



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

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

SUMMARY PAGE

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Friends of Rustin Lewis	2. OCF Identification Number PCCCCL187018
Address 3317 Gainesville Street, SE	3. Is this report an Amendment? (Yes or No) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City, State and Zip Code Washington, DC 20020	

4. TYPE OF REPORT: **June 10th Report**

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 3/11/2018 through 6/10/2018		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 0.00	
(c) Total Receipts [from Line (16)]	\$ 16,648.00	\$ 16,648.00
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 16,648.00	
7. Total Expenditures (from Line 22)	\$ 5,031.30	\$ 5,031.30
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 11,616.70	
9. Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed By the Committee to the Candidate (itemize all on Schedule E)	\$ 350.00	\$ 350.00
(b) Loans from other sources made to the Committee (itemize all on Schedule E-1)	\$ 0.00	\$ 0.00

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

(1) OATH OR AFFIRMATION OF CANDIDATE IF FILING

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

TYPE OR PRINT FULL NAME OF CANDIDATE

SIGNATURE OF CANDIDATE

DATE

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

NOTARY PUBLIC

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

(2) OATH OR AFFIRMATION OF COMMITTEE TREASURER

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

Mr. Sheldon King

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

07/20/2018

SIGNATURE OF TREASURER

DATE

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

NOTARY PUBLIC

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

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

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

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

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

NOTARY PUBLIC

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

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

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

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

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

NOTARY PUBLIC

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

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

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Friends of Rustin Lewis	REPORT COVERING THE PERIOD FROM: 3/11/2018 TO: 6/10/2018	
I. RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE TO-DATE CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 16,298.00	\$ 16,298.00 11(a)
(b) Political Party Committees (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) The Candidate (Schedule A-3)	\$ 0.00	\$ 0.00 11(d)
(e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the candidate or committee (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e) and (f)]	\$ 16,298.00	\$ 16,298.00 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS		
(a) Loans owed By the Committee to the Candidate (Schedule E)	\$ 350.00	\$ 350.00 13(a)
(b) Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 13(b)
(c) Total Loans [add Lines 13(a) and (b)]	\$ 350.00	\$ 350.00 13(c)
14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5)	\$ 0.00	\$ 0.00 14
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$ 0.00	\$ 0.00 15
16. TOTAL RECEIPTS [add Lines 11(g), 12, 13(c), 14 and 15]	\$ 16,648.00	\$ 16,648.00 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 4,981.30	\$ 4,981.30 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) Of Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 19(b)
(c) Total Loan Repayments [add Lines 19(a) and 19(b)]	\$ 0.00	\$ 0.00 19(c)
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Organizations Other Than Political Committees (Schedule B-2)	\$ 50.00	\$ 50.00 20(a)
(b) Political Party Committees (Schedule B-3)	\$ 0.00	\$ 0.00 20(b)
(c) Other Political Committees and PACs (Schedule B-4)	\$ 0.00	\$ 0.00 20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]	\$ 50.00	\$ 50.00 20(d)
21. OTHER EXPENDITURES		
(a) Independent Expenditures (Schedule B-5)	\$ 0.00	\$ 0.00 21(a)
(b) Offsets to Receipts (Schedule B-6)	\$ 0.00	\$ 0.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 0.00	\$ 0.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 5,031.30	\$ 5,031.30 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	16,648.00
25. SUBTOTAL (add Lines 23 and 24)	\$	16,648.00
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)	\$	5,031.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	\$	11,616.70

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

1. Full Name, Mailing Address and Zip Code Ashok Rau 1111 Orren St NE Unit 501, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/06/2018	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Counsel Name and Address of Employer World Bank Group 1111 Orren St NE, Washington, DC 20002		
Aggregate Year-To-date		\$ 1,000.00	
2. Full Name, Mailing Address and Zip Code Starlisha Anderson 2975 Kincaid Dr, Waldorf, MD 20603	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/06/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Human Resources Name and Address of Employer Self 2975 Kincaid Dr, Waldorf, MD 20603		
Aggregate Year-To-date		\$ 100.00	
3. Full Name, Mailing Address and Zip Code Sharon Bland 9201 Laurel Oak Dr, Bethesda, MD 20817	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/06/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Entrepreneur Name and Address of Employer Indigo Mid-Atlantic 1100 17th St NW Ste 1150, Washington, DC 20036		
Aggregate Year-To-date		\$ 100.00	
4. Full Name, Mailing Address and Zip Code Michelle Jones 9762 Northern Lakes Ln, Laurel, MD 20723	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/07/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation CFO Name and Address of Employer Troika Entertainment 818 W Diamond Ave, Gaithersburg, MD 20878		
Aggregate Year-To-date		\$ 500.00	
5. Full Name, Mailing Address and Zip Code Kenneth Lewis 3347 Riverside Dr, Canton, MI 48188	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/11/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Sr. Digital Marketing Analyst Name and Address of Employer Mercedes-Benz Financial Services 36455 Corporate Dr, Farmington Hills, MI 48331		
Aggregate Year-To-date		\$ 100.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

6. Full Name, Mailing Address and Zip Code William Kevin Lewis 1891 Surrey Hill Cir, Lawrenceville, GA 30044	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/11/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 50.00
7. Full Name, Mailing Address and Zip Code Michele Givens 47597 Woodboro Ter, Sterling, VA 20165	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/12/2018	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Professional Services Name and Address of Employer Decision Lens 4075 Wilson Blvd, Arlington, VA 22203		
Aggregate Year-To-date			\$ 10.00
8. Full Name, Mailing Address and Zip Code Remayl ShafferHardy 5719 Deer Pond Ln, Camp Springs, MD 20746	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/13/2018	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed 5719 Deer Pond Ln, Camp Springs, MD 20746		
Aggregate Year-To-date			\$ 200.00
9. Full Name, Mailing Address and Zip Code George Simpson 1229 Pennsylvania Ave SE, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/13/2018	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation President Name and Address of Employer DDC 1229 Pennsylvania Ave SE, Washington, DC 20003		
Aggregate Year-To-date			\$ 1,000.00
10. Full Name, Mailing Address and Zip Code Kirra Jarratt 554 Peabody St NW, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/14/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer DC Bar Foundation 80 M St SE, Washington, DC 20003		
Aggregate Year-To-date			\$ 50.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

11. Full Name, Mailing Address and Zip Code Michele Givens 47597 Woodboro Ter, Sterling, VA 20165	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/15/2018	Amount of Each Receipt This Period \$ 140.00
Contributor Type Individual	Occupation Professional Services Name and Address of Employer Decision Lens 4075 Wilson Blvd, Arlington, VA 22203		
Aggregate Year-To-date			\$ 150.00
12. Full Name, Mailing Address and Zip Code Christina Ross 1939 Mortar Loop, Newport News, VA 23603	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/17/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation US ARMY Name and Address of Employer US ARMY 815 Lucas Pl, Newport News, VA 23604		
Aggregate Year-To-date			\$ 25.00
13. Full Name, Mailing Address and Zip Code Cheryl Palowitch 128 Reatta St, Grayson, KY 41143	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/17/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Administration Name and Address of Employer Sodexo Campus Services 1 John Marshall Dr, Huntington, WV 25755		
Aggregate Year-To-date			\$ 25.00
14. Full Name, Mailing Address and Zip Code Angie Kirk 1301 Delaware Ave SW, Washington, DC 20024	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/17/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed 1301 Delaware Ave SW, Washington, DC 20024		
Aggregate Year-To-date			\$ 25.00
15. Full Name, Mailing Address and Zip Code Natasha Augustine 3083 Herschel Ave Apt 310, Dallas, TX 75219	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/18/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation DCE Name and Address of Employer RHSA 757 Lonesome Dove Trl, Hurst, TX 76054		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

16. Full Name, Mailing Address and Zip Code Robin Yee Morse 125 Garden Park Dr, Anderson, SC 29621	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/18/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Independent Beauty Consultant Name and Address of Employer Self 713D E Greenville St # 163, Anderson, SC 29621		
Aggregate Year-To-date			\$ 50.00
17. Full Name, Mailing Address and Zip Code Brenda Coleman 4725 Walton Xing SW Apt 3212, Atlanta, GA 30331	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/18/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 100.00
18. Full Name, Mailing Address and Zip Code Dina Archer 3674 Summit Trce, Decatur, GA 30034	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/19/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Staff Accountant Name and Address of Employer Self 3674 Summit Trce, Decatur, GA 30034		
Aggregate Year-To-date			\$ 250.00
19. Full Name, Mailing Address and Zip Code Jacqueline Francis 921 12TH ST NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/19/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Medical Officer Name and Address of Employer USFDA 921 12th St NE, Washington, DC 20002		
Aggregate Year-To-date			\$ 50.00
20. Full Name, Mailing Address and Zip Code Gary Scott 8128 High Meadow Ct, Ellicott City, MD 21043	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/19/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Sales Name and Address of Employer Novartis 8128 High Meadow Ct, Ellicott City, MD 21043		
Aggregate Year-To-date			\$ 25.00

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

Friends of Rustin Lewis

21. Full Name, Mailing Address and Zip Code Adaarema Kelly 15010 Spriggs Tree Ln, Woodbridge, VA 22193	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/19/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Educator Name and Address of Employer ACPS 435 Ferdinand Day Dr, Alexandria, VA 22304		
Aggregate Year-To-date		\$ 100.00	
22. Full Name, Mailing Address and Zip Code Kia Chatmon 303 42nd St NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/19/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Self 303 42nd St NE, Washington, DC 20019		
Aggregate Year-To-date		\$ 25.00	
23. Full Name, Mailing Address and Zip Code Avies Stargen 4473 Manor View Ct, Douglasville, GA 30135	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/19/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date		\$ 25.00	
24. Full Name, Mailing Address and Zip Code LaShonda Sprinkle 43 Westmont Cir, White Hall, AR 71602	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/19/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date		\$ 25.00	
25. Full Name, Mailing Address and Zip Code Vinincia Dorsey 6500 Randolph RD, Suitland, MD 20746	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/20/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Director of HR & Office Operations Name and Address of Employer Human Rights First 805 15th St NW, Washington, DC 20005		
Aggregate Year-To-date		\$ 50.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

26. Full Name, Mailing Address and Zip Code Alvin Trotter 3500 W Manchester Blvd, Inglewood, CA 90305	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/20/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 25.00	
27. Full Name, Mailing Address and Zip Code Erik Gaull 7605 Arden Rd, Cabin John, MD 20818	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/23/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Self		
Aggregate Year-To-date		\$ 50.00	
28. Full Name, Mailing Address and Zip Code Lia Pendarvis 4639 Aspen Hill Ct, Annandale, VA 22003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/23/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation United Healthcare Name and Address of Employer Accountant 3190 Fairview Park Dr, Falls Church, VA 22042		
Aggregate Year-To-date		\$ 25.00	
29. Full Name, Mailing Address and Zip Code Ebony Lea 1821 Jackson St NE, Washington, DC 20018	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/24/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Self Employed Name and Address of Employer Self 1140 3rd St NE, Washington, DC 20002		
Aggregate Year-To-date		\$ 25.00	
30. Full Name, Mailing Address and Zip Code Mahlet Getachew 930 Wayne Ave, Silver Spring, MD 20910	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/24/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date		\$ 50.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

31. Full Name, Mailing Address and Zip Code Melinda Williamson 6233 Kimbrough Blvd, Biloxi, MS 39532	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/25/2018	Amount of Each Receipt This Period \$ 30.00
Contributor Type Individual	Occupation Nurse Name and Address of Employer USAF 6233 Kimbrough Blvd, Biloxi, MS 39532		
Aggregate Year-To-date			\$ 30.00
32. Full Name, Mailing Address and Zip Code Carla Harris 104 50th St NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/25/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation CEO Name and Address of Employer ImageWorks 104 50th St NE, Washington, DC 20019		
Aggregate Year-To-date			\$ 25.00
33. Full Name, Mailing Address and Zip Code Lekeisha Frasure 3833 Commodore Joshua Barney Dr NE, Washington, DC 20018	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/25/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Banking Name and Address of Employer FDIC 550 F St NW, Washington, DC 20429		
Aggregate Year-To-date			\$ 50.00
34. Full Name, Mailing Address and Zip Code Alisa Thomas 20802 Gaelic Ct, Germantown, MD 20874	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/25/2018	Amount of Each Receipt This Period \$ 30.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 30.00
35. Full Name, Mailing Address and Zip Code Kimberly Johnson 12452 Horseshoe Bend Cir, Clarksburg, MD 20871	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/26/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Senior Manager Name and Address of Employer RemedyBiz 43471 Freeport Pl, Dulles, VA 20166		
Aggregate Year-To-date			\$ 250.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

36. Full Name, Mailing Address and Zip Code Harold Kerr 1300 Erskine St, Takoma Park, MD 20912	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/26/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Kerr Company 1300 Erskine St, Takoma Park, MD 20912		
Aggregate Year-To-date		\$ 25.00	
37. Full Name, Mailing Address and Zip Code Ron Meredith 319 Parkland Pl SE, Washington, DC 20032	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/28/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Examiner Name and Address of Employer NCUA 1900 Duke St, Alexandria, VA 22314		
Aggregate Year-To-date		\$ 25.00	
38. Full Name, Mailing Address and Zip Code Ramona Mills 338 Hoskins Way, Columbus, OH 43213	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/28/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation ECDI Name and Address of Employer Nonprofit 1655 Old Leonard Ave, Columbus, OH 43219		
Aggregate Year-To-date		\$ 100.00	
39. Full Name, Mailing Address and Zip Code Darnell L. Perkins 3106 Alabama Ave SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/28/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date		\$ 25.00	
40. Full Name, Mailing Address and Zip Code Kenneth Starks 2804 Stevenson Dr, Bloomington, IL 61704	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/28/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date		\$ 25.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

41. Full Name, Mailing Address and Zip Code Remayl ShafferHardy 5719 Deer Pond Ln, Camp Springs, MD 20746	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/29/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed 5719 Deer Pond Ln, Camp Springs, MD 20746		
Aggregate Year-To-date		\$ 300.00	
42. Full Name, Mailing Address and Zip Code Lois Frankel 4610 47th St NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/29/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Association Management Name and Address of Employer National Quality Forum 1030 15th St NW, Washington, DC 20005		
Aggregate Year-To-date		\$ 100.00	
43. Full Name, Mailing Address and Zip Code Eddie Bridgeman 2900 Chamblee Tucker Rd Bldg 5-310, Atlanta, GA 30341	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/30/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date		\$ 100.00	
44. Full Name, Mailing Address and Zip Code Pali Payne 21 Tomahawk Ct, Medford, NJ 08055	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/01/2018	Amount of Each Receipt This Period \$ 55.00
Contributor Type Individual	Occupation Therapist Name and Address of Employer Caring Counselor 20000 Horizon Way, Mount Laurel, NJ 08054		
Aggregate Year-To-date		\$ 55.00	
45. Full Name, Mailing Address and Zip Code LaTonia Somerville 4248 Royalty Dr, Indianapolis, IN 46254	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/02/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Lab Tech Name and Address of Employer Indiana University Hospital 550 University Blvd, Indianapolis, IN 46202		
Aggregate Year-To-date		\$ 50.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

46. Full Name, Mailing Address and Zip Code Benjamin Soto 3407 14th St NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/02/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 500.00
47. Full Name, Mailing Address and Zip Code Dennis Russell 7200 Cypress Lakes Apartment Blvd Apt 322, Baton Rouge, LA 70809	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/05/2018	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer Self		
Aggregate Year-To-date			\$ 1,000.00
48. Full Name, Mailing Address and Zip Code Jamesa Rainey-Euler 4825 Rondelay Forest Way, Lithonia, GA 30038	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/05/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Owner Name and Address of Employer MLE Enterprises 4825 Rondelay Forest Way, Lithonia, GA 30038		
Aggregate Year-To-date			\$ 250.00
49. Full Name, Mailing Address and Zip Code Joshua Mintz 1050 Connecticut Ave NW, Washington, DC 20036	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/06/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Management Consultant Name and Address of Employer CHP Mintz 1050 Connecticut Ave NW, Washington, DC 20036		
Aggregate Year-To-date			\$ 100.00
50. Full Name, Mailing Address and Zip Code Audrey Jenkins 79 Potomac Ave SE, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/07/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 100.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

51. Full Name, Mailing Address and Zip Code Victor Wyatt-Prater 1120 Morgan Ave, Drexel Hill, PA 19026	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/08/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Research Chemist Name and Address of Employer USDA 600 E Mermaid Ln, Wyndmoor, PA 19038		
Aggregate Year-To-date		\$ 100.00	
52. Full Name, Mailing Address and Zip Code Claudia Arjona 1037 Chalk Hill Ln, Charlotte, NC 28214	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/09/2018	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Human Resources Generalist Name and Address of Employer SAERTEX USA LLC 12200 Mount Holly Hntrs vllle Rd, Huntersville, NC 28078		
Aggregate Year-To-date		\$ 25.00	
53. Full Name, Mailing Address and Zip Code DaBeth Manns PO Box 75655, Washington, DC 20013	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/09/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Research Name and Address of Employer TL Consulting Int'l. 1629 K St NW Ste 300, Washington, DC 20006		
Aggregate Year-To-date		\$ 100.00	
54. Full Name, Mailing Address and Zip Code Richard Tylet 933 Oriole Dr SW, Atlanta, GA 30311	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/09/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired 933 Oriole Dr SW, Atlanta, GA 30311		
Aggregate Year-To-date		\$ 500.00	
55. Full Name, Mailing Address and Zip Code Michael Henson 431 Emerson St NW, Washington, DC 20011	Contribution Type <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/10/2018	Amount of Each Receipt This Period \$ 40.00
Contributor Type Individual	Occupation Name and Address of Employer Dept. of Veterans Affairs 50 Irving St NW, Washington, DC 20422		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

		Aggregate Year-To-date		\$ 40.00
56. Full Name, Mailing Address and Zip Code Carla Labat 11337 Classical Ln, Silver Spring, MD 20901	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/10/2018	Amount of Each Receipt This Period \$ 200.00	
Contributor Type Individual	Occupation Realtor Name and Address of Employer Long & Foster 4400 Jenifer St NW, Washington, DC 20015			
		Aggregate Year-To-date		\$ 200.00
57. Full Name, Mailing Address and Zip Code Mahlet Getachew 930 Wayne Ave, Silver Spring, MD 20910	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/10/2018	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed			
		Aggregate Year-To-date		\$ 100.00
58. Full Name, Mailing Address and Zip Code Warren Morris 2505 Heatherwood Ct, Adelphi, MD 20783	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/10/2018	Amount of Each Receipt This Period \$ 20.00	
Contributor Type Individual	Occupation Public Relations Name and Address of Employer M-N-Management 2505 Heatherwood Ct, Adelphi, MD 20783			
		Aggregate Year-To-date		\$ 20.00
59. Full Name, Mailing Address and Zip Code George Dines 11337 Classical Ln, Silver Spring, MD 20901	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/10/2018	Amount of Each Receipt This Period \$ 1,000.00	
Contributor Type Individual	Occupation CFO Name and Address of Employer Govt of the District of Columbia 2000 14th St NW Fl 6, Washington, DC 20009			
		Aggregate Year-To-date		\$ 1,000.00
60. Full Name, Mailing Address and Zip Code Astrid Guermi 12300 Pond Run Dr, Woodbridge, VA 22192	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/10/2018	Amount of Each Receipt This Period \$ 250.00	
Contributor Type Individual	Occupation DOD Name and Address of Employer DOD 7500 GEOINT Dr, Springfield, VA 22150			

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

		Aggregate Year-To-date		\$ 250.00
61. Full Name, Mailing Address and Zip Code Steronica Duston Maddocks 8130 McCauley Way Apt 1401, Lorton, VA 22079		Contribution Type <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 05/10/2018 Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual		Occupation Program Analyst Name and Address of Employer USDOT 1200 New Jersey Ave SE, Washington, DC 20590		
		Aggregate Year-To-date		\$ 100.00
62. Full Name, Mailing Address and Zip Code Donald Murray 1320 Missouri Ave NW, Washington, DC 20011		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 05/10/2018 Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual		Occupation Retired Name and Address of Employer Retired		
		Aggregate Year-To-date		\$ 200.00
63. Full Name, Mailing Address and Zip Code Paul Divito 2809 29th Pl NW, Washington, DC 20008		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 05/10/2018 Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual		Occupation Retired Name and Address of Employer Retired		
		Aggregate Year-To-date		\$ 250.00
64. Full Name, Mailing Address and Zip Code Lucy Bowen McCauley 2707 Lorcom Ln, Arlington, VA 22207		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 05/10/2018 Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual		Occupation Founder/Artistic Director Name and Address of Employer Bowen McCauley Dance 818 N Quincy St, Arlington, VA 22203		
		Aggregate Year-To-date		\$ 100.00
65. Full Name, Mailing Address and Zip Code Clemmie Solomon 7255 15th Pl NW, Washington, DC 20012		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 05/10/2018 Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual		Occupation Professor Name and Address of Employer Montgomery College 51 Mannakee St, Rockville, MD 20850		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

		Aggregate Year-To-date		\$ 100.00
66. Full Name, Mailing Address and Zip Code Cecelia M Paul 4600 9th St NW, Washington, DC 20011		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 05/10/2018 Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual		Occupation Retired		
		Name and Address of Employer Retired		
		Aggregate Year-To-date		\$ 50.00
67. Full Name, Mailing Address and Zip Code Veronica Gerald 345 E 94th St, New York, NY 10128		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 05/10/2018 Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual		Occupation Self		
		Name and Address of Employer Self 345 E 94th St, New York, NY 10128		
		Aggregate Year-To-date		\$ 25.00
68. Full Name, Mailing Address and Zip Code Christopher Godfrey 2728 Minnesota Ave SE Apt 2, Washington, DC 20019		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 05/10/2018 Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual		Occupation Not Employed		
		Name and Address of Employer Not Employed		
		Aggregate Year-To-date		\$ 25.00
69. Full Name, Mailing Address and Zip Code Nycal Anthony-Townsend 8004 Delores Ct, Chesapeake Beach, MD 20732		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 05/10/2018 Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual		Occupation Not Employed		
		Name and Address of Employer Not Employed		
		Aggregate Year-To-date		\$ 50.00
70. Full Name, Mailing Address and Zip Code Tonya Combs 6913 Andersons Way Apt 403, Laurel, MD 20707		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 05/11/2018 Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual		Occupation Teacher		
		Name and Address of Employer District of Columbia Public Schools 1200 1st St NE, Washington, DC 20002		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

		Aggregate Year-To-date		\$ 100.00
71. Full Name, Mailing Address and Zip Code LaWanda Holmes Williams 7211 S Yates Blvd, Chicago, IL 60649	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/11/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Development Director Name and Address of Employer St. Bernard Hospital 326 W 64th St, Chicago, IL 60621			
		Aggregate Year-To-date		\$ 100.00
72. Full Name, Mailing Address and Zip Code Cassius F Butts PO Box 404, Mableton, GA 30126	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/11/2018	Amount of Each Receipt This Period \$ 108.00	
Contributor Type Individual	Occupation Chairman & CEO Name and Address of Employer Capital Fortitude Business Advisors PO Box 404, Mableton, GA 30126			
		Aggregate Year-To-date		\$ 108.00
73. Full Name, Mailing Address and Zip Code Gary Scott 8128 High Meadow Ct, Ellicott City, MD 21043	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/16/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Sales Name and Address of Employer Novartis 8128 High Meadow Ct, Ellicott City, MD 21043			
		Aggregate Year-To-date		\$ 175.00
74. Full Name, Mailing Address and Zip Code Nick Friedman 4411 W Tampa Bay Blvd, Tampa, FL 33614	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/16/2018	Amount of Each Receipt This Period \$ 250.00	
Contributor Type Individual	Occupation Owner Name and Address of Employer Self 4411 W Tampa Bay Blvd, Tampa, FL 33614			
		Aggregate Year-To-date		\$ 250.00
75. Full Name, Mailing Address and Zip Code Linda Whittingham 3126 63rd Ave, Cheverly, MD 20785	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/16/2018	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation Day care provider Name and Address of Employer Capital Child care center 3126 63rd Ave, Cheverly, MD 20785			

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

		Aggregate Year-To-date		\$ 25.00
76. Full Name, Mailing Address and Zip Code Margo Smith 8417 Cedar Chase Dr, Clinton, MD 20735	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/16/2018	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation Government Name and Address of Employer GSA 1800 F St NW, Washington, DC 20405			
		Aggregate Year-To-date		\$ 25.00
77. Full Name, Mailing Address and Zip Code Kendra Shenett 11184 Chelsea Ln, Hampton, GA 30228	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/16/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Respiratory Therapist Name and Address of Employer Northside Hospital 1000 Johnson Ferry Rd, Atlanta, GA 30342			
		Aggregate Year-To-date		\$ 100.00
78. Full Name, Mailing Address and Zip Code Gary Scott 8128 High Meadow Ct, Ellicott City, MD 21043	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/16/2018	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation Sales Name and Address of Employer Novartis 8128 High Meadow Ct, Ellicott City, MD 21043			
		Aggregate Year-To-date		\$ 175.00
79. Full Name, Mailing Address and Zip Code Susan Schwellung 1716 Leighton Wood Ln, Silver Spring, MD 20910	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/16/2018	Amount of Each Receipt This Period \$ 15.00	
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed			
		Aggregate Year-To-date		\$ 15.00
80. Full Name, Mailing Address and Zip Code Maxine Baker 1104 Balls Hill Rd, McLean, VA 22101	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/16/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired			

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

		Aggregate Year-To-date		\$ 100.00
81. Full Name, Mailing Address and Zip Code Kevin Jones 6 Avon pl, Hyattsville, MD 20782	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/17/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Health Name and Address of Employer UCHAPS 1012 14th St NW, Washington, DC 20005			
		Aggregate Year-To-date		\$ 100.00
82. Full Name, Mailing Address and Zip Code Jennifer Hara 1326 Randolph St NW, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/17/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Consultant Name and Address of Employer Tetra Tech 1320 N Courthouse Rd, Arlington, VA 22201			
		Aggregate Year-To-date		\$ 100.00
83. Full Name, Mailing Address and Zip Code Charnita Robinson 3501 Carpenter St SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/17/2018	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation COR Name and Address of Employer IRS 5000 Ellin Rd, Lanham, MD 20706			
		Aggregate Year-To-date		\$ 25.00
84. Full Name, Mailing Address and Zip Code Rena Lewis 301 Browning Ln, Cherry Hill, NJ 08003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/17/2018	Amount of Each Receipt This Period \$ 1,000.00	
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed			
		Aggregate Year-To-date		\$ 1,000.00
85. Full Name, Mailing Address and Zip Code LaKendric Williams 300 Ovaltine Ct, Villa Park, IL 60181	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/18/2018	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation Financial Analyst Name and Address of Employer Northrop Grumman 600 Hicks Rd, Rolling Meadows, IL 60008			

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

		Aggregate Year-To-date		\$ 50.00
86. Full Name, Mailing Address and Zip Code Eric Postell 3491 23rd St SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/18/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed			
		Aggregate Year-To-date		\$ 100.00
87. Full Name, Mailing Address and Zip Code Don Gilbert 4211 Talmadge Cir, Camp Springs, MD 20746	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/22/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Banker Name and Address of Employer WellsFargo 1447 P St NW, Washington, DC 20005			
		Aggregate Year-To-date		\$ 100.00
88. Full Name, Mailing Address and Zip Code Lia Pendarvis 4639 Aspen Hill Ct, Annandale, VA 22003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/23/2018	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation United Healthcare Name and Address of Employer Accountant 3190 Fairview Park Dr, Falls Church, VA 22042			
		Aggregate Year-To-date		\$ 50.00
89. Full Name, Mailing Address and Zip Code Wade Henderson 8172 Menlo Court East Dr, Indianapolis, IN 46240	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/23/2018	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed			
		Aggregate Year-To-date		\$ 25.00
90. Full Name, Mailing Address and Zip Code Denise Rosemond 1311 Delaware Ave SW, Washington, DC 20024	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/27/2018	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation Name and Address of Employer Visionary Leadership Group 1311 Delaware Ave SW, Washington, DC 20024			

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

		Aggregate Year-To-date		\$ 25.00
91. Full Name, Mailing Address and Zip Code Remayl ShafferHardy 5719 Deer Pond Ln, Camp Springs, MD 20746	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/29/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed 5719 Deer Pond Ln, Camp Springs, MD 20746			
		Aggregate Year-To-date		\$ 400.00
92. Full Name, Mailing Address and Zip Code Kenneth Jones 5117 CREST HAVEN WAY, Perry Hall, MD 21128	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/29/2018	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation Finance Name and Address of Employer Annie E. Casey Foundation 503 N Charles St, Baltimore, MD 21201			
		Aggregate Year-To-date		\$ 50.00
93. Full Name, Mailing Address and Zip Code Gary Zacerous 5 Mersereau Ave, Staten Island, NY 10303	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/05/2018	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation Speech-Language Pathologist Name and Address of Employer NYC DOE 41 W 117th St, New York, NY 10026			
		Aggregate Year-To-date		\$ 50.00
94. Full Name, Mailing Address and Zip Code Camille Mosley 7504 14th St NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/05/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Sales Name and Address of Employer Amtrak 1101 Market St, Philadelphia, PA 19107			
		Aggregate Year-To-date		\$ 100.00
95. Full Name, Mailing Address and Zip Code David Sutton 417 Atlantic st SE, Washington, DC 20032	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/05/2018	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation Resource Manager Name and Address of Employer Kearney 417 Atlantic st SE, Washington, DC 20032			

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

		Aggregate Year-To-date		\$ 50.00
96. Full Name, Mailing Address and Zip Code Barry Hudson 1201 Fern St NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/06/2018	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation Communications Manager Name and Address of Employer Prince George's County Government 1301 McCormick Dr, Largo, MD 20774			
		Aggregate Year-To-date		\$ 50.00
97. Full Name, Mailing Address and Zip Code Sheldon King 2109 31st Pl SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/06/2018	Amount of Each Receipt This Period \$ 500.00	
Contributor Type Individual	Occupation Principal Name and Address of Employer AdvisKing PO Box 15461, Washington, DC 20003			
		Aggregate Year-To-date		\$ 500.00
98. Full Name, Mailing Address and Zip Code Genevieve Hanson 2521 Ralph Ellison Way NE, Washington, DC 20018	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/06/2018	Amount of Each Receipt This Period \$ 75.00	
Contributor Type Individual	Occupation Real Estate Strategy and Sales Name and Address of Employer Concourse Federal Group 2521 Ralph Ellison Way NE, Washington, DC 20018			
		Aggregate Year-To-date		\$ 75.00
99. Full Name, Mailing Address and Zip Code Dwayne Ashley 515 W 38th St Apt 8G, New York, NY 10018	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/06/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation CEO Name and Address of Employer BPC 311 W 43rd St Fl 12, New York, NY 10036			
		Aggregate Year-To-date		\$ 100.00
100. Full Name, Mailing Address and Zip Code Lindsey Dendy 1610 Varnum Pl NE, Washington, DC 20017	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/06/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Event Producer Name and Address of Employer The LinDen Group PO Box 39254, Washington, DC 20016			

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

		Aggregate Year-To-date		\$ 100.00
101. Full Name, Mailing Address and Zip Code Justin Gutzmer 2625 Murdock Rd, Marietta, GA 30062	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/06/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Airline Agent Name and Address of Employer Delta Airlines 1030 Delta Blvd, Atlanta, GA 30354			
		Aggregate Year-To-date		\$ 100.00
102. Full Name, Mailing Address and Zip Code Kenneth Ward 510 N St SW, Washington, DC 20024	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/06/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Executive Name and Address of Employer College Bound 128 M St NW Ste 220, Washington, DC 20001			
		Aggregate Year-To-date		\$ 100.00
103. Full Name, Mailing Address and Zip Code Linserve LLC 5999 Stevenson Ave, Alexandria, VA 22304	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Website Support	Date (month, day, year) 06/06/2018	Amount of Each Receipt This Period \$ 850.00	
Contributor Type Business	Occupation			
Business Type Limited Liability Company	Name and Address of Employer			
		Aggregate Year-To-date		\$ 850.00
104. Full Name, Mailing Address and Zip Code David Hardick 2623 Phelps Ave, District Heights, MD 20747	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/06/2018	Amount of Each Receipt This Period \$ 50.00	
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed			
		Aggregate Year-To-date		\$ 50.00
105. Full Name, Mailing Address and Zip Code Ryan Shropshire 195 Mountain Laurel Way, Fayetteville, GA 30215	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/07/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Guidance Counselor Name and Address of Employer Atlanta Public Schools 130 Trinity Ave SW, Atlanta, GA 30303			

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Friends of Rustin Lewis

		Aggregate Year-To-date		\$ 100.00
106. Full Name, Mailing Address and Zip Code Monica Miles 3115 Fort Lincoln Dr NE, Washington, DC 20018	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/07/2018	Amount of Each Receipt This Period \$ 250.00	
Contributor Type Individual	Occupation Auditor Name and Address of Employer MHM Financial Services 3115 Fort Lincoln Dr NE, Washington, DC 20018			
		Aggregate Year-To-date		\$ 250.00
107. Full Name, Mailing Address and Zip Code Tonya Combs 6913 Andersons Way Apt 403, Laurel, MD 20707	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/08/2018	Amount of Each Receipt This Period \$ 100.00	
Contributor Type Individual	Occupation Teacher Name and Address of Employer District of Columbia Public Schools 1200 1st St NE, Washington, DC 20002			
		Aggregate Year-To-date		\$ 200.00
108. Full Name, Mailing Address and Zip Code Enessilee McCain 6811 Standish Dr, Hyattsville, MD 20784	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/09/2018	Amount of Each Receipt This Period \$ 25.00	
Contributor Type Individual	Occupation Designer Name and Address of Employer HEAR INC 7315 Wisconsin ave, Bethesda, MD 20814			
		Aggregate Year-To-date		\$ 25.00
109. Full Name, Mailing Address and Zip Code Christopher Jackson 7313 Oldham leeds Way, Springfield, VA 22150	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/10/2018	Amount of Each Receipt This Period \$ 200.00	
Contributor Type Individual	Occupation Doctor Name and Address of Employer Medical Faculty Associates 900 23rd St NW, Washington, DC 20037			
		Aggregate Year-To-date		\$ 200.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 16,298.00	

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

Friends of Rustin Lewis

1. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Summerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 04/08/2018	Amount of Each Expenditure This Period \$ 65.18
Occupation	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code Michael Coscia 304 12 Street SE, Washington, DC 20003	Purpose of Expenditure Campaign Materials	Date (month, day, year) 04/13/2018	Amount of Each Expenditure This Period \$ 264.38
Occupation	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Summerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 04/15/2018	Amount of Each Expenditure This Period \$ 63.21
Occupation	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Summerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 04/22/2018	Amount of Each Expenditure This Period \$ 51.39
Occupation	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code Sage Enterprises LLC PO Box 825, Montclair, NJ 07042	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 04/25/2018	Amount of Each Expenditure This Period \$ 130.00
Occupation	Name and Address of Employer		
6. Full Name, Mailing Address and Zip Code US Postal Service 45 L St SW, Washington, DC 20024	Purpose of Expenditure Rental	Date (month, day, year) 04/27/2018	Amount of Each Expenditure This Period \$ 79.20
Occupation	Name and Address of Employer		
7. Full Name, Mailing Address and Zip Code Square Inc 1455 Market Street, San Francisco, CA 94103	Purpose of Expenditure Bank Fees	Date (month, day, year) 04/28/2018	Amount of Each Expenditure This Period \$ 1.38
Occupation	Name and Address of Employer		

8. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Summerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 04/29/2018	Amount of Each Expenditure This Period \$ 35.00
Occupation	Name and Address of Employer		
9. Full Name, Mailing Address and Zip Code Michael Coscia 304 12 Street SE, Washington, DC 20003	Purpose of Expenditure Campaign Materials	Date (month, day, year) 05/03/2018	Amount of Each Expenditure This Period \$ 60.49
Occupation	Name and Address of Employer		
10. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Summerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 05/06/2018	Amount of Each Expenditure This Period \$ 71.31
Occupation	Name and Address of Employer		
11. Full Name, Mailing Address and Zip Code CSI 2916 Annandale Road, Falls Church, VA 22042	Purpose of Expenditure Campaign Materials	Date (month, day, year) 05/10/2018	Amount of Each Expenditure This Period \$ 1,811.18
Occupation	Name and Address of Employer		
12. Full Name, Mailing Address and Zip Code Square Inc 1455 Market Street, San Francisco, CA 94103	Purpose of Expenditure Bank Fees	Date (month, day, year) 05/10/2018	Amount of Each Expenditure This Period \$ 4.31
Occupation	Name and Address of Employer		
13. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Summerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 05/13/2018	Amount of Each Expenditure This Period \$ 97.11
Occupation	Name and Address of Employer		
14. Full Name, Mailing Address and Zip Code Nation Builder 520 S Grand Avenue, Los Angeles, CA 90071	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 05/13/2018	Amount of Each Expenditure This Period \$ 29.00
Occupation	Name and Address of Employer		
15. Full Name, Mailing Address and Zip Code Maurice Graham 5624 Woodyard Road, Upper Marlboro, MD 20772	Purpose of Expenditure Advertising	Date (month, day, year) 05/14/2018	Amount of Each Expenditure This Period \$ 200.00
Occupation Photographer	Name and Address of Employer Self 5624 Woodyard Road, Upper Marlboro, MD 20772		

16. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 05/15/2018	Amount of Each Expenditure This Period \$ 59.24
Occupation	Name and Address of Employer		
17. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Summerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 05/20/2018	Amount of Each Expenditure This Period \$ 78.63
Occupation	Name and Address of Employer		
18. Full Name, Mailing Address and Zip Code Bolt Printing 20 Old Grays Bridge Rd, Brookfield, CT 06804	Purpose of Expenditure Printing	Date (month, day, year) 05/23/2018	Amount of Each Expenditure This Period \$ 263.09
Occupation	Name and Address of Employer		
19. Full Name, Mailing Address and Zip Code CSI 2916 Annandale Road, Falls Church, VA 22042	Purpose of Expenditure Campaign Materials	Date (month, day, year) 05/25/2018	Amount of Each Expenditure This Period \$ 181.75
Occupation	Name and Address of Employer		
20. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Summerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 05/27/2018	Amount of Each Expenditure This Period \$ 6.92
Occupation	Name and Address of Employer		
21. Full Name, Mailing Address and Zip Code Amazon 410 Terry Ave North, Seattle, WA 98109	Purpose of Expenditure Equipment Purchases	Date (month, day, year) 05/29/2018	Amount of Each Expenditure This Period \$ 37.98
Occupation	Name and Address of Employer		
22. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Summerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 06/03/2018	Amount of Each Expenditure This Period \$ 5.93
Occupation	Name and Address of Employer		
23. Full Name, Mailing Address and Zip Code Ecanvasser 185 Berry Street, San Francisco, CA 94107	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 06/06/2018	Amount of Each Expenditure This Period \$ 299.99
Occupation	Name and Address of Employer		

24. Full Name, Mailing Address and Zip Code Linserve LLC 5999 Stevenson Ave, Alexandria, VA 22304	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 06/06/2018	Amount of Each Expenditure This Period \$ 850.00
Occupation	Name and Address of Employer		
25. Full Name, Mailing Address and Zip Code FedEx Office 715 D Street SE, Washington, DC 20003	Purpose of Expenditure Printing	Date (month, day, year) 06/09/2018	Amount of Each Expenditure This Period \$ 157.57
Occupation	Name and Address of Employer		
26. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Summerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 06/10/2018	Amount of Each Expenditure This Period \$ 77.06
Occupation	Name and Address of Employer		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 4,981.30

\$ 50.00

SCHEDULE E
LOANS OWED BY THE COMMITTEE TO THE CANDIDATE

Page 1 of 1 for Line Number 13a

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

Friends of Rustin Lewis

1. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Payment this period	Cumulative Payment to Date	Balance Outstanding at Close of this Period
Rustin Lewis 3317 Gainesville Street SE, Washington, DC 20020	\$ 250.00	\$ 0.00	\$0.00	\$ 250.00

Terms: Date Incurred: 04/12/2018 Date Due: 11/09/2018 Interest Rate: 0.00 % (apr) ☐ Secured

2. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Payment this period	Cumulative Payment to Date	Balance Outstanding at Close of this Period
Rustin Lewis 3317 Gainesville Street SE, Washington, DC 20020	\$ 100.00	\$ 0.00	\$0.00	\$ 100.00

Terms: Date Incurred: 04/05/2018 Date Due: 11/09/2018 Interest Rate: 0.00 % (apr) ☐ Secured**TOTALS this period (Aggregate the Subtotals from all Loan Schedules)****\$ 350.00**

Carry Outstanding Loan Balance forward to Line 10 (a) on the Summary Page.