



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)<br><b>Re-Elect Joe Weedon</b> | 2. OCF Identification Number<br><b>PCCSD6187052</b>                                                                |
| Address<br><b>1406 C Street, NE</b>                                                                    | 3. Is this report an Amendment? (Yes or No)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| City, State and Zip Code<br><b>Washington, DC 20002</b>                                                |                                                                                                                    |

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

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

| SUMMARY                                                                                     | COLUMN A<br>THIS PERIOD | COLUMN B<br>CUMULATIVE<br>TO-DATE |
|---------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 5. Covering Period <b>8/11/2018</b> through <b>10/10/2018</b>                               |                         |                                   |
| 6. (a) Cash on Hand (January 31 Year End Report Only)                                       |                         | <b>\$ 0.00</b>                    |
| (b) Cash on Hand at Beginning of Reporting Period                                           | <b>\$ 7,579.78</b>      |                                   |
| (c) Total Receipts [from Line (16)]                                                         | <b>\$ 4,984.13</b>      | <b>\$ 15,447.13</b>               |
| (d) Subtotal [add Lines 6(b) and 6(c) for Column A]                                         | <b>\$ 12,563.91</b>     |                                   |
| 7. Total Expenditures (from Line 22)                                                        | <b>\$ 5,370.64</b>      | <b>\$ 8,190.13</b>                |
| 8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]               | <b>\$ 7,193.27</b>      |                                   |
| 9. Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D) | <b>\$ 0.00</b>          | <b>\$ 0.00</b>                    |
| 10. (a) Loans Owed By the Committee to the Candidate (itemize all on Schedule E)            | <b>\$ 0.00</b>          | <b>\$ 0.00</b>                    |
| (b) Loans from other sources made to the Committee (itemize all on Schedule E-1)            | <b>\$ 0.00</b>          | <b>\$ 0.00</b>                    |

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.

**Mr. Joe Weedon**

TYPE OR PRINT FULL NAME OF CANDIDATE

**ELECTRONICALLY CERTIFIED**

10/29/2018

SIGNATURE OF CANDIDATE

DATE

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

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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.

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TYPE OR PRINT FULL NAME OF TREASURER

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SIGNATURE OF TREASURER

DATE

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

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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.

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TYPE OR PRINT FULL NAME OF TREASURER

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SIGNATURE OF TREASURER

DATE

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

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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.

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TYPE OR PRINT FULL NAME OF TREASURER

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SIGNATURE OF TREASURER

DATE

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

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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**

|                                                                                                                                              |                                                                                   |                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>1. Full Name of Committee (Name of Candidate, if Candidate is reporting)</b><br>Re-Elect Joe Weedon                                       | <b>REPORT COVERING THE PERIOD</b><br>FROM: <b>8/11/2018</b> TO: <b>10/10/2018</b> |                                                                    |
| <b>I. RECEIPTS</b>                                                                                                                           | <b>COLUMN A<br/>TOTAL THIS PERIOD</b>                                             | <b>COLUMN B<br/>CUMULATIVE TO-DATE<br/>CUMULATIVE YEAR-TO-DATE</b> |
| <b>11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:</b>                                                                                            |                                                                                   |                                                                    |
| (a) Individuals/Organizations Other Than Political Committees (Schedule A)                                                                   | \$ 4,866.00                                                                       | \$ 15,329.00 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)                                                                                                             | \$ 118.13                                                                         | \$ 118.13 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)]                                                     | \$ 4,984.13                                                                       | \$ 15,447.13 11(g)                                                 |
| <b>12. SALES AND COLLECTIONS (Schedule C)</b>                                                                                                | \$ 0.00                                                                           | \$ 0.00 12                                                         |
| <b>13. LOANS</b>                                                                                                                             |                                                                                   |                                                                    |
| (a) Loans owed By the Committee to the Candidate (Schedule E)                                                                                | \$ 0.00                                                                           | \$ 0.00 13(a)                                                      |
| (b) Loans from other source made to the Committee (Schedule E-1)                                                                             | \$ 0.00                                                                           | \$ 0.00 13(b)                                                      |
| (c) Total Loans [add Lines 13(a) and (b)]                                                                                                    | \$ 0.00                                                                           | \$ 0.00 13(c)                                                      |
| <b>14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5)</b>                                                                         | \$ 0.00                                                                           | \$ 0.00 14                                                         |
| <b>15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)</b>                                                                                  | \$ 0.00                                                                           | \$ 0.00 15                                                         |
| <b>16. TOTAL RECEIPTS [add Lines 11(g), 12, 13(c), 14 and 15]</b>                                                                            | \$ 4,984.13                                                                       | \$ 15,447.13 16                                                    |
| <b>II. EXPENDITURES</b>                                                                                                                      |                                                                                   |                                                                    |
| <b>17. OPERATING EXPENDITURES (Schedule B)</b>                                                                                               | \$ 5,370.64                                                                       | \$ 8,190.13 17                                                     |
| <b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)</b>                                                                           | \$ 0.00                                                                           | \$ 0.00 18                                                         |
| <b>19. LOAN REPAYMENTS:</b>                                                                                                                  |                                                                                   |                                                                    |
| (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)                                                      |
| <b>20. REFUNDS OF CONTRIBUTIONS TO:</b>                                                                                                      |                                                                                   |                                                                    |
| (a) Individuals/Organizations Other Than Political Committees (Schedule B-2)                                                                 | \$ 0.00                                                                           | \$ 0.00 20(a)                                                      |
| (b) Political Party Committees (Schedule B-3)                                                                                                | \$ 0.00                                                                           | \$ 0.00 20(b)                                                      |
| (c) Other Political Committees and PACs (Schedule B-4)                                                                                       | \$ 0.00                                                                           | \$ 0.00 20(c)                                                      |
| (d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]                                                                               | \$ 0.00                                                                           | \$ 0.00 20(d)                                                      |
| <b>21. OTHER EXPENDITURES</b>                                                                                                                |                                                                                   |                                                                    |
| (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)                                                      |
| <b>22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]</b>                                                                    | \$ 5,370.64                                                                       | \$ 8,190.13 22                                                     |
| <b>III. CASH SUMMARY</b>                                                                                                                     |                                                                                   |                                                                    |
| <b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>                                                                                     | \$                                                                                | 7,579.78                                                           |
| <b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>                                                                                         | \$                                                                                | 4,984.13                                                           |
| <b>25. SUBTOTAL (add Lines 23 and 24)</b>                                                                                                    | \$                                                                                | 12,563.91                                                          |
| <b>26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)</b>                                                                                     | \$                                                                                | 5,370.64                                                           |
| <b>27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)</b>                                                         | \$                                                                                | 7,193.27                                                           |

## ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

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

**Re-Elect Joe Weedon**

|                                                                                                                          |                                                                                                                                                                                                                                                                                                                   |                                              |                                                        |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------|
| 1. Full Name, Mailing Address and Zip Code<br><b>Allison Harvey</b><br><b>743 3rd St SW, Washington, DC 20024</b>        | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>08/11/2018</b> | Amount of Each Receipt This Period<br><b>\$ 50.00</b>  |
| Contributor Type<br>Individual                                                                                           | <b>Occupation</b> <b>Senior Manager, Health Care Professional E</b><br>Name and Address of Employer<br><b>The George Washington University</b><br><b>2600 Virginia Ave NW, Washington, DC 20037</b>                                                                                                               |                                              |                                                        |
| Aggregate Year-To-date                                                                                                   |                                                                                                                                                                                                                                                                                                                   |                                              | <b>\$ 105.00</b>                                       |
| 2. Full Name, Mailing Address and Zip Code<br><b>Jessica Smith</b><br><b>159 Kentucky Ave SE, Washington, DC 20003</b>   | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>08/11/2018</b> | Amount of Each Receipt This Period<br><b>\$ 200.00</b> |
| Contributor Type<br>Individual                                                                                           | <b>Occupation</b> <b>staff</b><br>Name and Address of Employer<br><b>AFT</b><br><b>555 New Jersey Ave NW, Washington, DC 20001</b>                                                                                                                                                                                |                                              |                                                        |
| Aggregate Year-To-date                                                                                                   |                                                                                                                                                                                                                                                                                                                   |                                              | <b>\$ 200.00</b>                                       |
| 3. Full Name, Mailing Address and Zip Code<br><b>Amber Gove</b><br><b>1216 Constitution Ave NE, Washington, DC 20002</b> | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>08/11/2018</b> | Amount of Each Receipt This Period<br><b>\$ 100.00</b> |
| Contributor Type<br>Individual                                                                                           | <b>Occupation</b> <b>Education Researcher</b><br>Name and Address of Employer<br><b>RTI International</b><br><b>701 13th St NW, Washington, DC 20005</b>                                                                                                                                                          |                                              |                                                        |
| Aggregate Year-To-date                                                                                                   |                                                                                                                                                                                                                                                                                                                   |                                              | <b>\$ 100.00</b>                                       |
| 4. Full Name, Mailing Address and Zip Code<br><b>Rick Bardach</b><br><b>560 N St SW, Washington, DC 20024</b>            | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>08/11/2018</b> | Amount of Each Receipt This Period<br><b>\$ 50.00</b>  |
| Contributor Type<br>Individual                                                                                           | <b>Occupation</b> <b>Retired</b><br>Name and Address of Employer<br><b>Retired</b>                                                                                                                                                                                                                                |                                              |                                                        |
| Aggregate Year-To-date                                                                                                   |                                                                                                                                                                                                                                                                                                                   |                                              | <b>\$ 50.00</b>                                        |
| 5. Full Name, Mailing Address and Zip Code<br><b>Diana Aram</b><br><b>1330 4th St SW, Washington, DC 20024</b>           | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>08/13/2018</b> | Amount of Each Receipt This Period<br><b>\$ 50.00</b>  |
| Contributor Type<br>Individual                                                                                           | <b>Occupation</b> <b>Librarian</b><br>Name and Address of Employer<br><b>National Defense University</b><br><b>Ft McNair, Washington, DC 20319</b>                                                                                                                                                                |                                              |                                                        |
| Aggregate Year-To-date                                                                                                   |                                                                                                                                                                                                                                                                                                                   |                                              | <b>\$ 50.00</b>                                        |

## ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Re-Elect Joe Weedon

|                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |                                              |                                                        |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------|
| 6. Full Name, Mailing Address and Zip Code<br><b>Ava Millstone</b><br>1257 4th St SW, Washington, DC 20024        | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>08/21/2018</b> | Amount of Each Receipt This Period<br><b>\$ 100.00</b> |
| <b>Contributor Type</b><br>Individual                                                                             | <b>Occupation Education</b><br>Name and Address of Employer<br><b>Integral Ed</b><br>422 State St, Brooklyn, NY 11217                                                                                                                                                                                             |                                              |                                                        |
| Aggregate Year-To-date                                                                                            |                                                                                                                                                                                                                                                                                                                   | <b>\$ 100.00</b>                             |                                                        |
| 7. Full Name, Mailing Address and Zip Code<br><b>Eileen Kessler</b><br>104 Northwood Ave, Silver Spring, MD 20901 | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>08/22/2018</b> | Amount of Each Receipt This Period<br><b>\$ 20.00</b>  |
| <b>Contributor Type</b><br>Individual                                                                             | <b>Occupation Retired</b><br>Name and Address of Employer<br><b>Retired</b>                                                                                                                                                                                                                                       |                                              |                                                        |
| Aggregate Year-To-date                                                                                            |                                                                                                                                                                                                                                                                                                                   | <b>\$ 20.00</b>                              |                                                        |
| 8. Full Name, Mailing Address and Zip Code<br><b>Elizabeth Agle</b><br>1114 E Capitol St NE, Washington, DC 20002 | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>09/10/2018</b> | Amount of Each Receipt This Period<br><b>\$ 25.00</b>  |
| <b>Contributor Type</b><br>Individual                                                                             | <b>Occupation Retired</b><br>Name and Address of Employer<br><b>Retired</b>                                                                                                                                                                                                                                       |                                              |                                                        |
| Aggregate Year-To-date                                                                                            |                                                                                                                                                                                                                                                                                                                   | <b>\$ 25.00</b>                              |                                                        |
| 9. Full Name, Mailing Address and Zip Code<br><b>Heidi Floden</b><br>1365 A St NE, Washington, DC 20002           | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>09/11/2018</b> | Amount of Each Receipt This Period<br><b>\$ 50.00</b>  |
| <b>Contributor Type</b><br>Individual                                                                             | <b>Occupation Pharmacist</b><br>Name and Address of Employer<br><b>McKesson</b><br>10101 Woodloch Forest Dr, The Woodlands, TX 77380                                                                                                                                                                              |                                              |                                                        |
| Aggregate Year-To-date                                                                                            |                                                                                                                                                                                                                                                                                                                   | <b>\$ 50.00</b>                              |                                                        |
| 10. Full Name, Mailing Address and Zip Code<br><b>Elizabeth Festa</b><br>1367 A St NE, Washington, DC 20002       | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>09/13/2018</b> | Amount of Each Receipt This Period<br><b>\$ 26.00</b>  |
| <b>Contributor Type</b><br>Individual                                                                             | <b>Occupation Writer</b><br>Name and Address of Employer<br>N/A                                                                                                                                                                                                                                                   |                                              |                                                        |

## ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Re-Elect Joe Weedon

|                                                                                                                                |                                                                                                                                                                                                                                                                                                                   |                                              |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------|
|                                                                                                                                | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |                                              | <b>\$ 64.00</b>                                        |
| 11. Full Name, Mailing Address and Zip Code<br><b>Lauren McInnes</b><br><b>98 McShanes Landing Ln, Shepherdstown, WV 25443</b> | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>09/13/2018</b> | Amount of Each Receipt This Period<br><b>\$ 20.00</b>  |
| <b>Contributor Type</b><br>Individual                                                                                          | <b>Occupation</b> <b>Marketing</b><br>Name and Address of Employer<br><b>TM Associates</b><br><b>1375 Piccard Dr, Rockville, MD 20850</b>                                                                                                                                                                         |                                              |                                                        |
|                                                                                                                                | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |                                              | <b>\$ 20.00</b>                                        |
| 12. Full Name, Mailing Address and Zip Code<br><b>Valerie Rockefeller</b><br><b>38 Highview Ave, Old Greenwich, CT 06870</b>   | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>09/14/2018</b> | Amount of Each Receipt This Period<br><b>\$ 200.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                          | <b>Occupation</b> <b>Chair</b><br>Name and Address of Employer<br><b>Rockefeller Brothers Fund</b><br><b>475 Riverside Dr Rm 900, New York, NY 10115</b>                                                                                                                                                          |                                              |                                                        |
|                                                                                                                                | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |                                              | <b>\$ 200.00</b>                                       |
| 13. Full Name, Mailing Address and Zip Code<br><b>Jeff Simone</b><br><b>517 Peebles St, Raleigh, NC 27608</b>                  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>09/14/2018</b> | Amount of Each Receipt This Period<br><b>\$ 200.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                          | <b>Occupation</b> <b>Sales Executive</b><br>Name and Address of Employer<br><b>SAP Concur</b><br><b>601 108th Ave NE, Bellevue, WA 98004</b>                                                                                                                                                                      |                                              |                                                        |
|                                                                                                                                | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |                                              | <b>\$ 200.00</b>                                       |
| 14. Full Name, Mailing Address and Zip Code<br><b>Susan Petroschius</b><br><b>719 Snug Is, Clearwater Beach, FL 33767</b>      | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>09/14/2018</b> | Amount of Each Receipt This Period<br><b>\$ 100.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                          | <b>Occupation</b> <b>Retired</b><br>Name and Address of Employer<br><b>Retired</b>                                                                                                                                                                                                                                |                                              |                                                        |
|                                                                                                                                | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |                                              | <b>\$ 100.00</b>                                       |
| 15. Full Name, Mailing Address and Zip Code<br><b>Chuck Burger</b><br><b>405 6th St SE, Washington, DC 20003</b>               | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>09/14/2018</b> | Amount of Each Receipt This Period<br><b>\$ 100.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                          | <b>Occupation</b> <b>Realtor</b><br>Name and Address of Employer<br><b>Coldwell Banker</b><br><b>605 Pennsylvania Ave SE, Washington, DC 20003</b>                                                                                                                                                                |                                              |                                                        |

## ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Re-Elect Joe Weedon

|                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|
|                                                                                                                              |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 100.00</b>                                                                                                   |
| 16. Full Name, Mailing Address and Zip Code<br><b>Sandra Petroschius</b><br><b>140 Franklin Pl E, Lake Forest, IL 60045</b>  |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><br><b>09/17/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 50.00</b>  |
| Contributor Type<br>Individual                                                                                               |  | <b>Occupation Retired</b><br>Name and Address of Employer<br><b>Retired</b>                                                                                                                                                                                                                                       |  |                                                                                                                    |
|                                                                                                                              |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  |                                                                                                                    |
| 17. Full Name, Mailing Address and Zip Code<br><b>Harold Connolly</b><br><b>1412 N Carolina Ave NE, Washington, DC 20002</b> |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><br><b>09/19/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 100.00</b> |
| Contributor Type<br>Individual                                                                                               |  | <b>Occupation Executive</b><br>Name and Address of Employer<br><b>The Climate Reality Project</b><br><b>750 9th St NW, Washington, DC 20001</b>                                                                                                                                                                   |  |                                                                                                                    |
|                                                                                                                              |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  |                                                                                                                    |
| 18. Full Name, Mailing Address and Zip Code<br><b>Christine Clapp</b><br><b>326 11th St NE, Washington, DC 20002</b>         |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><br><b>09/21/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 100.00</b> |
| Contributor Type<br>Individual                                                                                               |  | <b>Occupation consultant</b><br>Name and Address of Employer<br><b>Spoken with Authority</b><br><b>326 11th St NE, Washington, DC 20002</b>                                                                                                                                                                       |  |                                                                                                                    |
|                                                                                                                              |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  |                                                                                                                    |
| 19. Full Name, Mailing Address and Zip Code<br><b>Jason Rosenbaum</b><br><b>600 H St NE, Washington, DC 20002</b>            |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><br><b>09/21/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 100.00</b> |
| Contributor Type<br>Individual                                                                                               |  | <b>Occupation Consultant</b><br>Name and Address of Employer<br><b>Self</b><br><b>710 5th St NE, Washington, DC 20002</b>                                                                                                                                                                                         |  |                                                                                                                    |
|                                                                                                                              |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  |                                                                                                                    |
| 20. Full Name, Mailing Address and Zip Code<br><b>Susan Wagner</b><br><b>1806 C St SE, Washington, DC 20003</b>              |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><br><b>09/26/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 10.00</b>  |
| Contributor Type<br>Individual                                                                                               |  | <b>Occupation Media Specialist</b><br>Name and Address of Employer<br><b>DCPS</b><br><b>1200 First St NE, Washington, DC 20002</b>                                                                                                                                                                                |  |                                                                                                                    |
|                                                                                                                              |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  |                                                                                                                    |



## ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Re-Elect Joe Weedon

|                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                   |  |                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|
|                                                                                                                           |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 30.00</b>                                                                                            |
| 21. Full Name, Mailing Address and Zip Code<br><b>Daniel Ridge</b><br><b>1504 Potomac Ave SE, Washington, DC 20003</b>    |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><b>09/26/2018</b><br><br>Amount of Each Receipt This Period<br><b>\$ 100.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                     |  | <b>Occupation</b> <b>Researcher</b><br>Name and Address of Employer<br><b>IDA</b><br><b>17100 Science Dr, Bowie, MD 20715</b>                                                                                                                                                                                     |  |                                                                                                            |
|                                                                                                                           |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 100.00</b>                                                                                           |
| 22. Full Name, Mailing Address and Zip Code<br><b>Beth Bacon</b><br><b>418 7th St NE, Washington, DC 20002</b>            |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><b>09/28/2018</b><br><br>Amount of Each Receipt This Period<br><b>\$ 40.00</b>  |
| <b>Contributor Type</b><br>Individual                                                                                     |  | <b>Occupation</b> <b>Communications Consultant</b><br>Name and Address of Employer<br><b>Self</b>                                                                                                                                                                                                                 |  |                                                                                                            |
|                                                                                                                           |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 80.00</b>                                                                                            |
| 23. Full Name, Mailing Address and Zip Code<br><b>Daniel Solomon</b><br><b>2935 Albemarle St NW, Washington, DC 20008</b> |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><b>09/28/2018</b><br><br>Amount of Each Receipt This Period<br><b>\$ 100.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                     |  | <b>Occupation</b> <b>Foundation Director</b><br>Name and Address of Employer<br><b>Woodbury Fund</b><br><b>PO Box 30639, Bethesda, MD 20824</b>                                                                                                                                                                   |  |                                                                                                            |
|                                                                                                                           |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 100.00</b>                                                                                           |
| 24. Full Name, Mailing Address and Zip Code<br><b>Diane Douglas</b><br><b>1309 E St NE, Washington, DC 20002</b>          |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><b>09/29/2018</b><br><br>Amount of Each Receipt This Period<br><b>\$ 100.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                     |  | <b>Occupation</b> <b>SLP</b><br>Name and Address of Employer<br><b>Conaboy &amp; Associates</b><br><b>507 Capitol Ct NE Ste 100, Washington, DC 20002</b>                                                                                                                                                         |  |                                                                                                            |
|                                                                                                                           |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 100.00</b>                                                                                           |
| 25. Full Name, Mailing Address and Zip Code<br><b>Caren Benjamin</b><br><b>216 5th St SE, Washington, DC 20003</b>        |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><b>09/29/2018</b><br><br>Amount of Each Receipt This Period<br><b>\$ 100.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                     |  | <b>Occupation</b> <b>communications</b><br>Name and Address of Employer<br><b>Polaris</b><br><b>216 5th St SE, Washington, DC 20003</b>                                                                                                                                                                           |  |                                                                                                            |

## ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Re-Elect Joe Weedon

|                                                                                                                               |                                                                                                                                                                                                                                                                                                                   |                                              |                                                        |                  |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------|------------------|
|                                                                                                                               |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 100.00</b> |
| 26. Full Name, Mailing Address and Zip Code<br><b>David Meadows</b><br><b>305 K St SE, Washington, DC 20003</b>               | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/01/2018</b> | Amount of Each Receipt This Period<br><b>\$ 50.00</b>  |                  |
| Contributor Type<br>Individual                                                                                                | <b>Occupation</b> <b>Staffer</b><br>Name and Address of Employer<br><b>DC Council</b><br><b>1350 Pennsylvania Ave NW, Washington, DC 20004</b>                                                                                                                                                                    |                                              |                                                        |                  |
|                                                                                                                               |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 100.00</b> |
| 27. Full Name, Mailing Address and Zip Code<br><b>Elizabeth Nelson</b><br><b>1330 N Carolina Ave NE, Washington, DC 20002</b> | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/01/2018</b> | Amount of Each Receipt This Period<br><b>\$ 150.00</b> |                  |
| Contributor Type<br>Individual                                                                                                | <b>Occupation</b> <b>Retired</b><br>Name and Address of Employer<br><b>Retired</b>                                                                                                                                                                                                                                |                                              |                                                        |                  |
|                                                                                                                               |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 150.00</b> |
| 28. Full Name, Mailing Address and Zip Code<br><b>Jen Harris</b><br><b>306 16th St SE, Washington, DC 20003</b>               | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/01/2018</b> | Amount of Each Receipt This Period<br><b>\$ 100.00</b> |                  |
| Contributor Type<br>Individual                                                                                                | <b>Occupation</b> <b>Photographer</b><br>Name and Address of Employer<br><b>Self</b><br><b>306 16th St SE, Washington, DC 20003</b>                                                                                                                                                                               |                                              |                                                        |                  |
|                                                                                                                               |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 100.00</b> |
| 29. Full Name, Mailing Address and Zip Code<br><b>Veronica Hollmon</b><br><b>1543 N Carolina Ave NE, Washington, DC 20002</b> | <b>Contribution Type</b><br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/01/2018</b> | Amount of Each Receipt This Period<br><b>\$ 60.00</b>  |                  |
| Contributor Type<br>Individual                                                                                                | <b>Occupation</b> <b>Retired</b><br>Name and Address of Employer<br><b>Retired</b>                                                                                                                                                                                                                                |                                              |                                                        |                  |
|                                                                                                                               |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 60.00</b>  |
| 30. Full Name, Mailing Address and Zip Code<br><b>Paul Rivas</b><br><b>432 20th St NE, Washington, DC 20002</b>               | <b>Contribution Type</b><br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/01/2018</b> | Amount of Each Receipt This Period<br><b>\$ 40.00</b>  |                  |
| Contributor Type<br>Individual                                                                                                | <b>Occupation</b> <b>Director</b><br>Name and Address of Employer<br><b>Smith Rivas</b><br><b>432 20th St NE, Washington, DC 20002</b>                                                                                                                                                                            |                                              |                                                        |                  |

## ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Re-Elect Joe Weedon

|                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|
|                                                                                                                             |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                                             |  | <b>\$ 40.00</b>                                                                                                    |
| 31. Full Name, Mailing Address and Zip Code<br><b>Susan Wagner</b><br><b>1806 C St SE, Washington, DC 20003</b>             |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify)                  |  | Date (month, day, year)<br><br><b>10/02/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 10.00</b>  |
| <b>Contributor Type</b><br>Individual                                                                                       |  | <b>Occupation</b> <b>Media Specialist</b><br>Name and Address of Employer<br><b>DCPS</b><br><b>1200 First St NE, Washington, DC 20002</b>                                                                                                                                                                                          |  |                                                                                                                    |
|                                                                                                                             |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                                             |  |                                                                                                                    |
| 32. Full Name, Mailing Address and Zip Code<br><b>Jen DeMayo</b><br><b>652 11th St NE, Washington, DC 20002</b>             |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify)                  |  | Date (month, day, year)<br><br><b>10/02/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 50.00</b>  |
| <b>Contributor Type</b><br>Individual                                                                                       |  | <b>Occupation</b> <b>Special Projects</b><br>Name and Address of Employer<br><b>DC City Council</b><br><b>1350 Pennsylvania Ave NW, Washington, DC 20004</b>                                                                                                                                                                       |  |                                                                                                                    |
|                                                                                                                             |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                                             |  |                                                                                                                    |
| 33. Full Name, Mailing Address and Zip Code<br><b>Adina Siegel Wadsworth</b><br><b>310 11th St NE, Washington, DC 20002</b> |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify)                  |  | Date (month, day, year)<br><br><b>10/02/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 50.00</b>  |
| <b>Contributor Type</b><br>Individual                                                                                       |  | <b>Occupation</b> <b>Senior Government Operations Analyst</b><br>Name and Address of Employer<br><b>The Aerospace Corporation</b><br><b>2011 Crystal Dr, Arlington, VA 22202</b>                                                                                                                                                   |  |                                                                                                                    |
|                                                                                                                             |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                                             |  |                                                                                                                    |
| 34. Full Name, Mailing Address and Zip Code<br><b>Tony Hack</b><br><b>238 14th St SE, Washington, DC 20003</b>              |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input checked="" type="checkbox"/> In Kind (Specify)      Photography |  | Date (month, day, year)<br><br><b>10/04/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 100.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                       |  | <b>Occupation</b> <b>Photographer</b><br>Name and Address of Employer<br><b>Self</b><br><b>238 14th St SE, Washington, DC 20003</b>                                                                                                                                                                                                |  |                                                                                                                    |
|                                                                                                                             |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                                             |  |                                                                                                                    |
| 35. Full Name, Mailing Address and Zip Code<br><b>Gerald Sroufe</b><br><b>129 6th St SE, Washington, DC 20003</b>           |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify)                  |  | Date (month, day, year)<br><br><b>10/04/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 50.00</b>  |
| <b>Contributor Type</b><br>Individual                                                                                       |  | <b>Occupation</b> <b>Educator</b><br>Name and Address of Employer<br><b>AERA</b><br><b>1430 K St NW, Washington, DC 20005</b>                                                                                                                                                                                                      |  |                                                                                                                    |
|                                                                                                                             |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                                             |  |                                                                                                                    |

## ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Re-Elect Joe Weedon

|                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|
|                                                                                                                             |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 50.00</b>                                                                                                    |
| 36. Full Name, Mailing Address and Zip Code<br><b>Kenneth Brewer</b><br><b>2838 Fort Baker Dr SE, Washington, DC 20020</b>  |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><br><b>10/04/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 200.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                       |  | <b>Occupation</b> <b>CEO</b><br>Name and Address of Employer<br><b>H Street CDC</b><br><b>916 Pennsylvania Ave SE, Washington, DC 20003</b>                                                                                                                                                                       |  |                                                                                                                    |
|                                                                                                                             |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 200.00</b>                                                                                                   |
| 37. Full Name, Mailing Address and Zip Code<br><b>Deborah Schmid</b><br><b>1160 Washington Rd, Pittsburgh, PA 15228</b>     |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><br><b>10/04/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 100.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                       |  | <b>Occupation</b> <b>Retired</b><br>Name and Address of Employer<br><b>Retired</b>                                                                                                                                                                                                                                |  |                                                                                                                    |
|                                                                                                                             |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 100.00</b>                                                                                                   |
| 38. Full Name, Mailing Address and Zip Code<br><b>Tracy Roman</b><br><b>660 E St SE, Washington, DC 20003</b>               |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><br><b>10/05/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 50.00</b>  |
| <b>Contributor Type</b><br>Individual                                                                                       |  | <b>Occupation</b> <b>attorney</b><br>Name and Address of Employer<br><b>Crowell &amp; Moring LLP</b><br><b>1001 Pennsylvania Ave NW, Washington, DC 20004</b>                                                                                                                                                     |  |                                                                                                                    |
|                                                                                                                             |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 50.00</b>                                                                                                    |
| 39. Full Name, Mailing Address and Zip Code<br><b>Elsa Falkenburger</b><br><b>1321 Potomac Ave SE, Washington, DC 20003</b> |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><br><b>10/06/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 100.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                       |  | <b>Occupation</b> <b>Research</b><br>Name and Address of Employer<br><b>Urban Institute</b><br><b>2100 M St NW, Washington, DC 20037</b>                                                                                                                                                                          |  |                                                                                                                    |
|                                                                                                                             |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 100.00</b>                                                                                                   |
| 40. Full Name, Mailing Address and Zip Code<br><b>Karen King</b><br><b>620 7th St NE, Washington, DC 20002</b>              |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><br><b>10/06/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 100.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                       |  | <b>Occupation</b> <b>Program director</b><br>Name and Address of Employer<br><b>National Science Foundation</b><br><b>2415 Eisenhower Ave, Alexandria, VA 22314</b>                                                                                                                                               |  |                                                                                                                    |

## ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Re-Elect Joe Weedon

|                                                                                                                        |                                                                                                                                                                                                                                                                                                                   |                                              |                                                        |                  |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------|------------------|
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 100.00</b> |
| 41. Full Name, Mailing Address and Zip Code<br><b>Laura Marks</b><br><b>634 D St NE, Washington, DC 20002</b>          | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/07/2018</b> | Amount of Each Receipt This Period<br><b>\$ 50.00</b>  |                  |
| Contributor Type<br>Individual                                                                                         | <b>Occupation</b> <b>Chief of Staff</b><br>Name and Address of Employer<br><b>Council of the District of Columbia</b><br><b>1350 Pennsylvania Ave NW, Washington, DC 20004</b>                                                                                                                                    |                                              |                                                        |                  |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 50.00</b>  |
| 42. Full Name, Mailing Address and Zip Code<br><b>Anthony Dale</b><br><b>301 M St SW, Washington, DC 20024</b>         | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/07/2018</b> | Amount of Each Receipt This Period<br><b>\$ 25.00</b>  |                  |
| Contributor Type<br>Individual                                                                                         | <b>Occupation</b> <b>Government Relations</b><br>Name and Address of Employer<br><b>Self</b><br><b>301 M St SW, Washington, DC 20024</b>                                                                                                                                                                          |                                              |                                                        |                  |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 25.00</b>  |
| 43. Full Name, Mailing Address and Zip Code<br><b>Caryn Ernst</b><br><b>716 15th St SE, Washington, DC 20003</b>       | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/08/2018</b> | Amount of Each Receipt This Period<br><b>\$ 50.00</b>  |                  |
| Contributor Type<br>Individual                                                                                         | <b>Occupation</b> <b>Director of Strategic Initiatives</b><br>Name and Address of Employer<br><b>City Parks Alliance</b><br><b>1777 Church St NW, Washington, DC 20036</b>                                                                                                                                        |                                              |                                                        |                  |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 50.00</b>  |
| 44. Full Name, Mailing Address and Zip Code<br><b>Natalie Wexler</b><br><b>3750 Oliver St NW, Washington, DC 20015</b> | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/08/2018</b> | Amount of Each Receipt This Period<br><b>\$ 100.00</b> |                  |
| Contributor Type<br>Individual                                                                                         | <b>Occupation</b> <b>Writer</b><br>Name and Address of Employer<br><b>Self-employed</b><br><b>3750 OLIVER St NW, Washington, DC 20015</b>                                                                                                                                                                         |                                              |                                                        |                  |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 100.00</b> |
| 45. Full Name, Mailing Address and Zip Code<br><b>Tim Finklea</b><br><b>1108 E St SE, Washington, DC 20003</b>         | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/09/2018</b> | Amount of Each Receipt This Period<br><b>\$ 50.00</b>  |                  |
| Contributor Type<br>Individual                                                                                         | <b>Occupation</b> <b>Education</b><br>Name and Address of Employer<br><b>Self Employed</b>                                                                                                                                                                                                                        |                                              |                                                        |                  |

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

Re-Elect Joe Weedon

|                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                   |  |                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|
|                                                                                                                         |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 150.00</b>                                                                                       |
| 46. Full Name, Mailing Address and Zip Code<br><b>Elizabeth Poos</b><br><b>911 12th St SE, Washington, DC 20003</b>     |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><b>10/09/2018</b><br>Amount of Each Receipt This Period<br><b>\$ 25.00</b>  |
| Contributor Type<br>Individual                                                                                          |  | <b>Occupation</b> <b>Small Business Owner / Yoga Teacher</b><br>Name and Address of Employer<br><b>Realignment Studio LLC</b><br><b>641 Pennsylvania Ave SE, Washington, DC 20003</b>                                                                                                                             |  |                                                                                                        |
|                                                                                                                         |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 50.00</b>                                                                                        |
| 47. Full Name, Mailing Address and Zip Code<br><b>Bill Schultheiss</b><br><b>1225 F St NE, Washington, DC 20002</b>     |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><b>10/09/2018</b><br>Amount of Each Receipt This Period<br><b>\$ 200.00</b> |
| Contributor Type<br>Individual                                                                                          |  | <b>Occupation</b> <b>Civil Engineer</b><br>Name and Address of Employer<br><b>Toole Design</b><br><b>8484 Georgia Ave, Silver Spring, MD 20910</b>                                                                                                                                                                |  |                                                                                                        |
|                                                                                                                         |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 200.00</b>                                                                                       |
| 48. Full Name, Mailing Address and Zip Code<br><b>Marc Borbely</b><br><b>1430 F St NE, Washington, DC 20002</b>         |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><b>10/09/2018</b><br>Amount of Each Receipt This Period<br><b>\$ 50.00</b>  |
| Contributor Type<br>Individual                                                                                          |  | <b>Occupation</b> <b>Lawyer</b><br>Name and Address of Employer<br><b>Self</b><br><b>406 5th St NW, Washington, DC 20001</b>                                                                                                                                                                                      |  |                                                                                                        |
|                                                                                                                         |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 50.00</b>                                                                                        |
| 49. Full Name, Mailing Address and Zip Code<br><b>Shahna Gooneratne</b><br><b>630 Acker Pl NE, Washington, DC 20002</b> |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><b>10/09/2018</b><br>Amount of Each Receipt This Period<br><b>\$ 30.00</b>  |
| Contributor Type<br>Individual                                                                                          |  | <b>Occupation</b> <b>Consultant</b><br>Name and Address of Employer<br><b>MAXIMUS</b><br><b>1891 Metro Center Dr, Reston, VA 20190</b>                                                                                                                                                                            |  |                                                                                                        |
|                                                                                                                         |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | <b>\$ 30.00</b>                                                                                        |
| 50. Full Name, Mailing Address and Zip Code<br><b>Kate Hindle</b><br><b>1108 E St SE, Washington, DC 20003</b>          |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><b>10/09/2018</b><br>Amount of Each Receipt This Period<br><b>\$ 100.00</b> |
| Contributor Type<br>Individual                                                                                          |  | <b>Occupation</b> <b>Physician</b><br>Name and Address of Employer<br><b>Medical Faculty Associates</b><br><b>1108 E St SE, Washington, DC 20003</b>                                                                                                                                                              |  |                                                                                                        |

## ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Re-Elect Joe Weedon

|                                                                                                                              |                                                                                                                                                                                                                                                                                                                   |                                              |                                                        |                  |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------|------------------|
|                                                                                                                              |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 100.00</b> |
| 51. Full Name, Mailing Address and Zip Code<br><b>Kyo Freeman</b><br><b>1722 E St SE, Washington, DC 20003</b>               | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/09/2018</b> | Amount of Each Receipt This Period<br><b>\$ 125.00</b> |                  |
| Contributor Type<br>Individual                                                                                               | <b>Occupation</b> <b>Real Estate Agent</b><br>Name and Address of Employer<br><b>Self</b><br><b>1108 H St NE, Washington, DC 20002</b>                                                                                                                                                                            |                                              |                                                        |                  |
|                                                                                                                              |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 125.00</b> |
| 52. Full Name, Mailing Address and Zip Code<br><b>Beth Antunez</b><br><b>1419 F St NE, Washington, DC 20002</b>              | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/09/2018</b> | Amount of Each Receipt This Period<br><b>\$ 100.00</b> |                  |
| Contributor Type<br>Individual                                                                                               | <b>Occupation</b> <b>Government Relations</b><br>Name and Address of Employer<br><b>American Federation of Teachers</b><br><b>555 New Jersey Ave NW, Washington, DC 20001</b>                                                                                                                                     |                                              |                                                        |                  |
|                                                                                                                              |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 100.00</b> |
| 53. Full Name, Mailing Address and Zip Code<br><b>Caroline Alder</b><br><b>819 Independence Ave SE, Washington, DC 20003</b> | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/09/2018</b> | Amount of Each Receipt This Period<br><b>\$ 100.00</b> |                  |
| Contributor Type<br>Individual                                                                                               | <b>Occupation</b> <b>Retired</b><br>Name and Address of Employer<br><b>Retired</b>                                                                                                                                                                                                                                |                                              |                                                        |                  |
|                                                                                                                              |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 100.00</b> |
| 54. Full Name, Mailing Address and Zip Code<br><b>Nathan Luecking</b><br><b>310 M St NW, Washington, DC 20001</b>            | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/09/2018</b> | Amount of Each Receipt This Period<br><b>\$ 50.00</b>  |                  |
| Contributor Type<br>Individual                                                                                               | <b>Occupation</b> <b>Social Worker</b><br>Name and Address of Employer<br><b>DC Government</b><br><b>821 Howard Rd SE, Washington, DC 20020</b>                                                                                                                                                                   |                                              |                                                        |                  |
|                                                                                                                              |                                                                                                                                                                                                                                                                                                                   | Aggregate Year-To-date                       |                                                        | <b>\$ 50.00</b>  |
| 55. Full Name, Mailing Address and Zip Code<br><b>Stefany Thangavelu</b><br><b>216 17th St NE, Washington, DC 20002</b>      | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>10/09/2018</b> | Amount of Each Receipt This Period<br><b>\$ 50.00</b>  |                  |
| Contributor Type<br>Individual                                                                                               | <b>Occupation</b> <b>Senior Development Officer</b><br>Name and Address of Employer<br><b>Juarez &amp; Associates</b><br><b>12139 National Blvd, Los Angeles, CA 90064</b>                                                                                                                                        |                                              |                                                        |                  |

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Re-Elect Joe Weedon

|                                                                                                                               |                                                                                                                                                                                                                                                                                                                                    |                                              |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------|
|                                                                                                                               | Aggregate Year-To-date                                                                                                                                                                                                                                                                                                             |                                              | <b>\$ 50.00</b>                                        |
| 56. Full Name, Mailing Address and Zip Code<br><b>Michael Yudin</b><br><b>1827 Burke St SE, Washington, DC 20003</b>          | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify)                  | Date (month, day, year)<br><b>10/09/2018</b> | Amount of Each Receipt This Period<br><b>\$ 100.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                         | <b>Occupation</b> <b>Principal</b><br>Name and Address of Employer<br><b>The Raben Group</b><br><b>1341 G St NW, Washington, DC 20005</b>                                                                                                                                                                                          |                                              |                                                        |
|                                                                                                                               | Aggregate Year-To-date                                                                                                                                                                                                                                                                                                             |                                              | <b>\$ 100.00</b>                                       |
| 57. Full Name, Mailing Address and Zip Code<br><b>Jen Harris</b><br><b>306 16th St SE, Washington, DC 20003</b>               | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input checked="" type="checkbox"/> In Kind (Specify)      Photography | Date (month, day, year)<br><b>10/10/2018</b> | Amount of Each Receipt This Period<br><b>\$ 100.00</b> |
| <b>Contributor Type</b><br>Individual                                                                                         | <b>Occupation</b> <b>Photographer</b><br>Name and Address of Employer<br><b>Self</b><br><b>306 16th St SE, Washington, DC 20003</b>                                                                                                                                                                                                |                                              |                                                        |
|                                                                                                                               | Aggregate Year-To-date                                                                                                                                                                                                                                                                                                             |                                              | <b>\$ 200.00</b>                                       |
| 58. Full Name, Mailing Address and Zip Code<br><b>Andria Thomas</b><br><b>1531 Massachusetts Ave SE, Washington, DC 20003</b> | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify)                  | Date (month, day, year)<br><b>10/10/2018</b> | Amount of Each Receipt This Period<br><b>\$ 20.00</b>  |
| <b>Contributor Type</b><br>Individual                                                                                         | <b>Occupation</b> <b>VP of Operations &amp; Strategic Initiative</b><br>Name and Address of Employer<br><b>The Leadership Now Project</b><br><b>1401 K St NW, Washington, DC 20005</b>                                                                                                                                             |                                              |                                                        |
|                                                                                                                               | Aggregate Year-To-date                                                                                                                                                                                                                                                                                                             |                                              | <b>\$ 20.00</b>                                        |
| 59. Full Name, Mailing Address and Zip Code<br><b>J Megan Telfair</b><br><b>1740 Potomac Ave SE, Washington, DC 20003</b>     | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify)                  | Date (month, day, year)<br><b>10/10/2018</b> | Amount of Each Receipt This Period<br><b>\$ 50.00</b>  |
| <b>Contributor Type</b><br>Individual                                                                                         | <b>Occupation</b> <b>Therapist</b><br>Name and Address of Employer<br><b>Self</b><br><b>1740 Potomac Ave SE, Washington, DC 20003</b>                                                                                                                                                                                              |                                              |                                                        |
|                                                                                                                               | Aggregate Year-To-date                                                                                                                                                                                                                                                                                                             |                                              | <b>\$ 50.00</b>                                        |
| 60. Full Name, Mailing Address and Zip Code<br><b>Andrew McKinley</b><br><b>307 A St NE, Washington, DC 20002</b>             | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify)                  | Date (month, day, year)<br><b>10/10/2018</b> | Amount of Each Receipt This Period<br><b>\$ 20.00</b>  |
| <b>Contributor Type</b><br>Individual                                                                                         | <b>Occupation</b> <b>Policy Director</b><br>Name and Address of Employer<br><b>American Society of Nuclear Cardiology</b><br><b>9302 Lee Hwy, Fairfax, VA 22031</b>                                                                                                                                                                |                                              |                                                        |



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

Re-Elect Joe Weedon

|                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|
|                                                                                                                    |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | \$ 20.00                                                                                                           |
| 61. Full Name, Mailing Address and Zip Code<br><b>Ellen Kunert</b><br><b>5916 31st Pl NW, Washington, DC 20015</b> |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><br><b>10/10/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 30.00</b>  |
| Contributor Type<br>Individual                                                                                     |  | <b>Occupation</b> <b>VP Govt Affairs</b><br>Name and Address of Employer<br><b>McAllister and Quinn</b><br><b>1030 15th St NW, Washington, DC 20005</b>                                                                                                                                                           |  |                                                                                                                    |
|                                                                                                                    |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  |                                                                                                                    |
| 62. Full Name, Mailing Address and Zip Code<br><b>Ty Voyles</b><br><b>1712 E St SE, Washington, DC 20003</b>       |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><br><b>10/10/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 100.00</b> |
| Contributor Type<br>Individual                                                                                     |  | <b>Occupation</b> <b>Realtor</b><br>Name and Address of Employer<br><b>Fulcrum Properties Group</b><br><b>1328 G St SE, Washington, DC 20003</b>                                                                                                                                                                  |  |                                                                                                                    |
|                                                                                                                    |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  |                                                                                                                    |
| 63. Full Name, Mailing Address and Zip Code<br><b>Rebecca Salay</b><br><b>805 9th St NE, Washington, DC 20002</b>  |  | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) |  | Date (month, day, year)<br><br><b>10/10/2018</b><br><br>Amount of Each Receipt This Period<br><br><b>\$ 40.00</b>  |
| Contributor Type<br>Individual                                                                                     |  | <b>Occupation</b> <b>Director of Government Relations</b><br>Name and Address of Employer<br><b>Trust for America's Health</b><br><b>1730 M St NW, Washington, DC 20036</b>                                                                                                                                       |  |                                                                                                                    |
|                                                                                                                    |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  |                                                                                                                    |
|                                                                                                                    |  | Aggregate Year-To-date                                                                                                                                                                                                                                                                                            |  | \$ 40.00                                                                                                           |
|                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |
| TOTAL This Period (Aggregate of all Receipt pages)                                                                 |  |                                                                                                                                                                                                                                                                                                                   |  | \$ 4,866.00                                                                                                        |

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

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

Re-Elect Joe Weedon

|                                                    |                                                                                                                                                                                                                                                                                                                   |                                              |                                                       |  |  |  |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------|--|--|--|
|                                                    | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>09/07/2018</b> | Amount of Each Receipt This Period<br><b>\$ 50.00</b> |  |  |  |
|                                                    | Aggregate Year-To-date <b>\$ 50.00</b>                                                                                                                                                                                                                                                                            |                                              |                                                       |  |  |  |
|                                                    | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>09/25/2018</b> | Amount of Each Receipt This Period<br><b>\$ 60.97</b> |  |  |  |
|                                                    | Aggregate Year-To-date <b>\$ 110.97</b>                                                                                                                                                                                                                                                                           |                                              |                                                       |  |  |  |
|                                                    | <b>Contribution Type</b><br><input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check<br><input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card<br><input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> In Kind (Specify) | Date (month, day, year)<br><b>09/29/2018</b> | Amount of Each Receipt This Period<br><b>\$ 7.16</b>  |  |  |  |
|                                                    | Aggregate Year-To-date <b>\$ 118.13</b>                                                                                                                                                                                                                                                                           |                                              |                                                       |  |  |  |
|                                                    |                                                                                                                                                                                                                                                                                                                   |                                              |                                                       |  |  |  |
|                                                    |                                                                                                                                                                                                                                                                                                                   |                                              |                                                       |  |  |  |
| TOTAL This Period (Aggregate of all Receipt pages) |                                                                                                                                                                                                                                                                                                                   |                                              | <b>\$ 118.13</b>                                      |  |  |  |

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

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

Re-Elect Joe Weedon

|                                                                                                                                |                                                     |                                                    |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|
| 1. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b> | Purpose of Expenditure<br><b>Bank Fees</b>          | Date<br>(month, day,<br>year)<br><b>08/11/2018</b> | Amount of Each<br>Expenditure This Period<br><b>\$ 4.39</b>   |
| <b>Occupation</b>                                                                                                              | Name and Address of Employer                        |                                                    |                                                               |
| 2. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b> | Purpose of Expenditure<br><b>Bank Fees</b>          | Date<br>(month, day,<br>year)<br><b>08/12/2018</b> | Amount of Each<br>Expenditure This Period<br><b>\$ 32.61</b>  |
| <b>Occupation</b>                                                                                                              | Name and Address of Employer                        |                                                    |                                                               |
| 3. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b> | Purpose of Expenditure<br><b>Bank Fees</b>          | Date<br>(month, day,<br>year)<br><b>08/13/2018</b> | Amount of Each<br>Expenditure This Period<br><b>\$ 17.18</b>  |
| <b>Occupation</b>                                                                                                              | Name and Address of Employer                        |                                                    |                                                               |
| 4. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b> | Purpose of Expenditure<br><b>Bank Fees</b>          | Date<br>(month, day,<br>year)<br><b>08/21/2018</b> | Amount of Each<br>Expenditure This Period<br><b>\$ 3.20</b>   |
| <b>Occupation</b>                                                                                                              | Name and Address of Employer                        |                                                    |                                                               |
| 5. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b> | Purpose of Expenditure<br><b>Bank Fees</b>          | Date<br>(month, day,<br>year)<br><b>08/22/2018</b> | Amount of Each<br>Expenditure This Period<br><b>\$ 0.88</b>   |
| <b>Occupation</b>                                                                                                              | Name and Address of Employer                        |                                                    |                                                               |
| 6. Full Name, Mailing Address and Zip Code<br><b>Uprinting</b><br><b>8000 Haskell Ave, Van Nuys, CA 91406</b>                  | Purpose of Expenditure<br><b>Campaign Materials</b> | Date<br>(month, day,<br>year)<br><b>08/25/2018</b> | Amount of Each<br>Expenditure This Period<br><b>\$ 114.43</b> |
| <b>Occupation</b>                                                                                                              | Name and Address of Employer                        |                                                    |                                                               |
| 7. Full Name, Mailing Address and Zip Code<br><b>ooShirts</b><br><b>64 Shattuck Square #285, Berkeley,</b><br><b>CA 94704</b>  | Purpose of Expenditure<br><b>Campaign Materials</b> | Date<br>(month, day,<br>year)<br><b>08/25/2018</b> | Amount of Each<br>Expenditure This Period<br><b>\$ 588.94</b> |
| <b>Occupation</b>                                                                                                              | Name and Address of Employer                        |                                                    |                                                               |

|                                                                                                                                           |                                                                                                                                               |                                                    |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------|
| 8. Full Name, Mailing Address and Zip Code<br><b>NationBuilder</b><br><b>520 S Grand Ave, Los Angeles, CA</b><br><b>90071</b>             | Purpose of Expenditure<br><b>Computer and Web Expenses</b>                                                                                    | Date<br>(month, day,<br>year)<br><b>08/30/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 24.00</b>    |
| <b>Occupation</b>                                                                                                                         | Name and Address of Employer                                                                                                                  |                                                    |                                                                     |
| 9. Full Name, Mailing Address and Zip Code<br><b>Google</b><br><b>1600 Amphitheatre Pwk, Mountain</b><br><b>View, CA 94043</b>            | Purpose of Expenditure<br><b>Computer and Web Expenses</b>                                                                                    | Date<br>(month, day,<br>year)<br><b>09/03/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 15.75</b>    |
| <b>Occupation</b>                                                                                                                         | Name and Address of Employer                                                                                                                  |                                                    |                                                                     |
| 10. Full Name, Mailing Address and Zip Code<br><b>Cross &amp; Oberlie</b><br><b>916 Byrd Ave, Neenah, WI 54956</b>                        | Purpose of Expenditure<br><b>Campaign Materials</b>                                                                                           | Date<br>(month, day,<br>year)<br><b>09/06/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 1,697.00</b> |
| <b>Occupation</b>                                                                                                                         | Name and Address of Employer                                                                                                                  |                                                    |                                                                     |
| 11. Full Name, Mailing Address and Zip Code<br><b>US Postal Service</b><br><b>600 Pennsylvania Ave SE, Washington,</b><br><b>DC 20003</b> | Purpose of Expenditure<br><b>Postage</b>                                                                                                      | Date<br>(month, day,<br>year)<br><b>09/07/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 50.00</b>    |
| <b>Occupation</b>                                                                                                                         | Name and Address of Employer                                                                                                                  |                                                    |                                                                     |
| 12. Full Name, Mailing Address and Zip Code<br><b>Stacey Moses</b><br><b>9200 Edwards Way #1110, Hyattsville,</b><br><b>MD 20783</b>      | Purpose of Expenditure<br><b>Campaign Materials</b>                                                                                           | Date<br>(month, day,<br>year)<br><b>09/11/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 120.00</b>   |
| <b>Occupation</b><br><b>Designer</b>                                                                                                      | Name and Address of Employer<br><b>MerrickTowle Communications</b><br><b>7474 Greenway Center Dr Suite 910, Greenbelt, MD</b><br><b>20770</b> |                                                    |                                                                     |
| 13. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b>           | Purpose of Expenditure<br><b>Bank Fees</b>                                                                                                    | Date<br>(month, day,<br>year)<br><b>09/12/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 1.75</b>     |
| <b>Occupation</b>                                                                                                                         | Name and Address of Employer                                                                                                                  |                                                    |                                                                     |
| 14. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b>           | Purpose of Expenditure<br><b>Bank Fees</b>                                                                                                    | Date<br>(month, day,<br>year)<br><b>09/15/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 1.93</b>     |
| <b>Occupation</b>                                                                                                                         | Name and Address of Employer                                                                                                                  |                                                    |                                                                     |
| 15. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b>           | Purpose of Expenditure<br><b>Bank Fees</b>                                                                                                    | Date<br>(month, day,<br>year)<br><b>09/16/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 18.60</b>    |
| <b>Occupation</b>                                                                                                                         | Name and Address of Employer                                                                                                                  |                                                    |                                                                     |
|                                                                                                                                           |                                                                                                                                               |                                                    |                                                                     |

|                                                                                                                                            |                                                     |                                                    |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| 16. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b>            | Purpose of Expenditure<br><b>Bank Fees</b>          | Date<br>(month, day,<br>year)<br><b>09/17/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 1.75</b>   |
| <b>Occupation</b>                                                                                                                          | Name and Address of Employer                        |                                                    |                                                                   |
| 17. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b>            | Purpose of Expenditure<br><b>Bank Fees</b>          | Date<br>(month, day,<br>year)<br><b>09/19/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 3.20</b>   |
| <b>Occupation</b>                                                                                                                          | Name and Address of Employer                        |                                                    |                                                                   |
| 18. Full Name, Mailing Address and Zip Code<br><b>Barracks Row Main Street</b><br><b>731 8th Street SE, Washington, DC</b><br><b>20003</b> | Purpose of Expenditure<br><b>Rental</b>             | Date<br>(month, day,<br>year)<br><b>09/20/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 450.00</b> |
| <b>Occupation</b>                                                                                                                          | Name and Address of Employer                        |                                                    |                                                                   |
| 19. Full Name, Mailing Address and Zip Code<br><b>Create DC</b><br><b>4750-A Clifton Road , Temple Hills,</b><br><b>MD 20748</b>           | Purpose of Expenditure<br><b>Campaign Materials</b> | Date<br>(month, day,<br>year)<br><b>09/21/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 650.00</b> |
| <b>Occupation</b>                                                                                                                          | Name and Address of Employer                        |                                                    |                                                                   |
| 20. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b>            | Purpose of Expenditure<br><b>Bank Fees</b>          | Date<br>(month, day,<br>year)<br><b>09/24/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 3.20</b>   |
| <b>Occupation</b>                                                                                                                          | Name and Address of Employer                        |                                                    |                                                                   |
| 21. Full Name, Mailing Address and Zip Code<br><b>Facebook Ads</b><br><b>1 Facebook Way, Menlo Park, CA</b><br><b>94025</b>                | Purpose of Expenditure<br><b>Advertising</b>        | Date<br>(month, day,<br>year)<br><b>09/24/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 13.51</b>  |
| <b>Occupation</b>                                                                                                                          | Name and Address of Employer                        |                                                    |                                                                   |
| 22. Full Name, Mailing Address and Zip Code<br><b>Amazon.com</b><br><b>PO Box 81226, Seattle, WA 98108</b>                                 | Purpose of Expenditure<br><b>Campaign Materials</b> | Date<br>(month, day,<br>year)<br><b>09/25/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 60.97</b>  |
| <b>Occupation</b>                                                                                                                          | Name and Address of Employer                        |                                                    |                                                                   |
| 23. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b>            | Purpose of Expenditure<br><b>Bank Fees</b>          | Date<br>(month, day,<br>year)<br><b>09/26/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 0.59</b>   |
| <b>Occupation</b>                                                                                                                          | Name and Address of Employer                        |                                                    |                                                                   |
|                                                                                                                                            |                                                     |                                                    |                                                                   |

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|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------|
| 24. Full Name, Mailing Address and Zip Code<br><b>Facebook Ads</b><br><b>1 Facebook Way, Menlo Park, CA</b><br><b>94025</b>     | Purpose of Expenditure<br><b>Advertising</b>               | Date<br>(month, day,<br>year)<br><b>09/27/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 25.00</b>    |
| <b>Occupation</b>                                                                                                               | Name and Address of Employer                               |                                                    |                                                                     |
| 25. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b> | Purpose of Expenditure<br><b>Bank Fees</b>                 | Date<br>(month, day,<br>year)<br><b>09/29/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 3.20</b>     |
| <b>Occupation</b>                                                                                                               | Name and Address of Employer                               |                                                    |                                                                     |
| 26. Full Name, Mailing Address and Zip Code<br><b>7-Eleven</b><br><b>429 8th St SE, Washington, DC 20003</b>                    | Purpose of Expenditure<br><b>Catering/Refreshments</b>     | Date<br>(month, day,<br>year)<br><b>09/29/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 7.16</b>     |
| <b>Occupation</b>                                                                                                               | Name and Address of Employer                               |                                                    |                                                                     |
| 27. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b> | Purpose of Expenditure<br><b>Bank Fees</b>                 | Date<br>(month, day,<br>year)<br><b>09/30/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 4.66</b>     |
| <b>Occupation</b>                                                                                                               | Name and Address of Employer                               |                                                    |                                                                     |
| 28. Full Name, Mailing Address and Zip Code<br><b>NationBuilder</b><br><b>520 S Grand Ave, Los Angeles, CA</b><br><b>90071</b>  | Purpose of Expenditure<br><b>Computer and Web Expenses</b> | Date<br>(month, day,<br>year)<br><b>09/30/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 24.00</b>    |
| <b>Occupation</b>                                                                                                               | Name and Address of Employer                               |                                                    |                                                                     |
| 29. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b> | Purpose of Expenditure<br><b>Bank Fees</b>                 | Date<br>(month, day,<br>year)<br><b>10/01/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 7.85</b>     |
| <b>Occupation</b>                                                                                                               | Name and Address of Employer                               |                                                    |                                                                     |
| 30. Full Name, Mailing Address and Zip Code<br><b>Ben's Upstairs</b><br><b>1001 H Street NE, Washington, DC</b><br><b>20003</b> | Purpose of Expenditure<br><b>Catering/Refreshments</b>     | Date<br>(month, day,<br>year)<br><b>10/01/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 1,175.50</b> |
| <b>Occupation</b>                                                                                                               | Name and Address of Employer                               |                                                    |                                                                     |
| 31. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco,</b><br><b>CA 94107</b> | Purpose of Expenditure<br><b>Bank Fees</b>                 | Date<br>(month, day,<br>year)<br><b>10/02/2018</b> | Amount of Each<br>Expenditure This Period<br><br><b>\$ 3.79</b>     |
| <b>Occupation</b>                                                                                                               | Name and Address of Employer                               |                                                    |                                                                     |
|                                                                                                                                 |                                                            |                                                    |                                                                     |

|                                                                                                                       |                                                                                                         |                                                 |                                                                |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|
| 32. Full Name, Mailing Address and Zip Code<br><b>Google</b><br><b>1600 Amphitheatre Pwk, Mountain View, CA 94043</b> | Purpose of Expenditure<br><b>Computer and Web Expenses</b>                                              | Date<br>(month, day, year)<br><b>10/03/2018</b> | Amount of Each Expenditure This Period<br><br><b>\$ 15.75</b>  |
| <b>Occupation</b>                                                                                                     | Name and Address of Employer                                                                            |                                                 |                                                                |
| 33. Full Name, Mailing Address and Zip Code<br><b>Tony Hack</b><br><b>238 14th Street SE, Washington, DC 20003</b>    | Purpose of Expenditure<br><b>In-Kind</b>                                                                | Date<br>(month, day, year)<br><b>10/04/2018</b> | Amount of Each Expenditure This Period<br><br><b>\$ 100.00</b> |
| <b>Occupation</b><br><b>Photographer</b>                                                                              | Name and Address of Employer<br><b>Self Employed</b><br><b>238 14th Street SE, Washington, DC 20003</b> |                                                 |                                                                |
| 34. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco, CA 94107</b> | Purpose of Expenditure<br><b>Bank Fees</b>                                                              | Date<br>(month, day, year)<br><b>10/07/2018</b> | Amount of Each Expenditure This Period<br><br><b>\$ 7.85</b>   |
| <b>Occupation</b>                                                                                                     | Name and Address of Employer                                                                            |                                                 |                                                                |
| 35. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco, CA 94107</b> | Purpose of Expenditure<br><b>Bank Fees</b>                                                              | Date<br>(month, day, year)<br><b>10/08/2018</b> | Amount of Each Expenditure This Period<br><br><b>\$ 1.75</b>   |
| <b>Occupation</b>                                                                                                     | Name and Address of Employer                                                                            |                                                 |                                                                |
| 36. Full Name, Mailing Address and Zip Code<br><b>Stripe</b><br><b>185 Berry Street #550, San Francisco, CA 94107</b> | Purpose of Expenditure<br><b>Bank Fees</b>                                                              | Date<br>(month, day, year)<br><b>10/09/2018</b> | Amount of Each Expenditure This Period<br><br><b>\$ 20.25</b>  |
| <b>Occupation</b>                                                                                                     | Name and Address of Employer                                                                            |                                                 |                                                                |
| 37. Full Name, Mailing Address and Zip Code<br><b>Jen Harris</b><br><b>306 16th St SE, Washington, DC 20003</b>       | Purpose of Expenditure<br><b>In-Kind</b>                                                                | Date<br>(month, day, year)<br><b>10/10/2018</b> | Amount of Each Expenditure This Period<br><br><b>\$ 100.00</b> |
| <b>Occupation</b><br><b>Photographer</b>                                                                              | Name and Address of Employer<br><b>Self</b><br><b>306 16th St SE, Washington, DC 20003</b>              |                                                 |                                                                |
|                                                                                                                       |                                                                                                         |                                                 |                                                                |
| <b>TOTAL This Period (Aggregate of all expenditure pages)</b>                                                         |                                                                                                         |                                                 | <b>\$ 5,370.64</b>                                             |