b>Johnnie Scott Rice</b> 4262 Massachusetts Ave SE, Washington, DC 20019	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
155. Full Name, Mailing Address and Zip Code <b>Barabara &amp; Larson Shelton</b> 2903 Denver St SE, Washington, DC 20020	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
156. Full Name, Mailing Address and Zip Code <b>Donna Shuler</b> 5801 16th ST NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Owner</b> Name and Address of Employer <b>Answer Title</b> 10 G St NE Ste 460, Washington, DC 20002		
Aggregate Year-To-date			<b>\$ 50.00</b>
157. Full Name, Mailing Address and Zip Code <b>Margaret Singleton</b> 1304 Tuckerman St NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Vice President</b> Name and Address of Employer <b>DC Chamber of Commerce</b> 1133 21st St NW Ste M200, Washington, DC 20036		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
Aggregate Year-To-date			<b>\$ 50.00</b>
158. Full Name, Mailing Address and Zip Code <b>Jolene Sloter</b> <b>9112 Vendome Dr, Bethesda, MD 20817</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Self-Employed</b> Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
159. Full Name, Mailing Address and Zip Code <b>Shearon Smith</b> <b>6002 8th St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Self-Employed</b> Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
160. Full Name, Mailing Address and Zip Code <b>Shannon Stokes</b> <b>1403 Varnum St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 135.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Senior Manager</b> Name and Address of Employer <b>KPMG</b> <b>1801 K St NW # 12000, Washington, DC 20006</b>		
Aggregate Year-To-date			<b>\$ 135.00</b>
161. Full Name, Mailing Address and Zip Code <b>James Sydnor</b> <b>411 Oneida Pl NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Federal Government</b> Name and Address of Employer <b>Federal Government</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
162. Full Name, Mailing Address and Zip Code <b>Sylvia Syphax</b> <b>609 60th Pl, Fairmount Heights, MD 20743</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 235.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Manager</b> Name and Address of Employer <b>Renaissance Medical Group</b> <b>525 Eastern Ave, Fairmount Heights, MD 20743</b>		
Aggregate Year-To-date			<b>\$ 235.00</b>
163. Full Name, Mailing Address and Zip Code <b>Karen Szulgit</b> <b>409 H St NE Apt 2, Washington, DC 20002</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Federal Government</b> Name and Address of Employer <b>Federal Government</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
164. Full Name, Mailing Address and Zip Code <b>Andria Thomas</b> <b>1531 Massachusetts Ave SE, Washington, DC 20003</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Program Manager</b> Name and Address of Employer <b>Leadership Now Project</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
165. Full Name, Mailing Address and Zip Code <b>Doreen Thompson</b> <b>1510 Emerson St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Self-Employed</b> Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
166. Full Name, Mailing Address and Zip Code <b>Gloria Todd</b> <b>2913 Denver St SE, Washington, DC 20020</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Asspcoate Director of Admissions</b> Name and Address of Employer <b>Stratford University</b> <b>7777 Leesburg Pike, Falls Church, VA 22043</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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

Full Name of Constituent-Service Program  
**Ward 4 Constituent Services Fund**

Aggregate Year-To-date **\$ 35.00**

167. Full Name, Mailing Address and Zip Code <b>Hope Tucker-Stewart</b> 4721 Blagden Ave NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 105.00</b>
	<b>Contributor Type</b> Individual  <b>Occupation</b> <b>Owner</b> Name and Address of Employer <b>Hope Properties</b> 820 H St NE Ste A, Washington, DC 20002		

Aggregate Year-To-date **\$ 105.00**

168. Full Name, Mailing Address and Zip Code <b>Dolly C Turner</b> 6640 Piney Branch Rd NW, Washington, DC 20012	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
	<b>Contributor Type</b> Individual  <b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>		

Aggregate Year-To-date **\$ 35.00**

169. Full Name, Mailing Address and Zip Code <b>Danielle Turnipseed</b> 14306 Royal Forest Ln, Silver Spring, MD 20904	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 105.00</b>
	<b>Contributor Type</b> Individual  <b>Occupation</b> <b>Owner</b> Name and Address of Employer <b>Solera Health</b> 111 W Monroe St Ste 300, Phoenix, AZ 85003		

Aggregate Year-To-date **\$ 105.00**

170. Full Name, Mailing Address and Zip Code <b>Janine Tursnni</b> 2009 Wyoming Ave NW, Washington, DC 20009	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
	<b>Contributor Type</b> Individual  <b>Occupation</b> <b>Owner</b> Name and Address of Employer <b>Arts for the Aging Inc. (AFTA)</b> 12320 Parklawn Dr, Rockville, MD 20852		

Aggregate Year-To-date **\$ 50.00**

Aggregate Year-To-date **\$ 50.00**

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
171. Full Name, Mailing Address and Zip Code <b>Annie Wallace</b> <b>926 Hamilton St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
172. Full Name, Mailing Address and Zip Code <b>Bernadine Watson</b> <b>6630 13th Pl NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Self-Employed</b> Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
173. Full Name, Mailing Address and Zip Code <b>Stephen Whatley</b> <b>1315 Fern St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Federal Government</b> Name and Address of Employer <b>Federal Government</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
174. Full Name, Mailing Address and Zip Code <b>David Wigenton</b> <b>814 Taylor St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Self-Employed</b> Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
175. Full Name, Mailing Address and Zip Code <b>Carolyn Williams</b> <b>1414 Manchester Ln NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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

Full Name of Constituent-Service Program  
**Ward 4 Constituent Services Fund**

Aggregate Year-To-date **\$ 35.00**

176. Full Name, Mailing Address and Zip Code <b>Tycely Williams</b> <b>8527 Milford Ct, Springfield, VA 22152</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
-------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Fundraiser</b> Name and Address of Employer <b>YWCA USA</b> <b>1020 19th St NW Ste 750, Washington, DC 20036</b>
---------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

177. Full Name, Mailing Address and Zip Code <b>Malik Williams</b> <b>2215 Perry St NE, Washington, DC 20018</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Self-Employed</b> Name and Address of Employer <b>Self-Employed</b>
---------------------------------------	------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

178. Full Name, Mailing Address and Zip Code <b>Stanley Williams</b> <b>1806 Lawrence St NE, Washington, DC 20018</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
-----------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Retired</b> Name and Address of Employer <b>Retired</b>
---------------------------------------	------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

179. Full Name, Mailing Address and Zip Code <b>Pamela Williamson</b> <b>1728 Taylor St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
----------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Employee</b> Name and Address of Employer <b>GDIT</b> <b>7611 Little River Tpke Ste 300E, Annandale, VA 22003</b>
---------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

Aggregate Year-To-date **\$ 35.00**

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
180. Full Name, Mailing Address and Zip Code <b>Owen Wilson</b> 7215 Blair Rd NW, Washington, DC 20012	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Owner</b> Name and Address of Employer <b>OAW Trucking</b> 7215 Blair Rd NW, Washington, DC 20012		
Aggregate Year-To-date			<b>\$ 100.00</b>
181. Full Name, Mailing Address and Zip Code <b>Barry Wright</b> 1428 Madison St NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 135.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Manager</b> Name and Address of Employer <b>Reliant Realty Advisors</b> 733 11th St NE, Washington, DC 20002		
Aggregate Year-To-date			<b>\$ 135.00</b>
182. Full Name, Mailing Address and Zip Code <b>Michael Yates</b> 1215 Madison St NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Federal Government</b> Name and Address of Employer <b>Federal Government</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
183. Full Name, Mailing Address and Zip Code <b>AMAR Group LLC</b> 6230 3rd St NW Ste 4, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
184. Full Name, Mailing Address and Zip Code <b>Independent Holdings Corp</b> 3215 Martin Luther King Jr Ave SE, Washington, DC 20032	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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

Full Name of Constituent-Service Program  
**Ward 4 Constituent Services Fund**

Aggregate Year-To-date **\$ 500.00**

185. Full Name, Mailing Address and Zip Code <b>Laurence O. Gibbons, Jr. DDS PC</b> <b>4303 16th St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
----------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	--------------------------------------------------------

<b>Contributor Type</b> Business	<b>Occupation</b>
<b>Business Type</b> Corporation	Name and Address of Employer

Aggregate Year-To-date **\$ 200.00**

186. Full Name, Mailing Address and Zip Code <b>Pepperoni Chic</b> <b>5111 Georgia Ave NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
---------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Business	<b>Occupation</b>
<b>Business Type</b> Corporation	Name and Address of Employer

Aggregate Year-To-date **\$ 35.00**

187. Full Name, Mailing Address and Zip Code <b>The BBH Group</b> <b>817 Madison St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/11/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Business	<b>Occupation</b>
<b>Business Type</b> Corporation	Name and Address of Employer

Aggregate Year-To-date **\$ 35.00**

188. Full Name, Mailing Address and Zip Code <b>Michael Heimowitz</b> <b>7415 Alaska Ave NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/12/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
-----------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------

<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Director</b>
	Name and Address of Employer <b>Burston Marsteller</b> <b>1110 Vermont Ave NW, Washington, DC 20005</b>

Aggregate Year-To-date **\$ 35.00**

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
189. Full Name, Mailing Address and Zip Code <b>Robert Malson</b> 3834 Glen Eagles Dr, Silver Spring, MD 20906	<b>Contribution Type</b> <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) <b>06/12/2018</b>	Amount of Each Receipt This Period <b>\$ 135.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 135.00</b>
190. Full Name, Mailing Address and Zip Code <b>Jerome Paige</b> 1691 Tamarack St NW, Washington, DC 20012	<b>Contribution Type</b> <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) <b>06/12/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Self-Employed Name and Address of Employer <b>Self-Employed</b>		
Aggregate Year-To-date			<b>\$ 35.00</b>
191. Full Name, Mailing Address and Zip Code <b>Deborah Royster</b> 3834 Glen Eagles Dr, Silver Spring, MD 20906	<b>Contribution Type</b> <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) <b>06/12/2018</b>	Amount of Each Receipt This Period <b>\$ 135.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> CEO Name and Address of Employer <b>Seabury</b> 6031 Kansas Ave NW, Washington, DC 20011		
Aggregate Year-To-date			<b>\$ 135.00</b>
192. Full Name, Mailing Address and Zip Code <b>Janis Williams</b> 309 Taylor St NW, Washington, DC 20011	<b>Contribution Type</b> <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) <b>06/12/2018</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 25.00</b>
193. Full Name, Mailing Address and Zip Code <b>Integrated Development Services</b> 6136 32nd St NW, Washington, DC 20015	<b>Contribution Type</b> <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) <b>06/12/2018</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Business <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Constituent-Service Program <b>Ward 4 Constituent Services Fund</b>			
			Aggregate Year-To-date <b>\$ 250.00</b>
194. Full Name, Mailing Address and Zip Code <b>Manatt Phelps &amp; Phillips</b> <b>11355 W Olympic Blvd, Los Angeles, CA 90064</b>	<b>Contribution Type</b> <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) <b>06/14/2018</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
			Aggregate Year-To-date <b>\$ 500.00</b>
195. Full Name, Mailing Address and Zip Code <b>Lori Lee</b> <b>7816 16th St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <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) <b>06/18/2018</b>	Amount of Each Receipt This Period <b>\$ 135.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Employee</b> Name and Address of Employer <b>PJM Interconnection</b> <b>1200 G St NW, Washington, DC 20005</b>		
			Aggregate Year-To-date <b>\$ 135.00</b>
196. Full Name, Mailing Address and Zip Code <b>Thelma Mrazek</b> <b>6200 Oregon Ave NW, Washington, DC 20015</b>	<b>Contribution Type</b> <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) <b>06/20/2018</b>	Amount of Each Receipt This Period <b>\$ 35.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
			Aggregate Year-To-date <b>\$ 35.00</b>
197. Full Name, Mailing Address and Zip Code <b>Lorraine Cooper</b> <b>420 Nicholson St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <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) <b>06/25/2018</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Name and Address of Employer <b>Retired</b>		
			Aggregate Year-To-date <b>\$ 150.00</b>
<b>TOTAL This Period (Aggregate of all Receipt pages)</b>			<b>\$ 23,174.00</b>

## OFFSETS TO OPERATING EXPENDITURES (REFUNDS, REBATES, ETC)

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

Full Name of Constituent-Service Program

Ward 4 Constituent Services Fund

1. Full Name, Mailing Address and Zip Code	Receipt Type	Date (month, day, year)	Amount of Each Offset This Period
Mailchimp 675 Ponce De Leon Ave NE, Atlanta, GA 30308	Refund	05/08/2018	\$ 130.00
Aggregate Year-To-date			\$ 130.00
2. Full Name, Mailing Address and Zip Code	Receipt Type	Date (month, day, year)	Amount of Each Offset This Period
Amazon 4200 Guilford Dr, College Park, MD 20740	Refund	06/21/2018	\$ 50.97
Aggregate Year-To-date			\$ 50.97
3. Full Name, Mailing Address and Zip Code	Receipt Type	Date (month, day, year)	Amount of Each Offset This Period
Whole Foods 833 Wayne Ave, Silver Spring, MD 20910	Refund	07/01/2018	\$ 31.80
Aggregate Year-To-date			\$ 31.80
TOTAL This Period (Aggregate of all Receipt pages)			\$ 212.77

SCHEDULE B  
OPERATING EXPENDITURES

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

Full Name of Constituent-Service Program  
**Ward 4 Constituent Services Fund**

1. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date	Amount of Each Expenditure This Period
<b>Industrial Bank</b> 4812 Georgia Ave NW, Washington, DC 20011	<b>Supplies</b>	(month, day, year) <b>06/12/2018</b>	<b>\$ 69.89</b>

<p style="text-align: right;"><b>TOTAL This Period (aggregate the subtotal of all expenditure pages)</b></p>	<p style="text-align: right;"><b>\$ 69.89</b></p>
--------------------------------------------------------------------------------------------------------------	---------------------------------------------------

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

## Full Name of Constituent-Service Program

## Ward 4 Constituent Services Fund

1. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
<b>Yu Ying PCS</b> 220 Taylor St NE, Washington, DC 20017	<b>Donation</b>	<b>04/03/2018</b>	<b>\$ 50.00</b>
<b>Crestline</b> PO Box 712144, Cincinnati, OH 45271	<b>Supplies</b>	<b>04/04/2018</b>	<b>\$ 498.47</b>
<b>Dunkin Donuts</b> 850 Quincy St NW, Washington, DC 20011	<b>Food</b>	<b>04/11/2018</b>	<b>\$ 36.32</b>
<b>Walmart Supercenter</b> 5929 Georgia Ave NW, Washington, DC 20012	<b>Supplies</b>	<b>04/11/2018</b>	<b>\$ 5.48</b>
<b>Dolly Turner</b> 1350 Pennsylvania Avenue NW suite 105, Washington, DC 20004	<b>Supplies</b>	<b>04/20/2018</b>	<b>\$ 51.19</b>
<b>Safeway</b> 6500 Piney Branch Rd, Washington, DC 20012	<b>Supplies</b>	<b>04/21/2018</b>	<b>\$ 19.59</b>
<b>Safeway</b> 6500 Piney Branch Rd, Washington, DC 20012	<b>Supplies</b>	<b>04/21/2018</b>	<b>\$ 5.81</b>
<b>Manitia Lane</b> 5104 KensingtonCt, Upper Marlboro, MD 20772	<b>Services</b>	<b>04/21/2018</b>	<b>\$ 250.00</b>
<b>Walmart Supercenter</b> 5929 Georgia Ave NW, Washington, DC 20012	<b>Supplies</b>	<b>04/23/2018</b>	<b>\$ 53.34</b>
<b>Renee Bowser</b> 5322 2nd St NW, Washington, DC 20011	<b>Reimbursement</b>	<b>04/23/2018</b>	<b>\$ 50.00</b>
<b>Helping Hands</b> 3020 Gainesville Street SE, Washington, DC 20020	<b>Donation</b>	<b>04/30/2018</b>	<b>\$ 100.00</b>
<b>Marquee Management</b> 3201 Wisconsin Ave NW, Washington, DC 20016	<b>Rental Assistance</b>	<b>05/01/2018</b>	<b>\$ 100.00</b>

13. Full Name, Mailing Address and Zip Code <b>Mailchimp</b> 675 Ponce De Leon Ave NE, Atlanta, GA 30308	Purpose of Expenditure  <b>Service</b>	Date (month, day, year)  <b>05/04/2018</b>	Amount of Each Expenditure This Period  <b>\$ 130.00</b>
14. Full Name, Mailing Address and Zip Code <b>Constant Contact</b> 1601 Trapelo Rd Suite 329, Waltham, ME 02451	Purpose of Expenditure  <b>Services</b>	Date (month, day, year)  <b>05/07/2018</b>	Amount of Each Expenditure This Period  <b>\$ 185.25</b>
15. Full Name, Mailing Address and Zip Code <b>PayPal</b> 2211 North First Street, San Jose, CA 95131	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/09/2018</b>	Amount of Each Expenditure This Period  <b>\$ 30.38</b>
16. Full Name, Mailing Address and Zip Code <b>Powell Padres</b> 1350 Upshur St NW, Washington, DC 20011	Purpose of Expenditure  <b>Donation</b>	Date (month, day, year)  <b>05/17/2018</b>	Amount of Each Expenditure This Period  <b>\$ 250.00</b>
17. Full Name, Mailing Address and Zip Code <b>AAA Party Rental</b> 3361 75th Avenue, suite A, Landover, MD 20785	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/18/2018</b>	Amount of Each Expenditure This Period  <b>\$ 100.00</b>
18. Full Name, Mailing Address and Zip Code <b>American Visa</b> 1801 Columbia Rd NW, Washington, DC 20009	Purpose of Expenditure  <b>Assistance</b>	Date (month, day, year)  <b>05/21/2018</b>	Amount of Each Expenditure This Period  <b>\$ 195.00</b>
19. Full Name, Mailing Address and Zip Code <b>DC Senior America Cameo Club</b> 2000 Upshur St NW, Washington, DC 20018	Purpose of Expenditure  <b>Donation</b>	Date (month, day, year)  <b>05/23/2018</b>	Amount of Each Expenditure This Period  <b>\$ 225.00</b>
20. Full Name, Mailing Address and Zip Code <b>Ohev Shalom</b> 1600 Jonquil St NW, Washington, DC 20012	Purpose of Expenditure  <b>Donation</b>	Date (month, day, year)  <b>05/25/2018</b>	Amount of Each Expenditure This Period  <b>\$ 127.55</b>
21. Full Name, Mailing Address and Zip Code <b>USPS</b> 1200 Pennsylvania Ave NW, Washington, DC 20004	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/25/2018</b>	Amount of Each Expenditure This Period  <b>\$ 250.00</b>
22. Full Name, Mailing Address and Zip Code <b>Amazon.com</b> 4200 Guilford Dr, College Park, MD 20740	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/29/2018</b>	Amount of Each Expenditure This Period  <b>\$ 129.43</b>
23. Full Name, Mailing Address and Zip Code <b>Amazon.com</b> 4200 Guilford Dr, College Park, MD 20740	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/29/2018</b>	Amount of Each Expenditure This Period  <b>\$ 64.95</b>
24. Full Name, Mailing Address and Zip Code <b>We're Having a Party</b> 2300 Perkins Place, Silver Spring, MD 20910	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/30/2018</b>	Amount of Each Expenditure This Period  <b>\$ 2,059.20</b>
25. Full Name, Mailing Address and Zip Code <b>AAA Party Rental</b> 3361 75th Avenue, suite A, Landover, MD 20785	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/30/2018</b>	Amount of Each Expenditure This Period  <b>\$ 697.60</b>

26. Full Name, Mailing Address and Zip Code <b>Ligia Pineda</b> 10405 Tullymore Dr, Adelphi, MD 20783	Purpose of Expenditure  <b>Service</b>	Date (month, day, year)  <b>05/30/2018</b>	Amount of Each Expenditure This Period  <b>\$ 100.00</b>
27. Full Name, Mailing Address and Zip Code <b>Annie's Ace Hardware</b> 1240 Upshur St NW, Washington, DC 20011	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/31/2018</b>	Amount of Each Expenditure This Period  <b>\$ 3.69</b>
28. Full Name, Mailing Address and Zip Code <b>Whole Foods</b> 833 Wayne Ave, Silver Spring, MD 20910	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/31/2018</b>	Amount of Each Expenditure This Period  <b>\$ 31.80</b>
29. Full Name, Mailing Address and Zip Code <b>Whole Foods</b> 833 Wayne Ave, Silver Spring, MD 20910	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/31/2018</b>	Amount of Each Expenditure This Period  <b>\$ 31.80</b>
30. Full Name, Mailing Address and Zip Code <b>Costco</b> 2241 Market St NE, Washington, DC 20018	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/31/2018</b>	Amount of Each Expenditure This Period  <b>\$ 285.75</b>
31. Full Name, Mailing Address and Zip Code <b>Costco</b> 2241 Market St NE, Washington, DC 20018	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/31/2018</b>	Amount of Each Expenditure This Period  <b>\$ 47.95</b>
32. Full Name, Mailing Address and Zip Code <b>Party City</b> 11006 Veirs Mill Rd, Wheaton, MD 20902	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/31/2018</b>	Amount of Each Expenditure This Period  <b>\$ 15.84</b>
33. Full Name, Mailing Address and Zip Code <b>Party City</b> 11006 Veirs Mill Rd, Wheaton, MD 20902	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/31/2018</b>	Amount of Each Expenditure This Period  <b>\$ 25.59</b>
34. Full Name, Mailing Address and Zip Code <b>7 Eleven</b> 7401 Georgia Ave NW, Washington, DC 20012	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/31/2018</b>	Amount of Each Expenditure This Period  <b>\$ 26.90</b>
35. Full Name, Mailing Address and Zip Code <b>Sala Thai</b> 2300 Washington Place NE, Washington, DC 20018	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/31/2018</b>	Amount of Each Expenditure This Period  <b>\$ 2,000.00</b>
36. Full Name, Mailing Address and Zip Code <b>Faye Caldwell</b> 1350 Pennsylvania Ave NW, Washington, DC 20004	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>05/31/2018</b>	Amount of Each Expenditure This Period  <b>\$ 26.50</b>
37. Full Name, Mailing Address and Zip Code <b>Joshua Fleitman</b> 1350 Pennsylvania Ave NW Suite 105, Washington, DC 20004	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>06/01/2018</b>	Amount of Each Expenditure This Period  <b>\$ 10.61</b>
38. Full Name, Mailing Address and Zip Code <b>Constant Contact</b> 1601 Trapelo Rd Suite 329, Waltham, ME 02451	Purpose of Expenditure  <b>Services</b>	Date (month, day, year)  <b>06/04/2018</b>	Amount of Each Expenditure This Period  <b>\$ 185.25</b>

39. Full Name, Mailing Address and Zip Code <b>Switch Board</b> <b>1725 Eye Street NW Suite 900,</b> <b>Washington, DC 20006</b>	Purpose of Expenditure  <b>Services</b>	Date (month, day, year)  <b>06/11/2018</b>	Amount of Each Expenditure This Period  <b>\$ 596.70</b>
40. Full Name, Mailing Address and Zip Code <b>Lee's Florist</b> <b>1026 U St NW, Washington, DC 20001</b>	Purpose of Expenditure  <b>Service</b>	Date (month, day, year)  <b>06/14/2018</b>	Amount of Each Expenditure This Period  <b>\$ 70.79</b>
41. Full Name, Mailing Address and Zip Code <b>Lee's Florist</b> <b>1026 U St NW, Washington, DC 20001</b>	Purpose of Expenditure  <b>Service</b>	Date (month, day, year)  <b>06/14/2018</b>	Amount of Each Expenditure This Period  <b>\$ 73.97</b>
42. Full Name, Mailing Address and Zip Code <b>Lee's Florist</b> <b>1026 U St NW, Washington, DC 20001</b>	Purpose of Expenditure  <b>Services</b>	Date (month, day, year)  <b>06/14/2018</b>	Amount of Each Expenditure This Period  <b>\$ 73.97</b>
43. Full Name, Mailing Address and Zip Code <b>Amazon.com</b> <b>4200 Guilford Dr, College Park, MD</b> <b>20740</b>	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>06/14/2018</b>	Amount of Each Expenditure This Period  <b>\$ 294.21</b>
44. Full Name, Mailing Address and Zip Code <b>Amazon.com</b> <b>4200 Guilford Dr, College Park, MD</b> <b>20740</b>	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>06/15/2018</b>	Amount of Each Expenditure This Period  <b>\$ 115.26</b>
45. Full Name, Mailing Address and Zip Code <b>Amazon.com</b> <b>4200 Guilford Dr, College Park, MD</b> <b>20740</b>	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>06/15/2018</b>	Amount of Each Expenditure This Period  <b>\$ 240.66</b>
46. Full Name, Mailing Address and Zip Code <b>Aloysius Tamasang</b> <b>2500 3rd St NE, Washington, DC</b> <b>20002</b>	Purpose of Expenditure  <b>Services</b>	Date (month, day, year)  <b>06/15/2018</b>	Amount of Each Expenditure This Period  <b>\$ 200.00</b>
47. Full Name, Mailing Address and Zip Code <b>Amazon.com</b> <b>4200 Guilford Dr, College Park, MD</b> <b>20740</b>	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>06/19/2018</b>	Amount of Each Expenditure This Period  <b>\$ 128.95</b>
48. Full Name, Mailing Address and Zip Code <b>Walmart Supercenter</b> <b>5929 Georgia Ave NW, Washington,</b> <b>DC 20012</b>	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>06/23/2018</b>	Amount of Each Expenditure This Period  <b>\$ 70.63</b>
49. Full Name, Mailing Address and Zip Code <b>Walmart Supercenter</b> <b>5929 Georgia Ave NW, Washington,</b> <b>DC 20012</b>	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>06/23/2018</b>	Amount of Each Expenditure This Period  <b>\$ 90.36</b>
50. Full Name, Mailing Address and Zip Code <b>Costco</b> <b>2241 Market St NE, Washington, DC</b> <b>20018</b>	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>06/23/2018</b>	Amount of Each Expenditure This Period  <b>\$ 87.92</b>
51. Full Name, Mailing Address and Zip Code <b>Sheila Austin Jones</b> <b>5601 Connecticut Ave NW,</b> <b>Washington, DC 20015</b>	Purpose of Expenditure  <b>Services</b>	Date (month, day, year)  <b>06/23/2018</b>	Amount of Each Expenditure This Period  <b>\$ 150.00</b>

52. Full Name, Mailing Address and Zip Code <b>Ponies Unlimited LLC</b> 7421 Parkwood St, Hyattsville, MD 20784	Purpose of Expenditure  <b>Services</b>	Date (month, day, year)  <b>06/25/2018</b>	Amount of Each Expenditure This Period  <b>\$ 400.00</b>
53. Full Name, Mailing Address and Zip Code <b>Ponies Unlimited LLC</b> 7421 Parkwood St, Hyattsville, MD 20784	Purpose of Expenditure  <b>Services</b>	Date (month, day, year)  <b>06/25/2018</b>	Amount of Each Expenditure This Period  <b>\$ 200.00</b>
54. Full Name, Mailing Address and Zip Code <b>Costco</b> 2241 Market St NE, Washington, DC 20018	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>06/25/2018</b>	Amount of Each Expenditure This Period  <b>\$ 818.13</b>
55. Full Name, Mailing Address and Zip Code <b>Walter Coreas</b> 7401 New Hampshire Ave , Takoma, DC 20912	Purpose of Expenditure  <b>Services</b>	Date (month, day, year)  <b>06/25/2018</b>	Amount of Each Expenditure This Period  <b>\$ 250.00</b>
56. Full Name, Mailing Address and Zip Code <b>Faye Caldwell</b> 1350 Pennsylvania Ave NW, Washington, DC 20004	Purpose of Expenditure  <b>Services</b>	Date (month, day, year)  <b>06/27/2018</b>	Amount of Each Expenditure This Period  <b>\$ 192.18</b>
57. Full Name, Mailing Address and Zip Code <b>USPS</b> 1200 Pennsylvania Ave NW, Washington, DC 20004	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>06/27/2018</b>	Amount of Each Expenditure This Period  <b>\$ 100.00</b>
58. Full Name, Mailing Address and Zip Code <b>Davis Center</b> 6218 Third St NW, Washington, DC 20011	Purpose of Expenditure  <b>Donation</b>	Date (month, day, year)  <b>06/28/2018</b>	Amount of Each Expenditure This Period  <b>\$ 400.00</b>
59. Full Name, Mailing Address and Zip Code <b>Online Stores, LLC</b> 1000 Westinghouse Dr, New Stanton, PA 15672	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>06/29/2018</b>	Amount of Each Expenditure This Period  <b>\$ 291.87</b>
60. Full Name, Mailing Address and Zip Code <b>Culture Coffee Too</b> 300 Riggs Rd NE, Washington, DC 20011	Purpose of Expenditure  <b>Services</b>	Date (month, day, year)  <b>06/29/2018</b>	Amount of Each Expenditure This Period  <b>\$ 220.00</b>
61. Full Name, Mailing Address and Zip Code <b>Amazon.com</b> 4200 Guilford Dr, College Park, MD 20740	Purpose of Expenditure  <b>Supplies</b>	Date (month, day, year)  <b>06/29/2018</b>	Amount of Each Expenditure This Period  <b>\$ 37.94</b>
<b>TOTAL This Period (aggregate the subtotal of all expenditure pages)</b>			<b>\$ 13,559.78</b>