



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: **March 10th Report**

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period <b>2/1/2020</b> through <b>3/10/2020</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>\$ 79,296.74</b>	
(c) Total Receipts [from Line (16)]	<b>\$ 44,894.05</b>	<b>\$ 137,059.05</b>
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	<b>\$ 124,190.79</b>	
7. Total Expenditures (from Line 22)	<b>\$ 32,780.26</b>	<b>\$ 45,648.52</b>
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	<b>\$ 91,410.53</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**

03/16/2020

---

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**

<b>1. Full Name of Committee (Name of Candidate, if Candidate is reporting)</b> Vince Gray 2020	<b>REPORT COVERING THE PERIOD</b> FROM: <b>2/1/2020</b> TO: <b>3/10/2020</b>	
<b>I. RECEIPTS</b>	<b>COLUMN A TOTAL THIS PERIOD</b>	<b>COLUMN B CUMULATIVE TO-DATE CUMULATIVE YEAR-TO-DATE</b>
<b>11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:</b>		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 44,394.05	\$ 135,059.05 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)	\$ 500.00	\$ 2,000.00 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)]	\$ 44,894.05	\$ 137,059.05 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>	\$ 44,894.05	\$ 137,059.05 16
<b>II. EXPENDITURES</b>		
<b>17. OPERATING EXPENDITURES (Schedule B)</b>	\$ 32,780.26	\$ 45,648.52 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>	\$ 32,780.26	\$ 45,648.52 22
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	79,296.74
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$	44,894.05
<b>25. SUBTOTAL (add Lines 23 and 24)</b>	\$	124,190.79
<b>26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)</b>	\$	32,780.26
<b>27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)</b>	\$	91,410.53

## 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

1. Full Name, Mailing Address and Zip Code <b>Lori Jones Brown</b> <b>7104 Quarry Ct, Capitol Heights, MD 20743</b>	<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>02/01/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Director</b> Name and Address of Employer <b>Training Grounds</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
2. Full Name, Mailing Address and Zip Code <b>Christina Johnson</b> <b>3909 Prospect St, Kensington, MD 20895</b>	<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>02/02/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>CIO</b> Name and Address of Employer <b>Warrenton Group</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
3. Full Name, Mailing Address and Zip Code <b>Karen Dale</b> <b>1250 Maryland Ave SW Ste 500, Washington, DC 20024</b>	<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>02/03/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>CEO</b> Name and Address of Employer <b>AmeriHealth Caritas DC</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
4. Full Name, Mailing Address and Zip Code <b>James Garnett</b> <b>1122 Delcastle Ct, Bowie, MD 20721</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/03/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>President</b> Name and Address of Employer <b>SGC Tour LLC</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
5. Full Name, Mailing Address and Zip Code <b>Abel Woldu</b> <b>3924 Bentwood Ct, Fairfax, VA 22031</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>02/03/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</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>\$ 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

6. Full Name, Mailing Address and Zip Code <b>Deborah Ratner Salzberg</b> <b>7500 Hampden Ln, 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>02/03/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real Estate Executive</b> Name and Address of Employer <b>Brookfield</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
7. Full Name, Mailing Address and Zip Code <b>Courtland Cox</b> <b>1716 Verbena St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/03/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Board of Directors, President</b> Name and Address of Employer <b>SNCC Legacy Project</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
8. Full Name, Mailing Address and Zip Code <b>Ibironke Amusan</b> <b>9623 Oxbridge Way, Mitchellville, MD 20721</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/03/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Nurse</b> Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
9. Full Name, Mailing Address and Zip Code <b>Jeevan Mathura</b> <b>7820 Kachina Ln, Bethesda, MD 20817</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/03/2020</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Physician</b> Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 200.00</b>
10. Full Name, Mailing Address and Zip Code <b>David Scott Vossler</b> <b>2812 Seabiscuit Dr, Olney, MD 20832</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>02/03/2020</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>President</b> Name and Address of Employer <b>WCS Construction</b>		
Aggregate Year-To-date			<b>\$ 200.00</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

11. Full Name, Mailing Address and Zip Code <b>Jeffrey Capron</b> <b>10304 Montgomery Ave, Kensington, MD 20895</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>02/03/2020</b>	Amount of Each Receipt This Period <b>\$ 400.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>General Counsel</b> Name and Address of Employer <b>WC Smith</b>		
Aggregate Year-To-date			<b>\$ 400.00</b>
12. Full Name, Mailing Address and Zip Code <b>Brenda Atkinson-Willoughby</b> <b>1745 N Portal Dr NW, Washington, DC 20012</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/03/2020</b>	Amount of Each Receipt This Period <b>\$ 200.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Director of Partnerships and Community Eng</b> Name and Address of Employer <b>Georgetown University</b>		
Aggregate Year-To-date			<b>\$ 200.00</b>
13. Full Name, Mailing Address and Zip Code <b>Ophnell Cumberbatch</b> <b>8416 Central Ave, Landover, MD 20785</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>02/03/2020</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Physician</b> Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 300.00</b>
14. Full Name, Mailing Address and Zip Code <b>Hamel Builders, Inc.</b> <b>5710 Furnace Ave Ste H, Elkridge, MD 21075</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>02/03/2020</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>
15. Full Name, Mailing Address and Zip Code <b>Mark Lerner</b> <b>2000 Tower Oaks Blvd Fl 8, Rockville, MD 20852</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>02/03/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Principal</b> Name and Address of Employer <b>Lerner Enterprises</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

16. Full Name, Mailing Address and Zip Code <b>Marla Tanenbaum</b> <b>2000 Tower Oaks Blvd Fl 8, Rockville, MD</b> <b>20852</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>02/03/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Principal</b> Name and Address of Employer <b>Lerner Enterprises</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
17. Full Name, Mailing Address and Zip Code <b>Edward Cohen</b> <b>2000 Tower Oaks Blvd Fl 8, Rockville, MD</b> <b>20852</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>02/03/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Principal</b> Name and Address of Employer <b>Lerner Enterprises</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
18. Full Name, Mailing Address and Zip Code <b>T-Mobile USA, Inc.</b> <b>12920 SE 38th St, Bellevue, WA 98006</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>02/03/2020</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>
19. Full Name, Mailing Address and Zip Code <b>Western Development Corp.</b> <b>1413 P St NW Apt 403, 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>02/03/2020</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>
20. Full Name, Mailing Address and Zip Code <b>KBC Nursing Agency &amp; Home Health Care,</b> <b>1806 Georgia Ave NW, Washington, DC 20012</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/03/2020</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

<b>21. Full Name, Mailing Address and Zip Code</b> <b>Roderic Woodson</b> <b>1400 K St NW Ste 100, 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)	<b>Date (month, day, year)</b> <b>02/05/2020</b>	<b>Amount of Each Receipt This Period</b> <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Special Counsel</b> <b>Name and Address of Employer</b> <b>Parker Poe</b>		
<b>Aggregate Year-To-date</b>			<b>\$ 500.00</b>
<b>22. Full Name, Mailing Address and Zip Code</b> <b>Thomas Downs</b> <b>3035 Oliver St NW, Washington, DC 20015</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	<b>Date (month, day, year)</b> <b>02/05/2020</b>	<b>Amount of Each Receipt This Period</b> <b>\$ 300.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Consultant</b> <b>Name and Address of Employer</b> <b>Self</b>		
<b>Aggregate Year-To-date</b>			<b>\$ 300.00</b>
<b>23. Full Name, Mailing Address and Zip Code</b> <b>Peter Johnson</b> <b>10106 Harewood Ct, Great Falls, VA 22066</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)	<b>Date (month, day, year)</b> <b>02/05/2020</b>	<b>Amount of Each Receipt This Period</b> <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Exec VP</b> <b>Name and Address of Employer</b> <b>Boston Properties</b>		
<b>Aggregate Year-To-date</b>			<b>\$ 500.00</b>
<b>24. Full Name, Mailing Address and Zip Code</b> <b>Developing Economic Opportunities, Inc.</b> <b>4135 Wheeler Rd SE Ste A, Washington, DC 20032</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)	<b>Date (month, day, year)</b> <b>02/05/2020</b>	<b>Amount of Each Receipt This Period</b> <b>\$ 250.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> <b>Name and Address of Employer</b>		
<b>Aggregate Year-To-date</b>			<b>\$ 250.00</b>
<b>25. Full Name, Mailing Address and Zip Code</b> <b>Richard Rome</b> <b>1201 F St NW Ste 500, Washington, DC 20004</b>	<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)	<b>Date (month, day, year)</b> <b>02/07/2020</b>	<b>Amount of Each Receipt This Period</b> <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real estate</b> <b>Name and Address of Employer</b> <b>Savills Studley</b>		
<b>Aggregate Year-To-date</b>			<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>Deloras Shepherd</b> <b>14802 Dolphin Way, Bowie, MD 20721</b>	<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>02/08/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Accountant Name and Address of Employer <b>DC Gov't</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
27. Full Name, Mailing Address and Zip Code <b>Ellen McCarthy</b> <b>3905 Morrison St NW, Washington, DC 20015</b>	<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>02/10/2020</b>	Amount of Each Receipt This Period <b>\$ 75.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Adjunct Professor Name and Address of Employer <b>Georgetown Univ.</b>		
Aggregate Year-To-date			<b>\$ 75.00</b>
28. Full Name, Mailing Address and Zip Code <b>Gregory Casten</b> <b>9470 Seven Locks Rd, Bethesda, MD 20817</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/10/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Director Name and Address of Employer <b>Oceanpro Industries</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
29. Full Name, Mailing Address and Zip Code <b>Kelly Casten</b> <b>9470 Seven Locks Rd, Bethesda, MD 20817</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/10/2020</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>Not employed</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
30. Full Name, Mailing Address and Zip Code <b>Timothy Chapman</b> <b>440 Maple Ave E Ste 203, Vienna, VA 22180</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>02/10/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Real Estate Developer Name and Address of Employer <b>Chapman Development</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>Julianna Chapman</b> <b>440 Maple Ave E Ste 203, Vienna, VA 22180</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>02/10/2020</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>Not employed</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
32. Full Name, Mailing Address and Zip Code <b>Capital City Asset Management, LLC</b> <b>11701 Bowman Green Dr, Reston, VA 20190</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>02/10/2020</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> Corporation			
Aggregate Year-To-date			<b>\$ 500.00</b>
33. Full Name, Mailing Address and Zip Code <b>Saul Ewing Arnstein &amp; Lehr LLP</b> <b>1500 Market St Fl 38, Philadelphia, PA 19102</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>02/10/2020</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>
34. Full Name, Mailing Address and Zip Code <b>2228 MLK Developer LLC</b> <b>440 Maple Ave E, Vienna, VA 22180</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>02/10/2020</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> Corporation			
Aggregate Year-To-date			<b>\$ 500.00</b>
35. Full Name, Mailing Address and Zip Code <b>Max Brown</b> <b>455 I St NW, Washington, DC 20001</b>	<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>02/12/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Founding partner Name and Address of Employer <b>Group 360</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>Thomas Fulcher</b> <b>5419 Cathedral Ave NW, Washington, DC 20016</b>	<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>02/13/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Broker</b> Name and Address of Employer <b>Savills, Inc.</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
37. Full Name, Mailing Address and Zip Code <b>Katrina Peebles</b> <b>1750 H St NW Ste 300, Washington, DC 20006</b>	<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>02/13/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Creative Director</b> Name and Address of Employer <b>The Peebles Corp</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
38. Full Name, Mailing Address and Zip Code <b>R. Donahue Peebles</b> <b>1750 H St NW Ste 300, Washington, DC 20006</b>	<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>02/14/2020</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>Self</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
39. Full Name, Mailing Address and Zip Code <b>VIKA Capitol</b> <b>4910 Massachusetts Ave NW Ste 16, Washington, DC 20016</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>02/14/2020</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> Corporation			
Aggregate Year-To-date			<b>\$ 500.00</b>
40. Full Name, Mailing Address and Zip Code <b>American Tax LLC</b> <b>3936 Minnesota Ave NE, Washington, DC 20019</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/14/2020</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> Corporation			
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>Lynda Perez</b> <b>36 G St SW, Washington, DC 20024</b>	<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>02/16/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Executive</b> Name and Address of Employer <b>US Dept. of Health and HS</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
42. Full Name, Mailing Address and Zip Code <b>Michael Sachtleben</b> <b>1100 Mill Field Ct, Great Falls, VA 22066</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>02/18/2020</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>MedStar Georgetown University Hospital</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
43. Full Name, Mailing Address and Zip Code <b>Veronica Butler</b> <b>1129 5th St NE, Washington, DC 20002</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/19/2020</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>Not employed</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
44. Full Name, Mailing Address and Zip Code <b>Arent Fox LLC</b> <b>1717 K St NW, Washington, DC 20006</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/19/2020</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>
45. Full Name, Mailing Address and Zip Code <b>Camden Miller</b> <b>930 M St NW Apt 1016, Washington, DC 20001</b>	<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>02/20/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Manager</b> Name and Address of Employer <b>Wiley Rein LLP</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

46. Full Name, Mailing Address and Zip Code <b>Ready Responders Inc</b> <b>1320 Magazine St, New Orleans, LA 70130</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>02/20/2020</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>
47. Full Name, Mailing Address and Zip Code <b>Premium Select Home Care Inc.</b> <b>5513 Illinois Ave NW, Washington, DC 20011</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/21/2020</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b> Name and Address of Employer		
<b>Business Type</b> Corporation			
Aggregate Year-To-date			<b>\$ 300.00</b>
48. Full Name, Mailing Address and Zip Code <b>Gerry Widdicombe</b> <b>2456 20th St NW Apt 508, Washington, DC 20009</b>	<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>02/23/2020</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Econ development Name and Address of Employer <b>Downtown DC BID</b>		
Aggregate Year-To-date			<b>\$ 300.00</b>
49. Full Name, Mailing Address and Zip Code <b>Thomas Graham</b> <b>14303 Ansonia Ct, Upper Marlboro, MD 20774</b>	<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>02/23/2020</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>Not employed</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
50. Full Name, Mailing Address and Zip Code <b>Danielle Rockwood</b> <b>3404 Livingston St NW, Washington, DC 20015</b>	<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>02/24/2020</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>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

51. Full Name, Mailing Address and Zip Code <b>LuAnn Bennett</b> <b>1155 23rd St NW Apt 6D, Washington, DC 20037</b>	<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>02/24/2020</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>Bennett Group</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
52. Full Name, Mailing Address and Zip Code <b>Richard Bradley</b> <b>3905 Morrison St NW, Washington, DC 20015</b>	<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>02/24/2020</b>	Amount of Each Receipt This Period <b>\$ 150.00</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>\$ 150.00</b>
53. Full Name, Mailing Address and Zip Code <b>Caroline Shafa</b> <b>5255 Loughboro Rd NW, Washington, DC 20016</b>	<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>02/24/2020</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Administrator Name and Address of Employer <b>Sibley Memorial Hospital</b>		
Aggregate Year-To-date			<b>\$ 150.00</b>
54. Full Name, Mailing Address and Zip Code <b>Jennifer Abele</b> <b>9020 Falls Run Rd, McLean, VA 22102</b>	<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>02/24/2020</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>Sibley - EMA</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
55. Full Name, Mailing Address and Zip Code <b>Marissa McKeever</b> <b>140 M St NE Apt 651, Washington, DC 20002</b>	<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>02/24/2020</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>Johns Hopkins Univ</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

56. Full Name, Mailing Address and Zip Code <b>Hendricks-Jackson Laura</b> 9922 Wintry Day Pl, Laurel, MD 20723	<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>02/24/2020</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Chief Nursing Officer Name and Address of Employer Sibley Memorial Hospital		
Aggregate Year-To-date			<b>\$ 150.00</b>
57. Full Name, Mailing Address and Zip Code <b>Hasan Zia</b> 4507 Fairway Downs Ct, Alexandria, VA 22312	<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>02/24/2020</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 Sibley Hospital		
Aggregate Year-To-date			<b>\$ 500.00</b>
58. Full Name, Mailing Address and Zip Code <b>Block Feldman Wendy</b> 6803 Glenbrook Rd, 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>02/24/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Broker Name and Address of Employer Savills		
Aggregate Year-To-date			<b>\$ 100.00</b>
59. Full Name, Mailing Address and Zip Code <b>Jacqueline Bowens</b> 17307 Avenleigh Dr, Ashton, MD 20861	<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>02/24/2020</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 DC Hospital Association		
Aggregate Year-To-date			<b>\$ 500.00</b>
60. Full Name, Mailing Address and Zip Code <b>Curtis Jones</b> 17307 Avenleigh Dr, Ashton, MD 20861	<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>02/24/2020</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 Not employed		
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>Carmen Perkins</b> <b>4725 Massachusetts Ave NW, Washington, DC 20016</b>	<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>02/24/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> VP Name and Address of Employer <b>Civitas Real Estate</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
62. Full Name, Mailing Address and Zip Code <b>Barry Wright</b> <b>1424 Aspen St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/24/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Principal Name and Address of Employer <b>Wright Capital Realty Group</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
63. Full Name, Mailing Address and Zip Code <b>Christopher Bruch</b> <b>4410 Leland St, Chevy Chase, MD 20815</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>02/24/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> President and Chief Executive Officer Name and Address of Employer <b>The Donohoe Companies, Inc.</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
64. Full Name, Mailing Address and Zip Code <b>Sunny Jung Alsup</b> <b>3019 44th St NW, Washington, DC 20016</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>02/24/2020</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>Not employed</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
65. Full Name, Mailing Address and Zip Code <b>Berkeley Shervin</b> <b>5101 Wisconsin Ave NW, Washington, DC 20016</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>02/24/2020</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>The Wilkes Company</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>David Alvaranga</b> <b>3936 Minnesota Ave NE, Washington, DC</b> <b>20019</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/24/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Managing Officer</b> Name and Address of Employer <b>Liberty Tax</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
67. Full Name, Mailing Address and Zip Code <b>Jeffrey Gelman</b> <b>21509 Goshens Edge Ct, Laytonsville, MD</b> <b>20882</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>02/24/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Attorney</b> Name and Address of Employer <b>Saul Ewing Arnstein &amp; Lehr</b>		
Aggregate Year-To-date		<b>\$ 250.00</b>	
68. Full Name, Mailing Address and Zip Code <b>Matthew Thackston</b> <b>1359 C St NE, Washington, DC 20002</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/24/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Lobbyist</b> Name and Address of Employer <b>AANA</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
69. Full Name, Mailing Address and Zip Code <b>Parry Contracting LLC</b> <b>5427 14th St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/24/2020</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>	
70. Full Name, Mailing Address and Zip Code <b>Georgetown Financial Services, LLC</b> <b>1732 Webster St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/24/2020</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>	

## 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>Metropolitan Medical Group</b> 4806 U St 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>02/24/2020</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>
72. Full Name, Mailing Address and Zip Code <b>Raymond Ritchey</b> 1140 Chain Bridge Rd, McLean, VA 22101	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/24/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Real Estate Development		
	Name and Address of Employer <b>BXP</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
73. Full Name, Mailing Address and Zip Code <b>Eric Colbert &amp; Associates PC</b> 717 5th 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>02/24/2020</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>
74. Full Name, Mailing Address and Zip Code <b>Howard Rosenstock</b> 9932 Sorrel Ave, 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>02/24/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Partner		
	Name and Address of Employer <b>Hogan Lovells</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
75. Full Name, Mailing Address and Zip Code <b>Carol Shannon</b> 1341 E Capitol St SE, Washington, DC 20003	<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>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Fundraiser		
	Name and Address of Employer <b>Sibley</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

76. Full Name, Mailing Address and Zip Code <b>George Sprinkel</b> <b>3104 N Dinwiddie St, Arlington, VA 22207</b>	<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>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date		<b>\$ 100.00</b>	
77. Full Name, Mailing Address and Zip Code <b>Marc Berg</b> <b>5305 Blackistone Rd, Bethesda, MD 20816</b>	<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>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> CEO Name and Address of Employer <b>Bluerock</b>		
Aggregate Year-To-date		<b>\$ 150.00</b>	
78. Full Name, Mailing Address and Zip Code <b>Herb Gray</b> <b>2300 Washington Pl NE Apt 102, Washington, DC 20018</b>	<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>02/25/2020</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>Life Enhancement Services</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
79. Full Name, Mailing Address and Zip Code <b>Raymond Tu</b> <b>1539 27th St NW, Washington, DC 20007</b>	<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>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Physician Name and Address of Employer <b>Raymond Tu Ltd</b>		
Aggregate Year-To-date		<b>\$ 500.00</b>	
80. Full Name, Mailing Address and Zip Code <b>Maurice Malcolm</b> <b>8775 Centre Park Dr, Columbia, MD 21045</b>	<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>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Managing partner Name and Address of Employer <b>Dasidual</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

81. Full Name, Mailing Address and Zip Code <b>Anita Jenkins</b> 1720 H St NW, Washington, DC 20006	<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>02/25/2020</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 HUH		
Aggregate Year-To-date			<b>\$ 100.00</b>
82. Full Name, Mailing Address and Zip Code <b>India Medley</b> 14509 Dew Dr, Bowie, MD 20721	<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>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> VP & CNO Name and Address of Employer Adventist Health Care at Howard		
Aggregate Year-To-date			<b>\$ 100.00</b>
83. Full Name, Mailing Address and Zip Code <b>Luigi Leblanc</b> 1133 21st 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>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> MPH Name and Address of Employer Zane Networks LLC		
Aggregate Year-To-date			<b>\$ 250.00</b>
84. Full Name, Mailing Address and Zip Code <b>Anu Mullick</b> 3105 Military Rd 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>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Chief of Staff Name and Address of Employer Sibley Memorial Hospital		
Aggregate Year-To-date			<b>\$ 100.00</b>
85. Full Name, Mailing Address and Zip Code <b>Jason Freeman</b> 3938 Harrison 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>02/25/2020</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 Sibley Memorial Hospital		
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

86. Full Name, Mailing Address and Zip Code <b>Kenny Greene</b> <b>12803 Lode St, Bowie, MD 20720</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Sgt. Major</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
87. Full Name, Mailing Address and Zip Code <b>DC Hospital Association</b> <b>1152 15th St NW Ste 900, Washington, DC 20005</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Food and Drinks	Date (month, day, year) <b>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 404.05</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 404.05</b>
88. Full Name, Mailing Address and Zip Code <b>Tony Kinlow</b> <b>3952 2nd St SW, Washington, DC 20032</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>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>VP Gov't Affairs</b> Name and Address of Employer <b>Children's Hospital</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
89. Full Name, Mailing Address and Zip Code <b>Regina Woods</b> <b>110 Irving St NW Rm 8111, Washington, DC 20010</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>VP Gov't Affairs</b> Name and Address of Employer <b>MedStar Health</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
90. Full Name, Mailing Address and Zip Code <b>Benjamin Young</b> <b>2900 McKinley St NW, Washington, DC 20015</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Public Affairs</b> Name and Address of Employer <b>Georgetown Public Affairs</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

91. Full Name, Mailing Address and Zip Code <b>Swenda Beitpoullice</b> <b>277 W Pebble Creek Ln, Orange, CA 92865</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>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>COO</b> Name and Address of Employer <b>Bridgepoint Healthcare</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
92. Full Name, Mailing Address and Zip Code <b>James Linhares</b> <b>500 Madison St Unit 502, Alexandria, VA 22314</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>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Market President</b> Name and Address of Employer <b>Bridgepoint Healthcare</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
93. Full Name, Mailing Address and Zip Code <b>Curtis Hines Jr.</b> <b>7205 Holly Glen Dr, Stokesdale, NC 27357</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>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>VP Marketing</b> Name and Address of Employer <b>Bridgepoint Healthcare</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
94. Full Name, Mailing Address and Zip Code <b>Antoinette Saldivar</b> <b>5002A Barbour Dr, Alexandria, VA 22304</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>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>VP HR</b> Name and Address of Employer <b>Bridgepoint Healthcare</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
95. Full Name, Mailing Address and Zip Code <b>Sarah Rand</b> <b>1407 Straightway Ave, Nashville, TN 37206</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>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>CFO</b> Name and Address of Employer <b>Bridgepoint Healthcare</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

96. Full Name, Mailing Address and Zip Code <b>Bridgepoint Healthcare, LLC</b> <b>700 Constitution Ave NE, Washington, DC</b> <b>20002</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/25/2020</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> Corporation			
Aggregate Year-To-date			<b>\$ 500.00</b>
97. Full Name, Mailing Address and Zip Code <b>Pro Cover LLC</b> <b>8811 Falls Rd, Potomac, MD 20854</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>02/25/2020</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> Corporation			
Aggregate Year-To-date			<b>\$ 500.00</b>
98. Full Name, Mailing Address and Zip Code <b>Georgetown Financial Services, LLC</b> <b>1732 Webster St NW, Washington, DC 20011</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/25/2020</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Business	<b>Occupation</b> Name and Address of Employer		
<b>Business Type</b> Corporation			
Aggregate Year-To-date			<b>\$ 400.00</b>
99. Full Name, Mailing Address and Zip Code <b>Michael Goodwin</b> <b>601 Massachusetts Ave NW, Washington, DC</b> <b>20001</b>	<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>02/26/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney Name and Address of Employer <b>Arnold &amp; Porter</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
100. Full Name, Mailing Address and Zip Code <b>Veronica Parham-Dudley</b> <b>6517 3rd St NW, Washington, DC 20012</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>02/26/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Market Director Name and Address of Employer <b>BridgePoint Healthcare</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

101. Full Name, Mailing Address and Zip Code <b>Charles Wilkes</b> <b>5101 Wisconsin Ave NW, Washington, DC</b> <b>20016</b>	<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>02/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real Estate Developer</b> Name and Address of Employer <b>The Wilkes Company</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
102. Full Name, Mailing Address and Zip Code <b>Steven Boyle</b> <b>3115 Leland St, Chevy Chase, MD 20815</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>02/29/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Chief Development Officer</b> Name and Address of Employer <b>EDENS</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
103. Full Name, Mailing Address and Zip Code <b>Robert Summers</b> <b>3139 O St SE, Washington, DC 20020</b>	<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>03/02/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>CEO</b> Name and Address of Employer <b>Pantera Management Group</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
104. Full Name, Mailing Address and Zip Code <b>Johnnetta Betsch Cole</b> <b>86123 Montauk Dr, Fernandina Beach, FL</b> <b>32034</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>03/02/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Principal Consultant</b> Name and Address of Employer <b>Cook Ross</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
105. Full Name, Mailing Address and Zip Code <b>Dave Miller</b> <b>2650 Shadow Cv, Annapolis, MD 21401</b>	<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>03/03/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Executive</b> Name and Address of Employer <b>Harkins Builders</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

106. Full Name, Mailing Address and Zip Code <b>Angel Ribulotta</b> <b>1408 Winding Waye Ln, Silver Spring, MD 20902</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>03/03/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Real Estate Name and Address of Employer <b>Aguilar Associates Inc</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
107. Full Name, Mailing Address and Zip Code <b>Richard Gersten</b> <b>3526 Edmunds St NW, Washington, DC 20007</b>	<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>03/06/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Real Estate Name and Address of Employer <b>Peak Gersten</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
108. Full Name, Mailing Address and Zip Code <b>Nancy Bruce</b> <b>11842 Vineyard Path, New Market, MD 21774</b>	<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>03/06/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> VP Name and Address of Employer <b>MedStar Health</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
109. Full Name, Mailing Address and Zip Code <b>Wilhelm Bonnette</b> <b>3516 Silver Park Dr Apt 13, Suitland, 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>03/07/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Counselor Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
110. Full Name, Mailing Address and Zip Code <b>Vicki Coward</b> <b>3175 Westover Dr SE, Washington, DC 20020</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>03/07/2020</b>	Amount of Each Receipt This Period <b>\$ 300.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney 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

111. Full Name, Mailing Address and Zip Code <b>Lorraine Roberson</b> <b>11003 Kencrest Dr, Bowie, MD 20721</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>03/07/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Requested</b> Name and Address of Employer <b>Requested</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
112. Full Name, Mailing Address and Zip Code <b>Cheryl Mahan</b> <b>1801 Sahara Ln, Mitchellville, MD 20721</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>03/07/2020</b>	Amount of Each Receipt This Period <b>\$ 20.00</b>
<b>Contributor Type</b> Individual	<b>Occupation N/A</b> Name and Address of Employer <b>Not employed</b>		
Aggregate Year-To-date			<b>\$ 20.00</b>
113. Full Name, Mailing Address and Zip Code <b>Ronald Collins</b> <b>301 G St NE Apt 609, Washington, DC 20002</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>03/07/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Retired</b> Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
114. Full Name, Mailing Address and Zip Code <b>Joseph Norman Evans</b> <b>3140 Westover Dr SE, Washington, DC 20020</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>03/07/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation Dean</b> Name and Address of Employer <b>Morehouse School of Religion</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
115. Full Name, Mailing Address and Zip Code <b>Donald Harrison</b> <b>3354 Highwood Dr SE, Washington, DC 20020</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>03/07/2020</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>

## 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>David Wilmot</b> <b>1653 Kalmia Rd NW, Washington, DC 20012</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>03/07/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Attorney Name and Address of Employer <b>David W. Wilmot &amp; Associates</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
117. Full Name, Mailing Address and Zip Code <b>Charles McNeil</b> <b>608 Bonhill Dr, Fort Washington, MD 20744</b>	<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>03/07/2020</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>Not employed</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
118. Full Name, Mailing Address and Zip Code <b>Cornelius Baker</b> <b>1707 Columbia Rd NW, Washington, DC 20009</b>	<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>03/07/2020</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>MSAG/State</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
119. Full Name, Mailing Address and Zip Code <b>Chuck Berger</b> <b>405 6th St SE, Washington, DC 20003</b>	<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>03/07/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Realtor Name and Address of Employer <b>Coldwell Banker</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
120. Full Name, Mailing Address and Zip Code <b>Ronald Williams</b> <b>397 O St SW, Washington, DC 20024</b>	<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>03/07/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Management Consultant Name and Address of Employer <b>District Social Work Services, Inc.</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

121. Full Name, Mailing Address and Zip Code <b>Mary Ann Miller</b> <b>3001 Veazey Ter NW Apt 1531, Washington, DC 20008</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>03/07/2020</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>
122. Full Name, Mailing Address and Zip Code <b>Neen Consulting, LLC</b> <b>532 Foxhall Pl SE, Washington, DC 20032</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>03/07/2020</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 150.00</b>
123. Full Name, Mailing Address and Zip Code <b>William Johnson</b> <b>2520 36th St SE, Washington, DC 20020</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>03/07/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>
124. Full Name, Mailing Address and Zip Code <b>Jocelyn Wong Henery</b> <b>4208 Rail St, Capitol Heights, MD 20743</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>03/07/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Management analyst Name and Address of Employer <b>Gov't</b>		
Aggregate Year-To-date			<b>\$ 200.00</b>
125. Full Name, Mailing Address and Zip Code <b>Howard Gassaway Sr.</b> <b>2806 32nd St SE, Washington, DC 20020</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>03/07/2020</b>	Amount of Each Receipt This Period <b>\$ 250.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Retired Name and Address of Employer <b>Retired</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

126. Full Name, Mailing Address and Zip Code <b>Marc Berg</b> <b>5305 Blackistone Rd, Bethesda, MD 20816</b>	<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>03/08/2020</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>CEO</b> Name and Address of Employer <b>Bluerock</b>		
Aggregate Year-To-date			<b>\$ 300.00</b>
127. Full Name, Mailing Address and Zip Code <b>Broderick Solomon</b> <b>11315 Old Prospect Hill Rd, Glenn Dale, MD 20769</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>03/08/2020</b>	Amount of Each Receipt This Period <b>\$ 150.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Medical Billing Consultant</b> Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 150.00</b>
128. Full Name, Mailing Address and Zip Code <b>Wilhem Rivera</b> <b>1001 3rd St SW Apt 106, Washington, DC 20024</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>03/09/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Psychiatrist</b> Name and Address of Employer <b>Self</b>		
Aggregate Year-To-date			<b>\$ 500.00</b>
129. Full Name, Mailing Address and Zip Code <b>Naspira Medical Holdings LLC</b> <b>6323 Georgia Ave NW Ste 107, Washington, DC 20011</b>	<b>Contribution Type</b> <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) <b>03/09/2020</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>
130. Full Name, Mailing Address and Zip Code <b>Angel Clarens</b> <b>4320 Klingle St NW, Washington, DC 20016</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>03/09/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Principal</b> Name and Address of Employer <b>A. F. Clarens Architect</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

131. Full Name, Mailing Address and Zip Code <b>Manuel Celaya</b> <b>12002 Rockledge Dr, Bowie, MD 20715</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>03/09/2020</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Requested Name and Address of Employer Requested		
Aggregate Year-To-date			<b>\$ 500.00</b>
132. Full Name, Mailing Address and Zip Code <b>Lewisor Norman</b> <b>12817 Norwood Ln, Fort Washington, MD 20744</b>	<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>03/09/2020</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 Not employed		
Aggregate Year-To-date			<b>\$ 150.00</b>
133. Full Name, Mailing Address and Zip Code <b>Robert Gundling</b> <b>1775 Eye St NW Ste 1150, Washington, DC 20006</b>	<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>03/09/2020</b>	Amount of Each Receipt This Period <b>\$ 10.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Early Childhood Edu Consultant Name and Address of Employer Better Futures LLC		
Aggregate Year-To-date			<b>\$ 10.00</b>
134. Full Name, Mailing Address and Zip Code <b>Lamont Mitchell</b> <b>3710 Bangor St SE, Washington, DC 20020</b>	<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>03/09/2020</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 Not employed		
Aggregate Year-To-date			<b>\$ 25.00</b>
135. Full Name, Mailing Address and Zip Code <b>John O'Donnell</b> <b>5301 Wisconsin Ave NW Ste 210, Washington, DC 20015</b>	<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>03/09/2020</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 WANADA		
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

136. Full Name, Mailing Address and Zip Code <b>Donald Brooks</b> <b>1834 Belmont Rd NW, Washington, DC 20009</b>	<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>03/09/2020</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>\$ 50.00</b>
137. Full Name, Mailing Address and Zip Code <b>Brenda Gray</b> <b>1108 51st St NE, Washington, DC 20019</b>	<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>03/09/2020</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>\$ 25.00</b>
138. Full Name, Mailing Address and Zip Code <b>Michael Gordon</b> <b>3420 Wake Dr, Kensington, MD 20895</b>	<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>03/09/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Real Estate Broker Name and Address of Employer <b>Blake Real Estate</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
139. Full Name, Mailing Address and Zip Code <b>Monique Johnson</b> <b>1527 28th St SE Apt 104, Washington, DC 20020</b>	<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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Exec. Asst. Name and Address of Employer <b>DC Dept. of Health</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
140. Full Name, Mailing Address and Zip Code <b>Carolyn Nicholas</b> <b>6101 16th St NW Apt 514, Washington, DC 20011</b>	<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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Realtor Name and Address of Employer <b>Long &amp; Foster</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

141. Full Name, Mailing Address and Zip Code <b>Vincent Carlos Gray</b> <b>1717 New Jersey Ave NW Apt B, Washington, DC 20001</b>	<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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real Estate Development</b> Name and Address of Employer <b>DC Housing Authority</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
142. Full Name, Mailing Address and Zip Code <b>Andrea Lewis</b> <b>6236 Copper Sky Ct, Columbia, MD 21045</b>	<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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Deputy Director</b> Name and Address of Employer <b>Qlarant</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
143. Full Name, Mailing Address and Zip Code <b>Virgil McDonald</b> <b>2548 36th St SE, Washington, DC 20020</b>	<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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>n/a</b> Name and Address of Employer <b>Not employed</b>		
Aggregate Year-To-date			<b>\$ 125.00</b>
144. Full Name, Mailing Address and Zip Code <b>Virgil McDonald</b> <b>2548 36th St SE, Washington, DC 20020</b>	<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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>n/a</b> Name and Address of Employer <b>Not employed</b>		
Aggregate Year-To-date			<b>\$ 125.00</b>
145. Full Name, Mailing Address and Zip Code <b>Aviva Kempner</b> <b>5005 Linnean Ave NW, Washington, DC 20008</b>	<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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Filmmaker</b> Name and Address of Employer <b>The Ciesla Foundation</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

146. Full Name, Mailing Address and Zip Code <b>Kenneth Ellerbe</b> 4527 Alabama Ave 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>03/10/2020</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 Not employed		
Aggregate Year-To-date			<b>\$ 25.00</b>
147. Full Name, Mailing Address and Zip Code <b>Jose Sousa</b> 2805 Brentwood 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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> VP Public Affairs Name and Address of Employer DCHA		
Aggregate Year-To-date			<b>\$ 100.00</b>
148. Full Name, Mailing Address and Zip Code <b>Panchita Bello</b> 4715 Blagden Ave 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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Real Estate Broker Name and Address of Employer Sherlocke Homes		
Aggregate Year-To-date			<b>\$ 250.00</b>
149. Full Name, Mailing Address and Zip Code <b>George Clark</b> 4525 28th St 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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Lawyer Name and Address of Employer Self		
Aggregate Year-To-date			<b>\$ 100.00</b>
150. Full Name, Mailing Address and Zip Code <b>Marlena Edwards</b> 1117 Fern 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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 10.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> Consultant Name and Address of Employer Metropolitan Alliance		
Aggregate Year-To-date			<b>\$ 10.00</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>George Rodgers</b> 2225 Lawrence 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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Businessman</b> Name and Address of Employer <b>RBS</b>		
Aggregate Year-To-date			<b>\$ 100.00</b>
152. Full Name, Mailing Address and Zip Code <b>Levonnia Mobley</b> 3725 17th 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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>n/a</b> Name and Address of Employer <b>Not employed</b>		
Aggregate Year-To-date			<b>\$ 150.00</b>
153. Full Name, Mailing Address and Zip Code <b>Jennifer Fraser</b> 4 Lusterleaf Ct Apt 100, Stafford, VA 22554	<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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 50.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>QA Analyst</b> Name and Address of Employer <b>GCE</b>		
Aggregate Year-To-date			<b>\$ 50.00</b>
154. 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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 25.00</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>\$ 75.00</b>
155. Full Name, Mailing Address and Zip Code <b>Panchita Bello</b> 4715 Blagden Ave 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>03/10/2020</b>	Amount of Each Receipt This Period <b>\$ 100.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real Estate Broker</b> Name and Address of Employer <b>Sherlocke Homes</b>		
Aggregate Year-To-date			<b>\$ 250.00</b>

TOTAL This Period (Aggregate of all Receipt pages)	\$ 44,394.05
--	--------------

## 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)

Vince Gray 2020

1. Full Name, Mailing Address and Zip Code Washington Gas Light Company PAC 1000 Maine Ave SW Ste 600, 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)  02/03/2020	Amount of Each Receipt This Period  \$ 500.00
<b>Contributor Type</b> Corporate Sponsored PAC			
	Aggregate Year-To-date		\$ 500.00

TOTAL This Period (Aggregate of all Receipt pages)

\$ 500.00

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

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

Vince Gray 2020

1. Full Name, Mailing Address and Zip Code <b>Latisha Atkins</b> <b>3824 V St SE Apt 102, Washington,</b> <b>DC 20020</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>02/01/2020</b>	Amount of Each Expenditure This Period <b>\$ 6,000.00</b>
<b>Occupation</b>	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code <b>Washington Parks and People</b> <b>601 Division Avenue NE, Washington,</b> <b>DC 20019</b>	Purpose of Expenditure <b>Rental</b>	Date (month, day, year) <b>02/01/2020</b>	Amount of Each Expenditure This Period <b>\$ 210.00</b>
<b>Occupation</b>	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code <b>ActBlue</b> <b>PO Box 441146, Somerville, MA</b> <b>02144-0031</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>02/02/2020</b>	Amount of Each Expenditure This Period <b>\$ 380.87</b>
<b>Occupation</b>	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code <b>Kennedy Communications, Inc.</b> <b>1301 K Street NW, Washington, DC</b> <b>20005</b>	Purpose of Expenditure <b>Printing</b>	Date (month, day, year) <b>02/03/2020</b>	Amount of Each Expenditure This Period <b>\$ 2,500.00</b>
<b>Occupation</b>	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code <b>Chuck Thies</b> <b>1609 Buchanan St NE, Washington,</b> <b>DC 20017</b>	Purpose of Expenditure <b>Consultant</b>	Date (month, day, year) <b>02/04/2020</b>	Amount of Each Expenditure This Period <b>\$ 2,500.00</b>
<b>Occupation</b>	Name and Address of Employer		
6. Full Name, Mailing Address and Zip Code <b>ActBlue</b> <b>PO Box 441146, Somerville, MA</b> <b>02144-0031</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>02/09/2020</b>	Amount of Each Expenditure This Period <b>\$ 49.39</b>
<b>Occupation</b>	Name and Address of Employer		
7. Full Name, Mailing Address and Zip Code <b>Latisha Atkins</b> <b>3824 V St SE Apt 102, Washington,</b> <b>DC 20020</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>02/14/2020</b>	Amount of Each Expenditure This Period <b>\$ 3,000.00</b>
<b>Occupation</b>	Name and Address of Employer		

8. Full Name, Mailing Address and Zip Code <b>Latisha Atkins</b> <b>3824 V St SE Apt 102, Washington,</b> <b>DC 20020</b>	Purpose of Expenditure <b>Supplies</b>	Date (month, day, year) <b>02/14/2020</b>	Amount of Each Expenditure This Period  <b>\$ 48.80</b>
<b>Occupation</b>	Name and Address of Employer		
9. Full Name, Mailing Address and Zip Code <b>ActBlue</b> <b>PO Box 441146, Somerville, MA</b> <b>02144-0031</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>02/16/2020</b>	Amount of Each Expenditure This Period  <b>\$ 76.05</b>
<b>Occupation</b>	Name and Address of Employer		
10. Full Name, Mailing Address and Zip Code <b>United States Postal Service</b> <b>3401 12th St NE, Washington, DC</b> <b>20017</b>	Purpose of Expenditure <b>Postage</b>	Date (month, day, year) <b>02/20/2020</b>	Amount of Each Expenditure This Period  <b>\$ 26.35</b>
<b>Occupation</b>	Name and Address of Employer		
11. Full Name, Mailing Address and Zip Code <b>PENN-BAMA, LLC</b> <b>6820-B Commercial Drive, Springfield,</b> <b>VA 22151</b>	Purpose of Expenditure <b>Rental</b>	Date (month, day, year) <b>02/20/2020</b>	Amount of Each Expenditure This Period  <b>\$ 358.62</b>
<b>Occupation</b>	Name and Address of Employer		
12. Full Name, Mailing Address and Zip Code <b>PENN-BAMA, LLC</b> <b>6820-B Commercial Drive, Springfield,</b> <b>VA 22151</b>	Purpose of Expenditure <b>Rental</b>	Date (month, day, year) <b>02/20/2020</b>	Amount of Each Expenditure This Period  <b>\$ 2,600.00</b>
<b>Occupation</b>	Name and Address of Employer		
13. Full Name, Mailing Address and Zip Code <b>Saul Lewis Sr.</b> <b>422 37th Place, Washington, DC 20019</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>02/20/2020</b>	Amount of Each Expenditure This Period  <b>\$ 200.00</b>
<b>Occupation</b>	Name and Address of Employer		
14. Full Name, Mailing Address and Zip Code <b>PENN-BAMA, LLC</b> <b>6820-B Commercial Drive, Springfield,</b> <b>VA 22151</b>	Purpose of Expenditure <b>Rental</b>	Date (month, day, year) <b>02/20/2020</b>	Amount of Each Expenditure This Period  <b>\$ 2,600.00</b>
<b>Occupation</b>	Name and Address of Employer		
15. Full Name, Mailing Address and Zip Code <b>Mail Chimp</b> <b>675 Ponce de Leon Ave NE, Atlanta,</b> <b>GA 30308</b>	Purpose of Expenditure <b>Computer and Web Expenses</b>	Date (month, day, year) <b>02/21/2020</b>	Amount of Each Expenditure This Period  <b>\$ 79.49</b>
<b>Occupation</b>	Name and Address of Employer		

16. Full Name, Mailing Address and Zip Code <b>ActBlue</b> <b>PO Box 441146, Somerville, MA</b> <b>02144-0031</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>02/23/2020</b>	Amount of Each Expenditure This Period  <b>\$ 41.48</b>
<b>Occupation</b>	Name and Address of Employer		
17. Full Name, Mailing Address and Zip Code <b>Kim Blassingame</b> <b>4011 E St SE, Washington, DC 20019</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>02/24/2020</b>	Amount of Each Expenditure This Period  <b>\$ 130.00</b>
<b>Occupation</b>	Name and Address of Employer		
18. Full Name, Mailing Address and Zip Code <b>Dennis Jones</b> <b>1846 Bruce Place SE, Washington, DC</b> <b>20019</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>02/24/2020</b>	Amount of Each Expenditure This Period  <b>\$ 600.00</b>
<b>Occupation</b>	Name and Address of Employer		
19. Full Name, Mailing Address and Zip Code <b>JaQui Beaver</b> <b>122 Division Ave NE, Washington, DC</b> <b>20019</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>02/24/2020</b>	Amount of Each Expenditure This Period  <b>\$ 130.00</b>
<b>Occupation</b>	Name and Address of Employer		
20. Full Name, Mailing Address and Zip Code <b>William Johnson</b> <b>4276 East Capitol Street NE,</b> <b>Washington, DC 20019</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>02/24/2020</b>	Amount of Each Expenditure This Period  <b>\$ 130.00</b>
<b>Occupation</b>	Name and Address of Employer		
21. Full Name, Mailing Address and Zip Code <b>Costco</b> <b>2441 Market St NE, Washington, DC</b> <b>20018</b>	Purpose of Expenditure <b>Supplies</b>	Date (month, day, year) <b>02/26/2020</b>	Amount of Each Expenditure This Period  <b>\$ 286.18</b>
<b>Occupation</b>	Name and Address of Employer		
22. Full Name, Mailing Address and Zip Code <b>Costco</b> <b>2441 Market St NE, Washington, DC</b> <b>20018</b>	Purpose of Expenditure <b>Supplies</b>	Date (month, day, year) <b>02/26/2020</b>	Amount of Each Expenditure This Period  <b>\$ 19.76</b>
<b>Occupation</b>	Name and Address of Employer		
23. Full Name, Mailing Address and Zip Code <b>Costco</b> <b>2441 Market St NE, Washington, DC</b> <b>20018</b>	Purpose of Expenditure <b>Catering/Refreshments</b>	Date (month, day, year) <b>02/27/2020</b>	Amount of Each Expenditure This Period  <b>\$ 39.94</b>
<b>Occupation</b>	Name and Address of Employer		



24. Full Name, Mailing Address and Zip Code <b>Staples</b> <b>2950 Belcrest Center Drive,</b> <b>Hyattsville, MD 20782</b>	Purpose of Expenditure <b>Supplies</b>	Date (month, day, year) <b>02/27/2020</b>	Amount of Each Expenditure This Period  <b>\$ 31.39</b>
<b>Occupation</b>	Name and Address of Employer		
25. Full Name, Mailing Address and Zip Code <b>Fedex Office</b> <b>715 D St SE, Washington, DC 20003</b>	Purpose of Expenditure <b>Printing</b>	Date (month, day, year) <b>02/27/2020</b>	Amount of Each Expenditure This Period  <b>\$ 159.00</b>
<b>Occupation</b>	Name and Address of Employer		
26. Full Name, Mailing Address and Zip Code <b>CoverWallet, Inc.</b> <b>100 Avenue of the Americas, New</b> <b>York, NY 10013</b>	Purpose of Expenditure <b>Rental</b>	Date (month, day, year) <b>02/27/2020</b>	Amount of Each Expenditure This Period  <b>\$ 558.68</b>
<b>Occupation</b>	Name and Address of Employer		
27. Full Name, Mailing Address and Zip Code <b>CoverWallet, Inc.</b> <b>100 Avenue of the Americas, New</b> <b>York, NY 10013</b>	Purpose of Expenditure <b>Rental</b>	Date (month, day, year) <b>02/27/2020</b>	Amount of Each Expenditure This Period  <b>\$ 645.00</b>
<b>Occupation</b>	Name and Address of Employer		
28. Full Name, Mailing Address and Zip Code <b>Deborah Johnson</b> <b>8238 Canning Terrace, Greenbelt, MD</b> <b>20770</b>	Purpose of Expenditure <b>Catering/Refreshments</b>	Date (month, day, year) <b>02/28/2020</b>	Amount of Each Expenditure This Period  <b>\$ 800.00</b>
<b>Occupation</b>	Name and Address of Employer		
29. Full Name, Mailing Address and Zip Code <b>Peter Brooks</b> <b>3513 Sequoia Ave, Baltimore, MD</b> <b>21215</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>02/29/2020</b>	Amount of Each Expenditure This Period  <b>\$ 250.00</b>
<b>Occupation</b>	Name and Address of Employer		
30. Full Name, Mailing Address and Zip Code <b>Latisha Atkins</b> <b>3824 V St SE Apt 102, Washington,</b> <b>DC 20020</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>03/01/2020</b>	Amount of Each Expenditure This Period  <b>\$ 3,000.00</b>
<b>Occupation</b>	Name and Address of Employer		
31. Full Name, Mailing Address and Zip Code <b>TyJuan Brown</b> <b>3904 21st Street NE, Washington, DC</b> <b>20018</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>03/01/2020</b>	Amount of Each Expenditure This Period  <b>\$ 2,000.00</b>
<b>Occupation</b>	Name and Address of Employer		

32. Full Name, Mailing Address and Zip Code <b>ActBlue</b> <b>PO Box 441146, Somerville, MA</b> <b>02144-0031</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>03/01/2020</b>	Amount of Each Expenditure This Period  <b>\$ 258.77</b>
<b>Occupation</b>	Name and Address of Employer		
33. Full Name, Mailing Address and Zip Code <b>BarrComm</b> <b>16175 Golf Club Rd, Weston, FL 33326</b>	Purpose of Expenditure <b>Consultant</b>	Date (month, day, year) <b>03/04/2020</b>	Amount of Each Expenditure This Period  <b>\$ 1,400.00</b>
<b>Occupation</b>	Name and Address of Employer		
34. Full Name, Mailing Address and Zip Code <b>Saul Lewis Sr.</b> <b>422 37th Place, Washington, DC 20019</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>03/05/2020</b>	Amount of Each Expenditure This Period  <b>\$ 105.00</b>
<b>Occupation</b>	Name and Address of Employer		
35. Full Name, Mailing Address and Zip Code <b>Dennis Jones</b> <b>1846 Bruce Place SE, Washington, DC</b> <b>20019</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>03/05/2020</b>	Amount of Each Expenditure This Period  <b>\$ 550.00</b>
<b>Occupation</b>	Name and Address of Employer		
36. Full Name, Mailing Address and Zip Code <b>Carolyn McCain</b> <b>4243 Blaine Street NE, Washington,</b> <b>DC 20019</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>03/05/2020</b>	Amount of Each Expenditure This Period  <b>\$ 120.00</b>
<b>Occupation</b>	Name and Address of Employer		
37. Full Name, Mailing Address and Zip Code <b>Debra Williams</b> <b>4243 Blaine Street NE, Washington,</b> <b>DC 20019</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>03/05/2020</b>	Amount of Each Expenditure This Period  <b>\$ 120.00</b>
<b>Occupation</b>	Name and Address of Employer		
38. Full Name, Mailing Address and Zip Code <b>Kim Blassingame</b> <b>4011 E St SE, Washington, DC 20019</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>03/05/2020</b>	Amount of Each Expenditure This Period  <b>\$ 105.00</b>
<b>Occupation</b>	Name and Address of Employer		
39. Full Name, Mailing Address and Zip Code <b>William Johnson</b> <b>4276 East Capitol Street NE,</b> <b>Washington, DC 20019</b>	Purpose of Expenditure <b>Salary/Stipend</b>	Date (month, day, year) <b>03/05/2020</b>	Amount of Each Expenditure This Period  <b>\$ 210.00</b>
<b>Occupation</b>	Name and Address of Employer		

40. Full Name, Mailing Address and Zip Code <b>Latisha Atkins</b> <b>3824 V St SE Apt 102, Washington,</b> <b>DC 20020</b>	Purpose of Expenditure <b>Supplies</b>	Date (month, day, year) <b>03/05/2020</b>	Amount of Each Expenditure This Period  <b>\$ 75.88</b>
<b>Occupation</b>	Name and Address of Employer		
41. Full Name, Mailing Address and Zip Code <b>Lowe's</b> <b>2438 Market Street NE, Washington,</b> <b>DC 20018</b>	Purpose of Expenditure <b>Supplies</b>	Date (month, day, year) <b>03/06/2020</b>	Amount of Each Expenditure This Period  <b>\$ 26.42</b>
<b>Occupation</b>	Name and Address of Employer		
42. Full Name, Mailing Address and Zip Code <b>Harland Clarke Corp.</b> <b>15955 La Cantera Parkway, San</b> <b>Antonio, TX 78256</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>03/06/2020</b>	Amount of Each Expenditure This Period  <b>\$ 131.09</b>
<b>Occupation</b>	Name and Address of Employer		
43. Full Name, Mailing Address and Zip Code <b>Costco</b> <b>2441 Market St NE, Washington, DC</b> <b>20018</b>	Purpose of Expenditure <b>Supplies</b>	Date (month, day, year) <b>03/07/2020</b>	Amount of Each Expenditure This Period  <b>\$ 37.57</b>
<b>Occupation</b>	Name and Address of Employer		
44. Full Name, Mailing Address and Zip Code <b>DJ Vanity</b> <b>2524 Naylor Rd, Washington, DC</b> <b>20020</b>	Purpose of Expenditure <b>Consultant</b>	Date (month, day, year) <b>03/08/2020</b>	Amount of Each Expenditure This Period  <b>\$ 150.00</b>
<b>Occupation</b>	Name and Address of Employer		
45. Full Name, Mailing Address and Zip Code <b>ActBlue</b> <b>PO Box 441146, Somerville, MA</b> <b>02144-0031</b>	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>03/08/2020</b>	Amount of Each Expenditure This Period  <b>\$ 39.53</b>
<b>Occupation</b>	Name and Address of Employer		
<b>TOTAL This Period (Aggregate of all expenditure pages)</b>			<b>\$ 32,780.26</b>