



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 Do Something Constituents Fund	2. OCF Identification Number CSSCC8166839
Address (Number and Street) 1109 Wahler PL., SE	3. Is this report an Amendment? (Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State and Zip Code Washington, DC 20032	

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

CONSTITUENT-SERVICE PROGRAM SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR- TO-DATE
5. Covering Period 7/2/2018 through 10/1/2018		
6. (a) Cash on Hand January 1		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 804.71	
(c) Total Receipts (from Line (16))	\$ 7,076.16	\$ 10,725.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B)	\$ 7,880.87	
7. Total Expenditures (from Line 24)	\$ 4,083.46	\$ 8,019.18
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 3,797.41	
9. Debts and Obligations Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) All Other Loans (itemize all on Schedule-E1)	\$ 0.00	\$ 0.00

CERTIFICATIONS/OATHS AND AFFIRMATIONS OF FILERS OF REPORTS OF 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.

Mr. Darryl Ross

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

10/01/2018

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 Do Something Constituents Fund	REPORT COVERING THE PERIOD FROM: 7/2/2018 TO: 10/1/2018	
I. RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (EXCLUDING LOANS) FROM:		
(a) Itemized monetary contributions from other than the elected official (Schedule A)	\$ 6,500.00	\$ 10,149.19 11(a)
(b) Itemized monetary contributions from the elected official (Schedule A-1)	\$ 500.00	\$ 500.00 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))	\$ 7,000.00	\$ 10,649.19 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS RECEIVED		
(a) Made or guaranteed by the elected Official and or CSP (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) All other Loans (Schedule E-1)	\$ 0.00	\$ 0.00 13(b)
(c) TOTAL Loans (add Lines 13(a), and 13(b))	\$ 0.00	\$ 0.00 13(c)
14. OTHER RECEIPTS (DIVIDENDS, INTEREST, etc.)(Schedule A-5)	\$ 0.00	\$ 0.00 14
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$ 76.16	\$ 76.16 15
16. TOTAL RECEIPTS (add Lines 11(f), 12, 13(c), 14 and 15)	\$ 7,076.16	\$ 10,725.35 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 3,948.46	\$ 4,340.60 17
18. ALL OTHER EXPENDITURES (Schedule B-1)	\$ 135.00	\$ 3,678.58 18
19. LOAN REPAYMENTS:		
(a) Loans made or guaranteed by the elected Official and/or Constituent Service Program (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) All other Loans (Schedule E-1)	\$ 0.00	\$ 0.00 19(b)
(c) TOTAL Loan Repayments (add Lines 19(a) and 19(b))	\$ 0.00	\$ 0.00 19(c)
20. TOTAL EXPENDITURES (add Lines 17, 18, and 19(c))	\$ 4,083.46	\$ 8,019.18 20
III. CASH SUMMARY		
21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	804.71
22. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	7,076.16
23. SUBTOTAL (add Lines 21 and 22)	\$	7,880.87
24. TOTAL EXPENDITURES THIS PERIOD (from Line 20)	\$	4,083.46
25. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 24 from Line 23)	\$	3,797.41

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

Do Something Constituents Fund

1. Full Name, Mailing Address and Zip Code Bruces Truck Service LLC 126 Saint Roberts Dr, Stafford, VA 22556	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) 07/16/2018	Amount of Each Receipt This Period \$ 200.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 200.00	
2. Full Name, Mailing Address and Zip Code National Service Contractors Inc 2007 Martin Luther King Jr Ave SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/16/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 500.00	
3. Full Name, Mailing Address and Zip Code Shannon Williams 1205 Farragut 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) 07/16/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Executive Director Name and Address of Employer Looks and Books 1205 Farragut St NW, Washington, DC 20011		
Aggregate Year-To-date		\$ 100.00	
4. Full Name, Mailing Address and Zip Code Kim Hunt 9466 Georgia Ave, Silver Spring, MD 20910	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) 07/16/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Owner Name and Address of Employer Clean It 9466 Georgia Ave, Silver Spring, MD 20910		
Aggregate Year-To-date		\$ 50.00	
5. Full Name, Mailing Address and Zip Code MJ General LLC 11801 Meadowland Dr, Bowie, MD 20720	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Do Something Constituents Fund

	Aggregate Year-To-date		\$ 500.00
6. Full Name, Mailing Address and Zip Code Four Points, LLC 1805 7th St NW Ste 800, Washington, DC 20001	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
	Aggregate Year-To-date		\$ 500.00
7. Full Name, Mailing Address and Zip Code Anacostia Business Improvement District 2100 Martin Luther King Jr Ave SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
	Aggregate Year-To-date		\$ 500.00
8. Full Name, Mailing Address and Zip Code Manpower DC 1000 Wilson Blvd Ste M730, Arlington, VA 22209	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input checked="" type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/31/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
	Aggregate Year-To-date		\$ 250.00
9. Full Name, Mailing Address and Zip Code Darryl Ross 3213 9th 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) 07/31/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Auditor Name and Address of Employer U.S. Department of Energy 1000 Independence Ave SW, Washington, DC 20585		
	Aggregate Year-To-date		\$ 50.00

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Do Something Constituents Fund

10. Full Name, Mailing Address and Zip Code DCA Hadley LTACH, LLC 4601 Martin Luther King, Jr. Avenue, SW, Washington, DC 20032	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 08/03/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
11. Full Name, Mailing Address and Zip Code Prestige Healthcare Resources Inc 6011 Emerson St Apt 209, Bladensburg, MD 20710	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) 08/03/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 250.00
12. Full Name, Mailing Address and Zip Code Gary Hunter 3528 19th 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) 08/03/2018	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation AV Production Name and Address of Employer HBP 3528 19th St SE, Washington, DC 20020		
Aggregate Year-To-date			\$ 50.00
13. Full Name, Mailing Address and Zip Code MBI Health Services LLC 7200 Wisconsin Ave, Bethesda, MD 20814	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) 08/07/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
14. Full Name, Mailing Address and Zip Code Industrial Bank 4812 Georgia Ave 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 type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Other (Specify) Electronic Transfer <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 08/28/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Do Something Constituents Fund

	Aggregate Year-To-date		\$ 500.00
15. Full Name, Mailing Address and Zip Code Kemi Morten 3825 S Capitol St SW, 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) 09/27/2018	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Lawyer Name and Address of Employer Self-Employed 3825 S Capitol St SW, Washington, DC 20032		
	Aggregate Year-To-date		\$ 200.00
16. Full Name, Mailing Address and Zip Code Thomas Penny 321 Panora Way, Upper Marlboro, MD 20774	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) 09/27/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation President Name and Address of Employer Donohoe Hospitality Services 7101 Wisconsin Ave, Bethesda, MD 20814		
	Aggregate Year-To-date		\$ 500.00
17. Full Name, Mailing Address and Zip Code Bozzuto Construction Company 6406 Ivy Ln Ste 700, Greenbelt, MD 20770	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) 09/27/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
	Aggregate Year-To-date		\$ 500.00
18. Full Name, Mailing Address and Zip Code Jason Bakke 5210 3rd St NE Apt 321, 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) 09/27/2018	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Member Name and Address of Employer Chaedrol LLC 5210 3rd St NE Apt 321, Washington, DC 20011		
	Aggregate Year-To-date		\$ 600.00

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Do Something Constituents Fund

19. Full Name, Mailing Address and Zip Code Jason Bakke 5210 3rd St NE Apt 321, 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) 09/27/2018	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Member Name and Address of Employer Chaedrol LLC 5210 3rd St NE Apt 321, Washington, DC 20011		
Aggregate Year-To-date		\$ 600.00	
20. Full Name, Mailing Address and Zip Code Keith Turner 10855 Weisiger Ln, Oakton, VA 22124	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) 09/27/2018	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Senior Vice President Name and Address of Employer Four Points 1805 7th St NW, Washington, DC 20001		
Aggregate Year-To-date		\$ 250.00	

TOTAL This Period (Aggregate of all Receipt pages)

\$ 6,500.00

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Full Name of Constituent-Service Program

Do Something Constituents Fund

1. Contribution Type	Date (month, day, year)	Amount of Each Receipt This Period
<div><div><input type="checkbox"/> Cash</div><div><input type="checkbox"/> Money Order</div><div><input type="checkbox"/> Check</div><div><input checked="" type="checkbox"/> Cashier Check</div><div><input type="checkbox"/> Credit Card</div><div><input type="checkbox"/> Other (Specify)</div><div><input type="checkbox"/> In Kind (Specify)</div></div>	07/25/2018	\$ 500.00
	Aggregate Year-To-date	\$ 500.00
TOTAL This Period (Aggregate of all Receipt pages)		\$ 500.00

TOTAL This Period (Aggregate of all Receipt pages)	\$ 76.16
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Full Name of Constituent-Service Program

Do Something Constituents Fund

1. Full Name, Mailing Address and Zip Code Boost Mobile 2741 Martin Luther King Jr Avenue SE, Washington, DC 20032	Purpose of Expenditure Phone Bill	Date (month, day, year) 07/09/2018	Amount of Each Expenditure This Period \$ 168.58
2. Full Name, Mailing Address and Zip Code Industrial Bank 4812 Georgia Avenue, NW, Washington, DC 20011	Purpose of Expenditure Bank Fees	Date (month, day, year) 07/09/2018	Amount of Each Expenditure This Period \$ 14.00
3. Full Name, Mailing Address and Zip Code Act Blue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 07/31/2018	Amount of Each Expenditure This Period \$ 1.98
4. Full Name, Mailing Address and Zip Code Act Blue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 08/03/2018	Amount of Each Expenditure This Period \$ 1.98
5. Full Name, Mailing Address and Zip Code Party City 3316 Donnell Dr, Forestville, MD 20747	Purpose of Expenditure Supplies	Date (month, day, year) 08/06/2018	Amount of Each Expenditure This Period \$ 29.62
6. Full Name, Mailing Address and Zip Code Giant 1535 Alabama Ave SE, Washington, DC 20032	Purpose of Expenditure Supplies	Date (month, day, year) 08/06/2018	Amount of Each Expenditure This Period \$ 55.58
7. Full Name, Mailing Address and Zip Code Party City 3316 Donnell Dr, Forestville, MD 20747	Purpose of Expenditure Supplies	Date (month, day, year) 08/06/2018	Amount of Each Expenditure This Period \$ 133.96
8. Full Name, Mailing Address and Zip Code Dollar Tree 3014 Donnell Dr, Forestville, MD 20747	Purpose of Expenditure Supplies	Date (month, day, year) 08/06/2018	Amount of Each Expenditure This Period \$ 218.00
9. Full Name, Mailing Address and Zip Code Five Below 3269 Donnell Dr, District Heights, MD 20747	Purpose of Expenditure Supplies	Date (month, day, year) 08/06/2018	Amount of Each Expenditure This Period \$ 420.00
10. Full Name, Mailing Address and Zip Code Five Below 3269 Donnell Dr, District Heights, MD 20747	Purpose of Expenditure Supplies	Date (month, day, year) 08/06/2018	Amount of Each Expenditure This Period \$ 460.00
11. Full Name, Mailing Address and Zip Code 4 Imprint 101 Commerce St, Oshkosh, WI 54901	Purpose of Expenditure Supplies	Date (month, day, year) 08/06/2018	Amount of Each Expenditure This Period \$ 524.37
12. Full Name, Mailing Address and Zip Code Five Below 3269 Donnell Dr, District Heights, MD 20747	Purpose of Expenditure Supplies	Date (month, day, year) 08/06/2018	Amount of Each Expenditure This Period \$ 540.00

13. Full Name, Mailing Address and Zip Code Boost Mobile 2741 Martin Luther King Jr Avenue SE, Washington, DC 20032	Purpose of Expenditure Phone Bill	Date (month, day, year) 08/08/2018	Amount of Each Expenditure This Period \$ 83.00
14. Full Name, Mailing Address and Zip Code Industrial Bank 4812 Georgia Avenue, NW, Washington, DC 20011	Purpose of Expenditure Bank Fees	Date (month, day, year) 08/09/2018	Amount of Each Expenditure This Period \$ 14.00
15. Full Name, Mailing Address and Zip Code Routes Car Rentals 7276 Narcoosee Rd, Orlando, FL 32822	Purpose of Expenditure Rental	Date (month, day, year) 09/07/2018	Amount of Each Expenditure This Period \$ 76.16
16. Full Name, Mailing Address and Zip Code Industrial Bank 4812 Georgia Avenue, NW, Washington, DC 20011	Purpose of Expenditure Bank Fees	Date (month, day, year) 09/07/2018	Amount of Each Expenditure This Period \$ 14.00
17. Full Name, Mailing Address and Zip Code Boost Mobile 2741 Martin Luther King Jr Avenue SE, Washington, DC 20032	Purpose of Expenditure Phone Bill	Date (month, day, year) 09/10/2018	Amount of Each Expenditure This Period \$ 83.00
18. Full Name, Mailing Address and Zip Code Chipotle 9141 Alaking Ct, Capitol Heights, MD 20743	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 09/24/2018	Amount of Each Expenditure This Period \$ 19.67
19. Full Name, Mailing Address and Zip Code Shell Oil 511 Maryland Ave, Cambridge, MD 21613	Purpose of Expenditure Travel	Date (month, day, year) 09/25/2018	Amount of Each Expenditure This Period \$ 48.16
20. Full Name, Mailing Address and Zip Code Made4AMizzion Inc 1710 Mystic Ave, Oxon Hill, MD 20745	Purpose of Expenditure Supplies	Date (month, day, year) 09/26/2018	Amount of Each Expenditure This Period \$ 400.00
21. Full Name, Mailing Address and Zip Code Act Blue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 09/27/2018	Amount of Each Expenditure This Period \$ 7.90
22. Full Name, Mailing Address and Zip Code Act Blue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 09/27/2018	Amount of Each Expenditure This Period \$ 19.75
23. Full Name, Mailing Address and Zip Code Act Blue 366 Summer St, Somerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 09/27/2018	Amount of Each Expenditure This Period \$ 23.70
24. Full Name, Mailing Address and Zip Code Zipcar DC 403 8th St NW, Washington, DC 20004	Purpose of Expenditure Rental	Date (month, day, year) 09/27/2018	Amount of Each Expenditure This Period \$ 25.99
25. Full Name, Mailing Address and Zip Code 7 Eleven 6106 Oxon Hill Rd, Oxon Hill, MD 20745	Purpose of Expenditure Equipment Purchases	Date (month, day, year) 09/28/2018	Amount of Each Expenditure This Period \$ 12.70

26. Full Name, Mailing Address and Zip Code Home Depot 6003 Oxon Hill Rd, Oxon Hill, MD 20745	Purpose of Expenditure Supplies	Date (month, day, year) 09/28/2018	Amount of Each Expenditure This Period \$ 552.36
TOTAL This Period (aggregate the subtotal of all expenditure pages)			\$ 3,948.46

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Full Name of Constituent-Service Program

Do Something Constituents Fund

1. Full Name, Mailing Address and Zip Code Giant 1535 Alabama Ave SE, Washington, DC 20032	Purpose of Expenditure Water for St Paul Senior Living	Date (month, day, year) 09/20/2018	Amount of Each Expenditure This Period \$ 20.00
2. Full Name, Mailing Address and Zip Code Harris Teeter 401 M St SE, Washington, DC 20003	Purpose of Expenditure Water for St Paul Senior Living	Date (month, day, year) 09/21/2018	Amount of Each Expenditure This Period \$ 20.00
3. Full Name, Mailing Address and Zip Code Miranda's Locksmith Service 11219 Midvale Rd, Kensington, MD 20895	Purpose of Expenditure Lockout Assistance for a Senior, Charles Daniels	Date (month, day, year) 09/21/2018	Amount of Each Expenditure This Period \$ 95.00

TOTAL This Period (aggregate the subtotal of all expenditure pages)

\$ 135.00