



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) <b>Vince Gray 2020</b>	2. OCF Identification Number <b>PCCCC7207128</b>
Address <b>2619 Branch Ave., SE</b>	3. Is this report an Amendment? (Yes or No) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City, State and Zip Code <b>Washington, DC 20020</b>	

4. TYPE OF REPORT: **January 31st Report**

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period <b>8/1/2019</b> through <b>1/31/2020</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>\$ 24,150.32</b>	
(c) Total Receipts [from Line (16)]	<b>\$ 66,900.00</b>	<b>\$ 92,165.00</b>
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	<b>\$ 91,050.32</b>	
7. Total Expenditures (from Line 22)	<b>\$ 11,753.58</b>	<b>\$ 12,868.26</b>
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	<b>\$ 79,296.74</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.

TYPE OR PRINT FULL NAME OF CANDIDATE

SIGNATURE OF CANDIDATE

DATE

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

---

NOTARY PUBLIC

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

(2) OATH OR AFFIRMATION OF COMMITTEE TREASURER

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

**Mr. Charles Thies**

---

TYPE OR PRINT FULL NAME OF TREASURER

**ELECTRONICALLY CERTIFIED**

02/01/2020

---

SIGNATURE OF TREASURER

DATE

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

---

NOTARY PUBLIC

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

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

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

---

TYPE OR PRINT FULL NAME OF TREASURER

---

SIGNATURE OF TREASURER

DATE

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

---

NOTARY PUBLIC

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

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

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

---

TYPE OR PRINT FULL NAME OF TREASURER

---

SIGNATURE OF TREASURER

DATE

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

---

NOTARY PUBLIC

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

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

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Vince Gray 2020	REPORT COVERING THE PERIOD FROM: <b>8/1/2019</b> TO: <b>1/31/2020</b>	
<b>I. RECEIPTS</b>	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE TO-DATE CUMULATIVE YEAR-TO-DATE
<b>11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:</b>		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 65,400.00	\$ 90,665.00 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)	\$ 1,500.00	\$ 1,500.00 11(c)
(d) The Candidate (Schedule A-3)	\$ 0.00	\$ 0.00 11(d)
(e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the candidate or committee (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e) and (f)]	\$ 66,900.00	\$ 92,165.00 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>	\$ 66,900.00	\$ 92,165.00 16
<b>II. EXPENDITURES</b>		
<b>17. OPERATING EXPENDITURES (Schedule B)</b>	\$ 11,753.58	\$ 12,868.26 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>	\$ 11,753.58	\$ 12,868.26 22
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	24,150.32
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$	66,900.00
<b>25. SUBTOTAL (add Lines 23 and 24)</b>	\$	91,050.32
<b>26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)</b>	\$	11,753.58
<b>27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)</b>	\$	79,296.74

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) <b>Vince Gray 2020</b>			
1. Full Name, Mailing Address and Zip Code <b>Michael Grabow</b> 280 Hutchinson Rd, Englewood, NJ 07631	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/11/2019</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Attorney</b>		
	Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
2. Full Name, Mailing Address and Zip Code <b>Law Offices of Gerald I. Holtz, LLC</b> 9200 Corporate Blvd Ste 480, Rockville, MD 20850	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/11/2019</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Limited Liability Company	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 200.00</b>
3. Full Name, Mailing Address and Zip Code <b>Lillian Moore</b> 2330 Good Hope Rd SE Apt 1112, Washington, DC 20020	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/12/2019</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Not employed</b>		
	Name and Address of Employer <b>Not employed</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
4. Full Name, Mailing Address and Zip Code <b>JCK Legal</b> 1307 Linden Ct NE, Washington, DC 20002	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/13/2019</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 150.00</b>
5. Full Name, Mailing Address and Zip Code <b>Daryl Simmons</b> 4306 12th Pl NE, Washington, DC 20017	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/15/2019</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>CEO</b>		
	Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 300.00</b>

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)

Vince Gray 2020

<p>6. Full Name, Mailing Address and Zip Code <b>Fred Goldberg</b> 10440 Little Patuxent Pkwy Ste 900, Columbia, MD 21044</p>	<p><b>Contribution Type</b>  <input type="checkbox"/> Cash      <input type="checkbox"/> Money Order      <input checked="" type="checkbox"/> Check  <input type="checkbox"/> Cashier Check      <input type="checkbox"/> Credit Card  <input type="checkbox"/> Other (Specify)  <input type="checkbox"/> In Kind (Specify)</p>	<p>Date (month, day, year) <b>12/15/2019</b></p>	<p>Amount of Each Receipt This Period <b>\$ 100.00</b></p>
<p><b>Contributor Type</b> Individual</p>	<p><b>Occupation</b> Attorney Name and Address of Employer <b>Self</b></p>		
<p>Aggregate Year-To-date</p>			<p><b>\$ 100.00</b></p>
<p>7. Full Name, Mailing Address and Zip Code <b>Manatt Phelps and Phillips</b> 1050 Connecticut Ave NW, Washington, DC 20036</p>	<p><b>Contribution Type</b>  <input type="checkbox"/> Cash      <input type="checkbox"/> Money Order      <input checked="" type="checkbox"/> Check  <input type="checkbox"/> Cashier Check      <input type="checkbox"/> Credit Card  <input type="checkbox"/> Other (Specify)  <input type="checkbox"/> In Kind (Specify)</p>	<p>Date (month, day, year) <b>12/16/2019</b></p>	<p>Amount of Each Receipt This Period <b>\$ 500.00</b></p>
<p><b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company</p>	<p><b>Occupation</b> Name and Address of Employer</p>		
<p>Aggregate Year-To-date</p>			<p><b>\$ 500.00</b></p>
<p>8. Full Name, Mailing Address and Zip Code <b>Kain Family Ltd Partnership</b> 1601 Connecticut Ave NW Ste 501, Washington, DC 20009</p>	<p><b>Contribution Type</b>  <input type="checkbox"/> Cash      <input type="checkbox"/> Money Order      <input checked="" type="checkbox"/> Check  <input type="checkbox"/> Cashier Check      <input type="checkbox"/> Credit Card  <input type="checkbox"/> Other (Specify)  <input type="checkbox"/> In Kind (Specify)</p>	<p>Date (month, day, year) <b>12/16/2019</b></p>	<p>Amount of Each Receipt This Period <b>\$ 500.00</b></p>
<p><b>Contributor Type</b> Business  <b>Business Type</b> Partnership</p>	<p><b>Occupation</b> Name and Address of Employer</p>		
<p>Aggregate Year-To-date</p>			<p><b>\$ 500.00</b></p>
<p>9. Full Name, Mailing Address and Zip Code <b>JLR Consultant Group</b> 625 Monroe St NE, Washington, DC 20017</p>	<p><b>Contribution Type</b>  <input type="checkbox"/> Cash      <input type="checkbox"/> Money Order      <input checked="" type="checkbox"/> Check  <input type="checkbox"/> Cashier Check      <input type="checkbox"/> Credit Card  <input type="checkbox"/> Other (Specify)  <input type="checkbox"/> In Kind (Specify)</p>	<p>Date (month, day, year) <b>12/16/2019</b></p>	<p>Amount of Each Receipt This Period <b>\$ 500.00</b></p>
<p><b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company</p>	<p><b>Occupation</b> Name and Address of Employer</p>		
<p>Aggregate Year-To-date</p>			<p><b>\$ 500.00</b></p>
<p>10. Full Name, Mailing Address and Zip Code <b>Transco, Inc.</b> 3399 Benning Rd NE, Washington, DC 20019</p>	<p><b>Contribution Type</b>  <input type="checkbox"/> Cash      <input type="checkbox"/> Money Order      <input checked="" type="checkbox"/> Check  <input type="checkbox"/> Cashier Check      <input type="checkbox"/> Credit Card  <input type="checkbox"/> Other (Specify)  <input type="checkbox"/> In Kind (Specify)</p>	<p>Date (month, day, year) <b>12/16/2019</b></p>	<p>Amount of Each Receipt This Period <b>\$ 500.00</b></p>
<p><b>Contributor Type</b> Business  <b>Business Type</b> Corporation</p>	<p><b>Occupation</b> Name and Address of Employer</p>		
<p>Aggregate Year-To-date</p>			<p><b>\$ 500.00</b></p>

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)

Vince Gray 2020

11. Full Name, Mailing Address and Zip Code <b>Metropolitan Serv Mntnnc Corp</b> <b>PO Box 29592, Washington, DC 20017</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/16/2019</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
12. Full Name, Mailing Address and Zip Code <b>Kevin Wrege</b> <b>4841 W ST NW, Washington, DC 20007</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/16/2019</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Founder and Principal</b> Name and Address of Employer <b>Pulse Advocacy LLC</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
13. Full Name, Mailing Address and Zip Code <b>Adam Peters</b> <b>1794 Lanier Pl NW Unit 407, Washington, DC 20009</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/16/2019</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Regional Partner</b> Name and Address of Employer <b>Perseus TDC</b>		
Aggregate Year-To-date			<b>\$ 200.00</b>
14. Full Name, Mailing Address and Zip Code <b>Faramarz Fardshisheh</b> <b>4835 Cordell Ave Apt 1405, Bethesda, MD 20814</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/16/2019</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real estate</b> Name and Address of Employer <b>Stanley Martin Commercial Inc.</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
15. Full Name, Mailing Address and Zip Code <b>Joseph Johnson</b> <b>4611 Lewis Leigh Ct, Chantilly, VA 20151</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/16/2019</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Partner</b> Name and Address of Employer <b>Johnson Velasquez Group</b>		
Aggregate Year-To-date			<b>\$ 300.00</b>

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)

Vince Gray 2020

16. Full Name, Mailing Address and Zip Code <b>Thomas Hampton</b> 5207 2nd St NW, Washington, DC 20011	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/16/2019	Amount of Each Receipt This Period \$ 100.00
<b>Contributor Type</b> Individual	<b>Occupation</b> Sr. Advisor		
Name and Address of Employer <b>Dentons</b>			
Aggregate Year-To-date			\$ 100.00
17. Full Name, Mailing Address and Zip Code <b>Jerry Schaeffer</b> 1908 24th St NW, Washington, DC 20008	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/18/2019	Amount of Each Receipt This Period \$ 500.00
<b>Contributor Type</b> Individual	<b>Occupation</b> President		
Name and Address of Employer <b>Transco</b>			
Aggregate Year-To-date			\$ 500.00
18. Full Name, Mailing Address and Zip Code <b>John Lopatto III</b> 1776 K St NW Ste 700, Washington, DC 20006	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/18/2019	Amount of Each Receipt This Period \$ 300.00
<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney		
Name and Address of Employer <b>Self</b>			
Aggregate Year-To-date			\$ 300.00
19. Full Name, Mailing Address and Zip Code <b>Jack Bobrow</b> 815 S Ode St, Arlington, VA 22204	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/18/2019	Amount of Each Receipt This Period \$ 25.00
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired		
Name and Address of Employer N/A			
Aggregate Year-To-date			\$ 25.00
20. Full Name, Mailing Address and Zip Code <b>Law Offices of James E Turner</b> 1825 K St NW Ste 1150, Washington, DC 20006	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 12/19/2019	Amount of Each Receipt This Period \$ 150.00
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation			
Aggregate Year-To-date			\$ 150.00



## 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)

Vince Gray 2020

21. Full Name, Mailing Address and Zip Code <b>Ashcraft &amp; Gerel</b> 8403 Colesville Rd Ste 1250, Silver Spring, MD 20910	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/20/2019</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
22. Full Name, Mailing Address and Zip Code <b>Cadeaux, Taglieri &amp; Notarius</b> 1100 Connecticut Ave NW Ste 730, Washington, DC 20036	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/27/2019</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
23. Full Name, Mailing Address and Zip Code <b>Greenberg &amp; Bederman, LLC</b> 1111 Bonifant St, Silver Spring, MD 20910	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/27/2019</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Limited Liability Company	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
24. Full Name, Mailing Address and Zip Code <b>Aakash Thakkar</b> 4800 Hampden Ln Ste 300, Bethesda, MD 20814	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/06/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Exec VP		
	Name and Address of Employer EYA		
Aggregate Year-To-date			<b>\$ 500.00</b>
25. Full Name, Mailing Address and Zip Code <b>David Catania</b> 2122 Newport Pl NW, Washington, DC 20037	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/07/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Lawyer		
	Name and Address of Employer Georgetown Public Affairs		
Aggregate Year-To-date			<b>\$ 500.00</b>

## 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)

Vince Gray 2020

26. Full Name, Mailing Address and Zip Code <b>Nicole Duncan</b> 4370 Westover Pl NW, Washington, DC 20016	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/09/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> AVP Name and Address of Employer <b>Georgetown Univ Hospital</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
27. Full Name, Mailing Address and Zip Code <b>Thomas Duncan</b> 4370 Westover Pl NW, Washington, DC 20016	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/09/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> CEO Name and Address of Employer <b>Trusted Health Plan</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
28. Full Name, Mailing Address and Zip Code <b>Peter Ibe</b> 8063 Long Branch Ter Apt 24, Glen Burnie, MD 21061	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/09/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Health Care Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
29. Full Name, Mailing Address and Zip Code <b>Capital Cardiology Consultants</b> 1160 Varnum St NE Ste 100, Washington, DC 20017	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/09/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
30. Full Name, Mailing Address and Zip Code <b>Eyob Mamo</b> 7324 Braddock Rd, Annandale, VA 22003	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/10/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Chairman Name and Address of Employer <b>Capitol Petroleum Group</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>

## 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)

Vince Gray 2020

31. Full Name, Mailing Address and Zip Code <b>Anthony Lewis</b> 2125 14th St NW Apt 322w, Washington, DC 20009	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/11/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Manager</b> Name and Address of Employer <b>Verizon</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
32. Full Name, Mailing Address and Zip Code <b>Virginia Ali</b> 8345 E Beach Dr NW, Washington, DC 20012	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/11/2020</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Co-founder</b> Name and Address of Employer <b>Ben's Chili Bowl</b>		
Aggregate Year-To-date			<b>\$ 200.00</b>
33. Full Name, Mailing Address and Zip Code <b>Nancy Bubes</b> 1601 31st St NW, Washington, DC 20007	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/13/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real estate</b> Name and Address of Employer <b>Washington Fine Properties</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
34. Full Name, Mailing Address and Zip Code <b>Janene Jackson</b> 2114 Rand Pl NE, Washington, DC 20002	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/13/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Partner</b> Name and Address of Employer <b>Holland &amp; Knight</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
35. Full Name, Mailing Address and Zip Code <b>Barbara Lang</b> 4750 41st St NW Apt 506, Washington, DC 20016	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/13/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>President</b> Name and Address of Employer <b>Lang Strategies</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>

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)

Vince Gray 2020

36. Full Name, Mailing Address and Zip Code <b>Norman Glasgow Jr</b> 10513 Alloway Dr, Potomac, MD 20854	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/13/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Partner</b> Name and Address of Employer <b>Holland &amp; Knight</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
37. Full Name, Mailing Address and Zip Code <b>Paul Kiernan</b> 3600 Raymond St, Chevy Chase, MD 20815	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/13/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Attorney</b> Name and Address of Employer <b>Holland &amp; Knight</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
38. Full Name, Mailing Address and Zip Code <b>Wayne Quin</b> 800 17th St NW Ste 1100, Washington, DC 20006	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/13/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Partner</b> Name and Address of Employer <b>Holland &amp; Knight</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
39. Full Name, Mailing Address and Zip Code <b>Leila Batties</b> 1452 Primrose Rd NW, Washington, DC 20012	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/13/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Attorney</b> Name and Address of Employer <b>Holland &amp; Knight</b>		
Aggregate Year-To-date		<b>\$ 250.00</b>	
40. Full Name, Mailing Address and Zip Code <b>Sivan Sheridan LLC</b> 151 Haven Ave, Port Washington, NY 11050	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/13/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date		<b>\$ 500.00</b>	

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)

Vince Gray 2020

41. Full Name, Mailing Address and Zip Code <b>ZS 2607 LLC</b> 151 Haven Ave, Port Washington, NY 11050	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/13/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date		<b>\$ 500.00</b>	
42. Full Name, Mailing Address and Zip Code <b>Richard Lake</b> 5908 Johnson Ave, Bethesda, MD 20817	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/14/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Real estate Name and Address of Employer <b>Roadside Development</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
43. Full Name, Mailing Address and Zip Code <b>Michael McFadden</b> 109 N 2nd St, Easton, PA 18042	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/14/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> N/A Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date		<b>\$ 100.00</b>	
44. Full Name, Mailing Address and Zip Code <b>Thomas Wilbur</b> 3503 Patterson St NW, Washington, DC 20015	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/15/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Exec. VP Name and Address of Employer <b>Akridge</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
45. Full Name, Mailing Address and Zip Code <b>Yes Organic Market</b> 3809 12th St NE, Washington, DC 20017	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/16/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date		<b>\$ 500.00</b>	

## ITEMIZED 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)

Vince Gray 2020

46. Full Name, Mailing Address and Zip Code <b>Mark Rivers</b> 1300 Connecticut Ave NW, Washington, DC 20036	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/17/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Exec VP Name and Address of Employer <b>Lowe</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
47. Full Name, Mailing Address and Zip Code <b>Alan Bubes</b> 1601 31st St NW, Washington, DC 20007	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/17/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Self employed Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
48. Full Name, Mailing Address and Zip Code <b>Colette Slaton</b> 145 Riverhaven Dr, Oxon Hill, MD 20745	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/17/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Management Name and Address of Employer <b>U.S. Gov't</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
49. Full Name, Mailing Address and Zip Code <b>Ibe Medicinal Associates</b> 1160 Varnum St NE Ste 106, Washington, DC 20017	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/17/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
50. Full Name, Mailing Address and Zip Code <b>Keith Cunningham</b> 11210 Prospect Hill Rd, Glenn Dale, MD 20769	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/19/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Technologist Name and Address of Employer <b>Amtrak</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>

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)

Vince Gray 2020

51. Full Name, Mailing Address and Zip Code <b>Frederick Klein</b> 3131 Connecticut Ave NW Apt 2403, Washington, DC 20008	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/20/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Partner</b> Name and Address of Employer <b>DLA Piper Global Law Firm</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
52. Full Name, Mailing Address and Zip Code <b>Emmanuel Bailey</b> 4002 Cotton Tree Ln, Burtonsville, MD 20866	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/20/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation President</b> Name and Address of Employer <b>DC09</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
53. Full Name, Mailing Address and Zip Code <b>Zeke Roeser</b> 3315 Stephenson Pl NW, Washington, DC 20015	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/20/2020</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Attorney</b> Name and Address of Employer <b>Roeser Law Firm</b>		
Aggregate Year-To-date			<b>\$ 300.00</b>
54. Full Name, Mailing Address and Zip Code <b>Charnise Carter</b> 15622 Burford Ln, Upper Marlboro, MD 20774	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/20/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Broker</b> Name and Address of Employer <b>Realty One</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
55. Full Name, Mailing Address and Zip Code <b>Corey Griffin</b> 1515 Lawrence St NE, Washington, DC 20017	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation CEO</b> Name and Address of Employer <b>2GIP, LLC</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>

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)

Vince Gray 2020

56. Full Name, Mailing Address and Zip Code <b>Mark Jones</b> 330 Taylor St NE Apt 34, Washington, DC 20017	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Owner</b> Name and Address of Employer <b>M Jones Companies LLC</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
57. Full Name, Mailing Address and Zip Code <b>Janice Adams</b> 700 7th St SW Apt 506, Washington, DC 20024	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>retired</b> Name and Address of Employer <b>USAF</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
58. Full Name, Mailing Address and Zip Code <b>Edsel Guydon</b> 8499 Accotink Rd, Lorton, VA 22079	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Owner</b> Name and Address of Employer <b>Guydon Law Group</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
59. Full Name, Mailing Address and Zip Code <b>2GIP, LLC</b> 1515 Lawrence St NE, Washington, DC 20017	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
60. Full Name, Mailing Address and Zip Code <b>JF General Painting &amp; Remodeling Inc</b> 12326 Old Gunpowder Road Spur, Beltsville, MD 20705	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>



ITEMIZED 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)

Vince Gray 2020

61. Full Name, Mailing Address and Zip Code <b>Sheri Blizzard</b> 3806 Tabacum Ct, Upper Marlboro, MD 20774	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Systems Analyst</b> Name and Address of Employer <b>Xerox Corp</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
62. Full Name, Mailing Address and Zip Code <b>Samantha Blizzard</b> 512 Seaton Square Dr, Silver Spring, MD 20901	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Special Assistant</b> Name and Address of Employer <b>Maryland State Gov't</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
63. Full Name, Mailing Address and Zip Code <b>A &amp; D Contracting, LLC</b> 635 Marcia Ln, Rockville, MD 20851	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
64. Full Name, Mailing Address and Zip Code <b>M Jones Companies LLC</b> 3200 12th St NE, Washington, DC 20017	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
65. Full Name, Mailing Address and Zip Code <b>Christopher Riley</b> 11600 Dr Martin Luther King Jr St N, St Petersburg, FL 33716	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Project Executive</b> Name and Address of Employer <b>Power Design Inc</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>

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)

Vince Gray 2020

66. Full Name, Mailing Address and Zip Code <b>John Capozzi</b> 3612 Austin St SE, Washington, DC 20020	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 20.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Project Manager</b>		
Name and Address of Employer <b>DC gov't</b>			
Aggregate Year-To-date			<b>\$ 120.00</b>
67. Full Name, Mailing Address and Zip Code <b>Sami Kokdil</b> 4750 41st St NW Apt 202, Washington, DC 20016	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Owner</b>		
Name and Address of Employer <b>SK + I Urban, Inc</b>			
Aggregate Year-To-date			<b>\$ 500.00</b>
68. Full Name, Mailing Address and Zip Code <b>Derrick Bailey</b> 11109 Pompey Dr, Upper Marlboro, MD 20772	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Engineer</b>		
Name and Address of Employer <b>EZRA Technologies, Inc</b>			
Aggregate Year-To-date			<b>\$ 500.00</b>
69. Full Name, Mailing Address and Zip Code <b>Personalized Spine Pain Care</b> PO Box 29397, Washington, DC 20017	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 150.00</b>
70. Full Name, Mailing Address and Zip Code <b>Meta Renee Williams</b> 1727 Massachusetts Ave NW Apt 610, Washington, DC 20036	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Chief Communications Officer</b>		
Name and Address of Employer <b>H Street Dev Corp</b>			
Aggregate Year-To-date			<b>\$ 150.00</b>

## 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)

Vince Gray 2020

71. Full Name, Mailing Address and Zip Code <b>Barbara Bailey</b> 724 Mississippi Ave SE, Washington, DC 20032	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> N/A Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
72. Full Name, Mailing Address and Zip Code <b>Warner Session</b> 1200 19th St NW Ste 300, Washington, DC 20036	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
73. Full Name, Mailing Address and Zip Code <b>Jose Pereyo</b> 440 K St NW Apt 609, Washington, DC 20001	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney Name and Address of Employer <b>Quinn Emanuel Urquhart &amp; Sullivan</b>		
Aggregate Year-To-date			<b>\$ 150.00</b>
74. Full Name, Mailing Address and Zip Code <b>Douglass Sloan</b> 313 Nicholson St NE, Washington, DC 20011	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Senior Consultant Name and Address of Employer <b>National Capitol Strategy Group</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
75. Full Name, Mailing Address and Zip Code <b>Roland Barnes</b> 117 Graiden St, Upper Marlboro, MD 20774	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Exec VP Name and Address of Employer <b>The Temple Group</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>

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)

Vince Gray 2020

76. Full Name, Mailing Address and Zip Code <b>Lloyd Moore</b> 3060 Blaine St, Coconut Grove, FL 33133	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>President</b> Name and Address of Employer <b>Leading Energy Solutions, Inc.</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
77. Full Name, Mailing Address and Zip Code <b>Miriam Moore</b> 3060 Blaine St, Coconut Grove, FL 33133	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Owner</b> Name and Address of Employer <b>Miriam Moore Design Studio</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
78. Full Name, Mailing Address and Zip Code <b>James D'Agostino</b> 3338 Piney Ridge Ct, Herndon, VA 20171	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Attorney</b> Name and Address of Employer <b>Dempsey Fontana</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
79. Full Name, Mailing Address and Zip Code <b>Pedro Alfonso</b> 1809 Parkside Dr NW, Washington, DC 20012	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>CEO</b> Name and Address of Employer <b>Dynamic Concepts Inc.</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
80. Full Name, Mailing Address and Zip Code <b>Eunice Meyers</b> 800 Edelblut Dr, Silver Spring, MD 20901	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>CEO</b> Name and Address of Employer <b>CAA Consulting</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	

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)

Vince Gray 2020

81. Full Name, Mailing Address and Zip Code <b>William Lewis</b> 1632 Crittenden St NE, Washington, DC 20017	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Self-employed</b> Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
82. Full Name, Mailing Address and Zip Code <b>Kimberly Patterson</b> 1304 Sheridan St NW, Washington, DC 20011	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Director of Corporate Relations</b> Name and Address of Employer <b>United Negro College Fund</b>		
Aggregate Year-To-date			<b>\$ 200.00</b>
83. Full Name, Mailing Address and Zip Code <b>Alicia Jones</b> 330 Taylor St NE Apt 34, Washington, DC 20017	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Human Resources Specialist</b> Name and Address of Employer <b>OPM</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
84. Full Name, Mailing Address and Zip Code <b>Timothy Thomas</b> 4716 Eastern Ave NE, Washington, DC 20017	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>N/A</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
85. Full Name, Mailing Address and Zip Code <b>Antonio Hunter</b> 33 Adams St NW, Washington, DC 20001	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>requested</b> Name and Address of Employer <b>requested</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>

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)

Vince Gray 2020

86. Full Name, Mailing Address and Zip Code <b>Calvin Smith</b> 11325 Classical Ln, Silver Spring, MD 20901	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Gov't Relations Dir.</b> Name and Address of Employer <b>Bridgepoint Healthcare</b>		
Aggregate Year-To-date		<b>\$ 250.00</b>	
87. Full Name, Mailing Address and Zip Code <b>Charles Gaither</b> 1422 Van Buren St NW, Washington, DC 20012	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input checked="" type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Consultant</b> Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date		<b>\$ 250.00</b>	
88. Full Name, Mailing Address and Zip Code <b>Brenda Comfort</b> 10655 Glen Hannah Dr, Laurel, MD 20723	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Assistant Controller</b> Name and Address of Employer <b>WJZ TV</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
89. Full Name, Mailing Address and Zip Code <b>The Temple Group</b> 1120 Connecticut Ave NW Ste 310, Washington, DC 20036	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date		<b>\$ 500.00</b>	
90. Full Name, Mailing Address and Zip Code <b>Recycle 1 C &amp; D Processing, Inc.</b> 4700 Lawrence St, Hyattsville, MD 20781	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date		<b>\$ 300.00</b>	

## 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)

Vince Gray 2020

91. Full Name, Mailing Address and Zip Code <b>Security Assurance Management, Inc.</b> 910 17th St NW Ste 220, Washington, DC 20006	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
92. Full Name, Mailing Address and Zip Code <b>Jefe Mujer LLC</b> 1907 Good Hope Rd SE Apt 305, Washington, DC 20020	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Limited Liability Company	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 100.00</b>
93. Full Name, Mailing Address and Zip Code <b>HauteHair LLC</b> 820 H St NE, Washington, DC 20002	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Limited Liability Company	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 250.00</b>
94. Full Name, Mailing Address and Zip Code <b>Soul Tree LLC</b> 825 10th St NW Apt 779, Washington, DC 20001	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Limited Liability Company	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 250.00</b>
95. Full Name, Mailing Address and Zip Code <b>Sweatpea's Classic Soul Food</b> 2851 Georgia Ave NW, Washington, DC 20001	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 100.00</b>

## 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)

Vince Gray 2020

96. Full Name, Mailing Address and Zip Code <b>American Construct LLC</b> 5425 Connecticut Ave NW Apt 501, Washington, DC 20015	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b> Name and Address of Employer		
<b>Business Type</b> Limited Liability Company			
Aggregate Year-To-date			<b>\$ 500.00</b>
97. Full Name, Mailing Address and Zip Code <b>Robinson Associates LLC</b> 1701 Redwood Ter NW, Washington, DC 20012	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b> Name and Address of Employer		
<b>Business Type</b> Limited Liability Company			
Aggregate Year-To-date			<b>\$ 250.00</b>
98. Full Name, Mailing Address and Zip Code <b>WellCentric DC</b> 5614 Connecticut Ave NW Ste 158, Washington, DC 20015	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b> Name and Address of Employer		
<b>Business Type</b> Corporation			
Aggregate Year-To-date			<b>\$ 250.00</b>
99. Full Name, Mailing Address and Zip Code <b>Audio Solutions</b> 3639 13th St NW, Washington, DC 20010	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 175.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b> Name and Address of Employer		
<b>Business Type</b> Corporation			
Aggregate Year-To-date			<b>\$ 175.00</b>
100. Full Name, Mailing Address and Zip Code <b>Jesse Price</b> 43 S St NW, Washington, DC 20001	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Corp Affairs</b> Name and Address of Employer <b>Eli Lilly</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>



## 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)

Vince Gray 2020

101. Full Name, Mailing Address and Zip Code <b>Brandon Craddock</b> 608 Ava Cir NE, Washington, DC 20017	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> IT Specialist Name and Address of Employer US SBA		
Aggregate Year-To-date			<b>\$ 50.00</b>
102. Full Name, Mailing Address and Zip Code <b>Christopher Fleming</b> 6204 29th St NW, Washington, DC 20015	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Not employed Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 250.00</b>
103. Full Name, Mailing Address and Zip Code <b>DuVon Floyd</b> 6223 8th St NW, Washington, DC 20011	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Legal Name and Address of Employer Sterne Kessler		
Aggregate Year-To-date			<b>\$ 250.00</b>
104. Full Name, Mailing Address and Zip Code <b>Carla Harmon</b> 13815 King Gregory Way, Upper Marlboro, MD 20772	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Sales Name and Address of Employer Monroe Mitchell		
Aggregate Year-To-date			<b>\$ 100.00</b>
105. Full Name, Mailing Address and Zip Code <b>Everett Hamilton</b> 1824 Taylor St NW, Washington, DC 20011	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> CEO Name and Address of Employer Octane		
Aggregate Year-To-date			<b>\$ 500.00</b>

## 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)

Vince Gray 2020

106. Full Name, Mailing Address and Zip Code <b>Jerry Brown</b> 4202 Grant St NE, Washington, DC 20019	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Not employed Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 250.00</b>
107. Full Name, Mailing Address and Zip Code <b>Shaun Meyers</b> 920 I St NW, Washington, DC 20001	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Not employed Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 500.00</b>
108. Full Name, Mailing Address and Zip Code <b>Ron Carter</b> 14331 Bradshaw Dr, Silver Spring, MD 20905	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Not unemployed Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 500.00</b>
109. Full Name, Mailing Address and Zip Code <b>Brendon Pinkard</b> 5304 Elsmere Ave, Bethesda, MD 20814	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney Name and Address of Employer <b>Kerbey Harrington Pinkard</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
110. Full Name, Mailing Address and Zip Code <b>James Murphy</b> 3050 K St NW Ste 125, Washington, DC 20007	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Developer Name and Address of Employer <b>MRP Realty</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>

## 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)

Vince Gray 2020

111. Full Name, Mailing Address and Zip Code <b>Robert Murphy</b> 2425 L St NW, Washington, DC 20037	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Executive</b> Name and Address of Employer <b>MRP Realty</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
112. Full Name, Mailing Address and Zip Code <b>Ryan Wade</b> 10111 Iron Gate Rd, Potomac, MD 20854	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real estate</b> Name and Address of Employer <b>MRP Realty</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
113. Full Name, Mailing Address and Zip Code <b>Deryl McKissack</b> 901 K St NW Fl 6TH, Washington, DC 20001	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>CEO</b> Name and Address of Employer <b>McKissack &amp; McKissack</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
114. Full Name, Mailing Address and Zip Code <b>Brian Ortiz</b> 3602 16th St NW Unit 2, Washington, DC 20010	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 10.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real Estate Development</b> Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 60.00</b>
115. Full Name, Mailing Address and Zip Code <b>Quince Brinkley</b> 1616 Roxanna Rd NW, Washington, DC 20012	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real estate</b> Name and Address of Employer <b>GROWTH</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>

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)

Vince Gray 2020

116. Full Name, Mailing Address and Zip Code <b>Isaac Lewis</b> 3244 Theodore R Hagans Dr NE, Washington, DC 20018	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Not employed</b> Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 200.00</b>
117. Full Name, Mailing Address and Zip Code <b>Frederick Rothmeijer</b> 907 Falls Manors Ct, Great Falls, VA 22066	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real estate</b> Name and Address of Employer <b>MRP Realty</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
118. Full Name, Mailing Address and Zip Code <b>Frederick Rothmeijer</b> 907 Falls Manors Ct, Great Falls, VA 22066	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real estate</b> Name and Address of Employer <b>MRP Realty</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
119. Full Name, Mailing Address and Zip Code <b>Kevin Schaar</b> 11412 Night Star Way, Reston, VA 20194	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real estate</b> Name and Address of Employer <b>MRP Realty</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
120. Full Name, Mailing Address and Zip Code <b>Lisa Smith</b> 1312 Beachview Rd, Annapolis, MD 21403	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Not employed</b> Name and Address of Employer <b>Not employed</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>

## 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)

Vince Gray 2020

121. Full Name, Mailing Address and Zip Code <b>Clare McCabe</b> 4620 N Park Ave Apt 201W, Chevy Chase, MD 20815	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Sr. VP Name and Address of Employer <b>WC Smith</b>		
Aggregate Year-To-date			<b>\$ 300.00</b>
122. Full Name, Mailing Address and Zip Code <b>Gary Rappaport</b> 8405 Greensboro Dr, McLean, VA 22102	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> CEO Name and Address of Employer <b>Rappaport</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
123. Full Name, Mailing Address and Zip Code <b>Benoit Fabien Haber</b> 2303 14th St NW Apt 716, Washington, DC 20009	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/23/2020</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> CEO Name and Address of Employer <b>Evolution Investment Group</b>		
Aggregate Year-To-date			<b>\$ 200.00</b>
124. Full Name, Mailing Address and Zip Code <b>Bates Trucking Company, Inc.</b> PO Box 91, Bladensburg, MD 20710	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/23/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 250.00</b>
125. Full Name, Mailing Address and Zip Code <b>Carl Profater</b> 3394 Southern Ave SE, Washington, DC 20020	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/23/2020</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Not employed Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 25.00</b>

## 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)

Vince Gray 2020

126. Full Name, Mailing Address and Zip Code <b>Tari Cash</b> 920 I St NW Apt 1004, Washington, DC 20001	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/23/2020</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> CitySwing Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 300.00</b>
127. Full Name, Mailing Address and Zip Code <b>Thomas McCullough</b> 2830 Chesterfield Pl NW, Washington, DC 20008	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/23/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> President Name and Address of Employer <b>McCullough Construction LLC</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
128. Full Name, Mailing Address and Zip Code <b>John Ritz</b> 4625 36th St NW, Washington, DC 20008	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/23/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> President Name and Address of Employer <b>WC Smith</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
129. Full Name, Mailing Address and Zip Code <b>Simone Devaney</b> 8175 E Beach Dr NW, Washington, DC 20012	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/24/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Consultant Name and Address of Employer <b>CSG Urban Partners</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
130. Full Name, Mailing Address and Zip Code <b>Saul Levin</b> 2351 Champlain St NW, Washington, DC 20009	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/24/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Physician Name and Address of Employer <b>Amer. Psychiatrist Assoc</b>		
Aggregate Year-To-date			<b>\$ 350.00</b>

## 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)

Vince Gray 2020

131. Full Name, Mailing Address and Zip Code <b>Zach Wade</b> 6328 Broad St, Bethesda, MD 20816	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/24/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Real estate Name and Address of Employer <b>MRP Realty</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
132. Full Name, Mailing Address and Zip Code <b>Marc Battle</b> 3301 Geiger Ave, Kensington, MD 20895	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/24/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> General Counsel Name and Address of Employer <b>DC Water</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
133. Full Name, Mailing Address and Zip Code <b>Patrick McKenzie</b> 4504 Salem Ln NW, Washington, DC 20007	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/24/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Sr. VP Name and Address of Employer <b>WC Smith</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
134. Full Name, Mailing Address and Zip Code <b>Matthew Klein</b> 6908 Blaisdell Rd, Bethesda, MD 20817	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/24/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> President and CEO Name and Address of Employer <b>Akridge</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
135. Full Name, Mailing Address and Zip Code <b>Geoffrey Ngam</b> 10811 Sugar Maple Ter, Upper Marlboro, MD 20774	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/24/2020</b>	Amount of Each Receipt This Period <b>\$ 55.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Home Health Aide Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 55.00</b>

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)

Vince Gray 2020

136. Full Name, Mailing Address and Zip Code <b>Buwa Binitie</b> 7409 16th St NW, Washington, DC 20012	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/25/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Consultant</b> Name and Address of Employer <b>Dantes Partners</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
137. Full Name, Mailing Address and Zip Code <b>John Akridge III</b> 28181 Harleigh Ln, Oxford, MD 21654	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/25/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Chairman</b> Name and Address of Employer <b>Akridge</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
138. Full Name, Mailing Address and Zip Code <b>Delicia Gunn</b> 1100 17th St NW, Washington, DC 20036	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/26/2020</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Not employed</b> Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 200.00</b>
139. Full Name, Mailing Address and Zip Code <b>Judith Ritz</b> 4625 36th St NW, Washington, DC 20008	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/26/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Not employed</b> Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 500.00</b>
140. Full Name, Mailing Address and Zip Code <b>Carolyn Nicholas</b> 6101 16th St NW Apt 514, Washington, DC 20011	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/27/2020</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Realtor</b> Name and Address of Employer <b>Long &amp; Foster</b>		
Aggregate Year-To-date			<b>\$ 75.00</b>



## 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)

Vince Gray 2020

141. Full Name, Mailing Address and Zip Code <b>Nathan Queen</b> 1300 Leegate Rd NW, Washington, DC 20012	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/27/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Not employed</b> Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 50.00</b>
142. Full Name, Mailing Address and Zip Code <b>Claire Woody</b> 712 Ridge Rd SE, Washington, DC 20019	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/27/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Not employed</b> Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 50.00</b>
143. Full Name, Mailing Address and Zip Code <b>Melissa Hook</b> 11495 Pine Hill Dr, Waynesboro, PA 17268	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/27/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Not employed</b> Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 100.00</b>
144. Full Name, Mailing Address and Zip Code <b>Samir Alqutri</b> 3593 Rocky Meadow Ct, Fairfax, VA 22033	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/27/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Principal Engineer</b> Name and Address of Employer <b>Geotechnical Solutions Inc</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
145. Full Name, Mailing Address and Zip Code <b>Bradley Fennell</b> 880 New Jersey Ave SE Unit 714, Washington, DC 20003	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/27/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>SVP</b> Name and Address of Employer <b>WC Smith</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>

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)

Vince Gray 2020

146. Full Name, Mailing Address and Zip Code <b>Grace Lewis</b> 4945 Sargent Rd NE, Washington, DC 20017	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/27/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 100.00</b>
147. Full Name, Mailing Address and Zip Code <b>Fort Lincoln Newtown Corporation</b> 3298 Fort Lincoln Dr NE, Washington, DC 20018	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/27/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
148. Full Name, Mailing Address and Zip Code <b>George Rickman</b> 3814 13th St NW, Washington, DC 20011	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/28/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Attorney</b> Name and Address of Employer Self		
Aggregate Year-To-date			<b>\$ 50.00</b>
149. Full Name, Mailing Address and Zip Code <b>John Monahan</b> 3340 Runnymede Pl NW, Washington, DC 20015	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/28/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Attorney</b> Name and Address of Employer Georgetown University		
Aggregate Year-To-date			<b>\$ 250.00</b>
150. Full Name, Mailing Address and Zip Code <b>Carrie Thornhill</b> 2059 36th St SE, Washington, DC 20020	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/28/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer Retired		
Aggregate Year-To-date			<b>\$ 350.00</b>

## 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)

Vince Gray 2020

151. Full Name, Mailing Address and Zip Code <b>Lafayette Barnes</b> 114 Mississippi Ave SE, Washington, DC 20032	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/28/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> CEO Name and Address of Employer <b>Zulu Global Enterprises LLC</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
152. Full Name, Mailing Address and Zip Code <b>Leroy Battle</b> 2002 Perry St NE, Washington, DC 20018	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/28/2020</b>	Amount of Each Receipt This Period <b>\$ 15.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Real estate Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 15.00</b>
153. Full Name, Mailing Address and Zip Code <b>James Abdo</b> 1416 P St NW, Washington, DC 20005	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/28/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Developer Name and Address of Employer <b>Abdo Development</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
154. Full Name, Mailing Address and Zip Code <b>Keith Towery</b> 4807 B St SE, Washington, DC 20019	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/28/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Juvenile justice Name and Address of Employer <b>DC Gov't</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
155. Full Name, Mailing Address and Zip Code <b>Stephen Baron</b> 6845 Caravan Ct, Columbia, MD 21044	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/29/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Not employed Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 250.00</b>

## 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)

Vince Gray 2020

156. Full Name, Mailing Address and Zip Code <b>Errol Schwartz</b> 17320 Queen Anne Rd, Upper Marlboro, MD 20774	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/29/2020</b>	Amount of Each Receipt This Period <b>\$ 75.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Not employed Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 75.00</b>
157. Full Name, Mailing Address and Zip Code <b>Jon Mandel</b> 406 W 51st St Apt 4A, New York, NY 10019	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/29/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney Name and Address of Employer <b>Orrick, Herrington &amp; Sutcliffe LLP</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
158. Full Name, Mailing Address and Zip Code <b>Charlene Quander</b> 3621 Suitland Rd SE, Washington, DC 20020	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/29/2020</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 200.00</b>
159. Full Name, Mailing Address and Zip Code <b>Naomi Olikier</b> 955 Lenfant Plz SW, Washington, DC 20024	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Asst VP Name and Address of Employer <b>DC Home Health Holdings</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
160. Full Name, Mailing Address and Zip Code <b>Ray Ritchey</b> 114 Chain Bridge Rd, McLean, VA 22101	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Sr. Exec VP Name and Address of Employer <b>Boston Properties</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>

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)

Vince Gray 2020

161. Full Name, Mailing Address and Zip Code <b>Christopher Murphy</b> 3216 McKinley St NW, Washington, DC 20015	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Administrator Name and Address of Employer <b>Georgetown University</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
162. Full Name, Mailing Address and Zip Code <b>Edward Wolyne</b> 6744 Newbold Dr, Bethesda, MD 20817	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Exec VP Name and Address of Employer <b>WC Smith</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
163. Full Name, Mailing Address and Zip Code <b>Christopher Smith</b> 1312 Beachview Rd, Annapolis, MD 21403	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Chairman and CEO Name and Address of Employer <b>WC Smith</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
164. Full Name, Mailing Address and Zip Code <b>Terry Beauford</b> 10509 Martellini Dr, Laurel, MD 20723	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> CFO Name and Address of Employer <b>WC Smith</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
165. Full Name, Mailing Address and Zip Code <b>T &amp; N Reliable NURsing Care, LLC</b> 3500 18th St NE, Washington, DC 20018	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Limited Liability Company	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>

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)

Vince Gray 2020

166. Full Name, Mailing Address and Zip Code <b>Abraham Helal</b> 3108 O St SE, Washington, DC 20020	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/30/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Executivr</b>		
Name and Address of Employer <b>Gray Graphics Corp</b>			
Aggregate Year-To-date			<b>\$ 250.00</b>
167. Full Name, Mailing Address and Zip Code <b>Michael Kelly</b> 427 Whittier St NW, Washington, DC 20012	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/30/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Not employed</b>		
Name and Address of Employer N/A			
Aggregate Year-To-date			<b>\$ 100.00</b>
168. Full Name, Mailing Address and Zip Code <b>Ingrid-Penelope Wilson</b> 2522A Hurston Ln NE, Washington, DC 20018	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/30/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Public servant</b>		
Name and Address of Employer <b>DC Gov't</b>			
Aggregate Year-To-date			<b>\$ 100.00</b>
169. Full Name, Mailing Address and Zip Code <b>Hector Torres</b> 509 H St NW, Washington, DC 20001	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/30/2020</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Not employed</b>		
Name and Address of Employer <b>Not employed</b>			
Aggregate Year-To-date			<b>\$ 300.00</b>
170. Full Name, Mailing Address and Zip Code <b>Edith Williams</b> 9003 LeVelle Dr, Chevy Chase, MD 20815	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Not employed</b>		
Name and Address of Employer <b>Not employed</b>			
Aggregate Year-To-date			<b>\$ 500.00</b>

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)

Vince Gray 2020

171. Full Name, Mailing Address and Zip Code <b>Doxie McCoy</b> 3142 Berry Rd NE, Washington, DC 20018	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/30/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Sr. Communications Manager</b> Name and Address of Employer <b>DC Gov't</b>		
Aggregate Year-To-date			<b>\$ 150.00</b>
172. Full Name, Mailing Address and Zip Code <b>Eskender Molaligne</b> 1507 Rabbit Hollow Pl, Silver Spring, MD 20906	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Administrator</b> Name and Address of Employer <b>Alliance Home Healthcare</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
173. Full Name, Mailing Address and Zip Code <b>Premier Health Services Inc</b> 7600 Georgia Ave NW Ste 323, Washington, DC 20012	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
174. Full Name, Mailing Address and Zip Code <b>Ernest Igwacho</b> 11801 Meadowland Dr, Bowie, MD 20720	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Healthcare</b> Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
175. Full Name, Mailing Address and Zip Code <b>Ideal Nursing Services Inc</b> 820 Upshur St NW, Washington, DC 20011	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>

ITEMIZED 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)

Vince Gray 2020

176. Full Name, Mailing Address and Zip Code <b>Berhan Home Health Care Agency Inc</b> 7826 Eastern Ave NW, Washington, DC 20012	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
177. Full Name, Mailing Address and Zip Code <b>Health Management Inc</b> 1707 L St NW Ste 900, Washington, DC 20036	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/30/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
178. Full Name, Mailing Address and Zip Code <b>Norweater Mitchell</b> 2801 33rd St SE, Washington, DC 20020	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Grant Officer</b> Name and Address of Employer <b>HUD</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
179. Full Name, Mailing Address and Zip Code <b>Barbara Morgan</b> 3245 O St SE, Washington, DC 20020	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Retired</b> Name and Address of Employer N/A		
Aggregate Year-To-date			<b>\$ 25.00</b>
180. Full Name, Mailing Address and Zip Code <b>Warren Williams</b> 5335 Wisconsin Ave NW, Washington, DC 20015	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real estate</b> Name and Address of Employer <b>The Warrenton Group</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>



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)

Vince Gray 2020

181. Full Name, Mailing Address and Zip Code <b>Warren Williams Sr</b> 9003 Levelle Dr, Chevy Chase, MD 20815	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
182. Full Name, Mailing Address and Zip Code <b>Allen Lew</b> 19602 McLaughlin Ave, Hollis, NY 11423	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Senior Vice Chancellor</b> Name and Address of Employer <b>CUNY</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
183. Full Name, Mailing Address and Zip Code <b>Kolby Williams</b> 13207 Park Ln, Fort Washington, MD 20744	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation VP</b> Name and Address of Employer <b>The Warrenton Group</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
184. Full Name, Mailing Address and Zip Code <b>Tom Brown</b> 429 Chaplin St SE, Washington, DC 20019	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Exec Dir</b> Name and Address of Employer <b>Training Grounds</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
185. Full Name, Mailing Address and Zip Code <b>Adrian Washington</b> 1925 Shepherd St NW, Washington, DC 20011	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Real estate</b> Name and Address of Employer <b>NDC</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	

## 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)

Vince Gray 2020

186. Full Name, Mailing Address and Zip Code <b>Virgil McDonald</b> 2548 36th St SE, Washington, DC 20020	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> n/a Name and Address of Employer <b>Not employed</b>		
Aggregate Year-To-date			<b>\$ 75.00</b>
187. Full Name, Mailing Address and Zip Code <b>Heather McCabe</b> 3610 Albemarle St NW, Washington, DC 20008	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> N/A Name and Address of Employer <b>Not employed</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
188. Full Name, Mailing Address and Zip Code <b>Eric Richardson</b> 2 Massachusetts Ave NE Apt 1380, Washington, DC 20002	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Not employed Name and Address of Employer <b>Not employed</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
189. Full Name, Mailing Address and Zip Code <b>Dian Lewis</b> 3600 38th St NW, Washington, DC 20016	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Consultant Name and Address of Employer <b>Alta Consulting Group, Inc.</b>		
Aggregate Year-To-date			<b>\$ 200.00</b>
190. Full Name, Mailing Address and Zip Code <b>Julie Rones</b> 3648 Southern Ave SE, Washington, DC 20020	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney Name and Address of Employer <b>Law Office of Julie E Rones, PLLC</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>

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)

Vince Gray 2020

191. Full Name, Mailing Address and Zip Code <b>Patricia Evans</b> 3140 Westover Dr SE, Washington, DC 20020	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Learning Officer Name and Address of Employer <b>DC Health</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
192. Full Name, Mailing Address and Zip Code <b>Ariana Quinones</b> 6221 2nd St NW, Washington, DC 20011	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Management Name and Address of Employer <b>DC CFSA</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
193. Full Name, Mailing Address and Zip Code <b>Lewis Norman</b> 12817 Norwood Ln, Fort Washington, MD 20744	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> n/a Name and Address of Employer <b>Not employed</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
<b>TOTAL This Period (Aggregate of all Receipt pages)</b>			<b>\$ 65,400.00</b>

ITEMIZED RECEIPTS FROM COMMITTEES OTHER THAN POLITICAL COMMITTEES AUTHORIZED BY THE SAME CANDIDATE

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)			
<b>Vince Gray 2020</b>			
1. Full Name, Mailing Address and Zip Code <b>Trinet PAC</b> <b>1100 San Leandro Blvd Ste 400, San Leandro, CA 94577</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/13/2019</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Corporate Sponsored PAC			
Aggregate Year-To-date			<b>\$ 500.00</b>
2. Full Name, Mailing Address and Zip Code <b>Baltimore Washington Construction &amp; Public Employees Laborers PAC</b> <b>10000 Greenleaf Rd, Camp Springs, MD 20746</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>12/16/2019</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Labor Sponsored PAC			
Aggregate Year-To-date			<b>\$ 500.00</b>
3. Full Name, Mailing Address and Zip Code <b>Verizon Communications Good Government PAC</b> <b>1300 P St NW Ste 400, Washington, DC 20005</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>01/16/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Corporate Sponsored PAC			
Aggregate Year-To-date			<b>\$ 500.00</b>
<b>TOTAL This Period (Aggregate of all Receipt pages)</b>			<b>\$ 1,500.00</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)**

Vince Gray 2020

1. Full Name, Mailing Address and Zip Code <b>Hillcrest Community Civic Association PO Box 30895, Washington, DC 20030</b>	Purpose of Expenditure <b>Advertising</b>	Date (month, day, year) <b>12/13/2019</b>	Amount of Each Expenditure This Period <b>\$ 60.00</b>
<b>Occupation</b>	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code <b>ActBlue PO Box 441146, Somerville, MA 02144-0031</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>12/15/2019</b>	Amount of Each Expenditure This Period <b>\$ 311.13</b>
<b>Occupation</b>	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code <b>BarrComm 16175 Golf Club Rd, Weston, FL 33326</b>	Purpose of Expenditure <b>Consultant</b>	Date (month, day, year) <b>12/16/2019</b>	Amount of Each Expenditure This Period <b>\$ 300.00</b>
<b>Occupation</b>	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code <b>Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>12/16/2019</b>	Amount of Each Expenditure This Period <b>\$ 1,500.00</b>
<b>Occupation</b>	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code <b>Mail Chimp 675 Ponce de Leon Ave NE, Atlanta, GA 30308</b>	Purpose of Expenditure <b>Computer and Web Expenses</b>	Date (month, day, year) <b>12/23/2019</b>	Amount of Each Expenditure This Period <b>\$ 71.54</b>
<b>Occupation</b>	Name and Address of Employer		
6. Full Name, Mailing Address and Zip Code <b>Chuck Thies 1609 Buchanan St NE, Washington, DC 20017</b>	Purpose of Expenditure <b>Consultant</b>	Date (month, day, year) <b>12/30/2019</b>	Amount of Each Expenditure This Period <b>\$ 1,250.00</b>
<b>Occupation</b>	Name and Address of Employer		
7. Full Name, Mailing Address and Zip Code <b>Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>12/30/2019</b>	Amount of Each Expenditure This Period <b>\$ 1,500.00</b>
<b>Occupation</b>	Name and Address of Employer		

8. Full Name, Mailing Address and Zip Code <b>GoDaddy Inc.</b> 14455 N Hayden Rd Ste 226, Scottsdale, AZ 85260	Purpose of Expenditure <b>Computer and Web Expenses</b>	Date (month, day, year) <b>01/10/2020</b>	Amount of Each Expenditure This Period  <b>\$ 25.31</b>
<b>Occupation</b>	Name and Address of Employer		
9. Full Name, Mailing Address and Zip Code <b>ActBlue</b> PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>01/12/2020</b>	Amount of Each Expenditure This Period  <b>\$ 79.00</b>
<b>Occupation</b>	Name and Address of Employer		
10. Full Name, Mailing Address and Zip Code <b>ActBlue</b> PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>01/19/2020</b>	Amount of Each Expenditure This Period  <b>\$ 79.00</b>
<b>Occupation</b>	Name and Address of Employer		
11. Full Name, Mailing Address and Zip Code <b>Mail Chimp</b> 675 Ponce de Leon Ave NE, Atlanta, GA 30308	Purpose of Expenditure <b>Computer and Web Expenses</b>	Date (month, day, year) <b>01/20/2020</b>	Amount of Each Expenditure This Period  <b>\$ 71.54</b>
<b>Occupation</b>	Name and Address of Employer		
12. Full Name, Mailing Address and Zip Code <b>Amazon.com, Inc.</b> 410 Terry Ave, Seattle, WA 98109	Purpose of Expenditure <b>Supplies</b>	Date (month, day, year) <b>01/21/2020</b>	Amount of Each Expenditure This Period  <b>\$ 116.60</b>
<b>Occupation</b>	Name and Address of Employer		
13. Full Name, Mailing Address and Zip Code <b>Gelberg Signs</b> 6511 Chillum Pl, Washington, DC 20012	Purpose of Expenditure <b>Printing</b>	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Expenditure This Period  <b>\$ 5,551.97</b>
<b>Occupation</b>	Name and Address of Employer		
14. Full Name, Mailing Address and Zip Code <b>Amazon.com, Inc.</b> 410 Terry Ave, Seattle, WA 98109	Purpose of Expenditure <b>Supplies</b>	Date (month, day, year) <b>01/22/2020</b>	Amount of Each Expenditure This Period  <b>\$ 18.01</b>
<b>Occupation</b>	Name and Address of Employer		
15. Full Name, Mailing Address and Zip Code <b>Costco</b> 2441 Market St NE, Washington, DC 20018	Purpose of Expenditure <b>Supplies</b>	Date (month, day, year) <b>01/24/2020</b>	Amount of Each Expenditure This Period  <b>\$ 192.87</b>
<b>Occupation</b>	Name and Address of Employer		

16. Full Name, Mailing Address and Zip Code <b>GoDaddy Inc.</b> 14455 N Hayden Rd Ste 226, Scottsdale, AZ 85260	Purpose of Expenditure <b>Computer and Web Expenses</b>	Date (month, day, year) <b>01/24/2020</b>	Amount of Each Expenditure This Period <b>\$ 25.31</b>
<b>Occupation</b>	Name and Address of Employer		
17. Full Name, Mailing Address and Zip Code <b>ActBlue</b> PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>01/26/2020</b>	Amount of Each Expenditure This Period <b>\$ 407.09</b>
<b>Occupation</b>	Name and Address of Employer		
18. Full Name, Mailing Address and Zip Code <b>United States Postal Service</b> 3401 12th St NE, Washington, DC 20017	Purpose of Expenditure <b>Postage</b>	Date (month, day, year) <b>01/27/2020</b>	Amount of Each Expenditure This Period <b>\$ 117.75</b>
<b>Occupation</b>	Name and Address of Employer		
19. Full Name, Mailing Address and Zip Code <b>Costco</b> 2441 Market St NE, Washington, DC 20018	Purpose of Expenditure <b>Catering/Refreshments</b>	Date (month, day, year) <b>01/31/2020</b>	Amount of Each Expenditure This Period <b>\$ 76.46</b>
<b>Occupation</b>	Name and Address of Employer		
<b>TOTAL This Period (Aggregate of all expenditure pages)</b>			<b>\$ 11,753.58</b>