



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

4. TYPE OF REPORT: **8 Day Pre Primary Election report**

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 3/11/2020 through 5/25/2020		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 91,410.53	
(c) Total Receipts [from Line (16)]	\$ 53,785.95	\$ 190,845.00
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 145,196.48	
7. Total Expenditures (from Line 22)	\$ 102,241.02	\$ 147,889.54
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 42,955.46	
9. Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed By the Committee to the Candidate (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) Loans from other sources made to the Committee (itemize all on Schedule E-1)	\$ 0.00	\$ 0.00

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

(1) OATH OR AFFIRMATION OF CANDIDATE IF FILING

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

TYPE OR PRINT FULL NAME OF CANDIDATE

SIGNATURE OF CANDIDATE

DATE

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

NOTARY PUBLIC

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

(2) OATH OR AFFIRMATION OF COMMITTEE TREASURER

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

Mr. Charles Thies

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

05/26/2020

SIGNATURE OF TREASURER

DATE

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

NOTARY PUBLIC

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

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

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

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

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

NOTARY PUBLIC

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

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

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

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

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

NOTARY PUBLIC

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

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

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Vince Gray 2020	REPORT COVERING THE PERIOD FROM: 3/11/2020 TO: 5/25/2020	
I. RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE TO-DATE CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 51,690.00	\$ 186,749.05 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)	\$ 2,095.95	\$ 4,095.95 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)]	\$ 53,785.95	\$ 190,845.00 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS		
(a) Loans owed By the Committee to the Candidate (Schedule E)	\$ 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)
14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5)	\$ 0.00	\$ 0.00 14
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$ 0.00	\$ 0.00 15
16. TOTAL RECEIPTS [add Lines 11(g), 12, 13(c), 14 and 15]	\$ 53,785.95	\$ 190,845.00 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 99,181.02	\$ 144,829.54 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) Of Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 19(b)
(c) Total Loan Repayments [add Lines 19(a) and 19(b)]	\$ 0.00	\$ 0.00 19(c)
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Organizations Other Than Political Committees (Schedule B-2)	\$ 1,500.00	\$ 1,500.00 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)]	\$ 1,500.00	\$ 1,500.00 20(d)
21. OTHER EXPENDITURES		
(a) Independent Expenditures (Schedule B-5)	\$ 0.00	\$ 0.00 21(a)
(b) Offsets to Receipts (Schedule B-6)	\$ 1,560.00	\$ 1,560.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 1,560.00	\$ 1,560.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 102,241.02	\$ 147,889.54 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		91,410.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		53,785.95
25. SUBTOTAL (add Lines 23 and 24)		145,196.48
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)		102,241.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		42,955.46

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

1. Full Name, Mailing Address and Zip Code Mary Ann Smith 3642 Highwood Dr SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/11/2020	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Retired Name and Address of Employer N/A		
Aggregate Year-To-date			\$ 150.00
2. Full Name, Mailing Address and Zip Code Constance Woody 4338 Gorman Ter SE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/11/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Retired Name and Address of Employer N/A		
Aggregate Year-To-date			\$ 100.00
3. Full Name, Mailing Address and Zip Code Stephen Seabron 7619 13th St NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/11/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Physician Name and Address of Employer Providence Hospital		
Aggregate Year-To-date			\$ 50.00
4. Full Name, Mailing Address and Zip Code Joanne Prue 313 34th St NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/11/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 100.00
5. Full Name, Mailing Address and Zip Code Bowman Consulting Group 12355 Sunrise Valley Dr Ste 520, Reston, VA 20191	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/12/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

6. Full Name, Mailing Address and Zip Code Heart Consultants LLC 8630 Fenton St Ste 720, Silver Spring, MD 20910	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/12/2020	Amount of Each Receipt This Period \$ 150.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 150.00
7. Full Name, Mailing Address and Zip Code Muhammad Kalid 2041 Martin Luther King Jr Ave SE Ste 103, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/12/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Podiatrist		
	Name and Address of Employer Anacostia Foot Center		
Aggregate Year-To-date			\$ 100.00
8. Full Name, Mailing Address and Zip Code L. Palmer Foret 5069 Overlook Rd NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/13/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Attorney		
	Name and Address of Employer Ashcraft & Gerel		
Aggregate Year-To-date			\$ 100.00
9. Full Name, Mailing Address and Zip Code Loretta Caldwell 4625 Blagden Ter NW, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation President		
	Name and Address of Employer L.S. Caldwell & Assoc.		
Aggregate Year-To-date			\$ 500.00
10. Full Name, Mailing Address and Zip Code City Interests, LLC 2900 K St NW Ste 401, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

11. Full Name, Mailing Address and Zip Code Kermit Rosenberg 3849 Whitman Rd, Annandale, VA 22003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Washington Global Law Group		
Aggregate Year-To-date		\$ 500.00	
12. Full Name, Mailing Address and Zip Code Stephanie Farrell 6939 Greentree Rd, Bethesda, MD 20817	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Associate Principal Name and Address of Employer Torti Gallas + Partners, Inc		
Aggregate Year-To-date		\$ 500.00	
13. Full Name, Mailing Address and Zip Code Peter Farrell 6939 Greentree Rd, Bethesda, MD 20817	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Owner Name and Address of Employer CityInterests Development Partners		
Aggregate Year-To-date		\$ 500.00	
14. Full Name, Mailing Address and Zip Code Meghan Grace Farrell 6939 Greentree Rd, Bethesda, MD 20817	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Sr. Associate Name and Address of Employer McKenna & Associates		
Aggregate Year-To-date		\$ 500.00	
15. Full Name, Mailing Address and Zip Code Michael Hodas 816 12th St NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation VP Name and Address of Employer CityInterests		
Aggregate Year-To-date		\$ 500.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

16. Full Name, Mailing Address and Zip Code Derick Mitchell 10202 Wooden Bridge Ln, Clinton, MD 20735	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation VP Name and Address of Employer CityInterests		
Aggregate Year-To-date		\$ 500.00	
17. Full Name, Mailing Address and Zip Code Rick Adams 1700 K St NW Ste 750, Washington, DC 20006	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation President Name and Address of Employer United Bankshares, Inc.		
Aggregate Year-To-date		\$ 500.00	
18. Full Name, Mailing Address and Zip Code Marcus Coates 3826 Halley Ter SE, Washington, DC 20032	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/13/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Division Manager Name and Address of Employer DC Government		
Aggregate Year-To-date		\$ 50.00	
19. Full Name, Mailing Address and Zip Code Lyle Blanchard 5609 32nd St NW, Washington, DC 20015	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/13/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Greenstein DeLorme & Luchs		
Aggregate Year-To-date		\$ 100.00	
20. Full Name, Mailing Address and Zip Code Anthem, Inc. 3075 Vandercar Way, Cincinnati, OH 45209	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 500.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

21. Full Name, Mailing Address and Zip Code L.S. Caldwell & Associates, Inc. 5427 14th St NW, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
22. Full Name, Mailing Address and Zip Code Edward Rankin 7731 Rocton Ct, Chevy Chase, MD 20815	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Surgeon Name and Address of Employer Self		
Aggregate Year-To-date			\$ 100.00
23. Full Name, Mailing Address and Zip Code Brooke Patten 1324 Emerson St NW, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation VP Name and Address of Employer Medstar Wash. Hospital Ctr		
Aggregate Year-To-date			\$ 50.00
24. Full Name, Mailing Address and Zip Code Harvey Green 11434 Iager Blvd, Fulton, MD 20759	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation VP Philanthropy Name and Address of Employer Medstar Wash. Hospital Ctr.		
Aggregate Year-To-date			\$ 25.00
25. Full Name, Mailing Address and Zip Code John Rockwood 3409 Northampton St NW, Washington, DC 20015	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Health Exec Name and Address of Employer Medstar Nat'l Rehab Ctr.		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

26. Full Name, Mailing Address and Zip Code Susan Nelson 5895 Deborah Jean Dr, Elkridge, MD 21075	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Finance		
Name and Address of Employer Medstar Health			
Aggregate Year-To-date			\$ 500.00
27. Full Name, Mailing Address and Zip Code Susan Eckert 14514 Manor Park Dr, Rockville, MD 20853	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Sr. VP		
Name and Address of Employer Medstar Health			
Aggregate Year-To-date			\$ 500.00
28. Full Name, Mailing Address and Zip Code Michael Curran 3551 Cattail Creek Dr, Glenwood, MD 21738	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Exec VP		
Name and Address of Employer Medstar Health			
Aggregate Year-To-date			\$ 500.00
29. Full Name, Mailing Address and Zip Code Kenneth Samet 8820 Burdette Rd, Bethesda, MD 20817	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Healthcare Executive		
Name and Address of Employer Medstar Health			
Aggregate Year-To-date			\$ 500.00
30. Full Name, Mailing Address and Zip Code Robert Scarola 3700 Massachusetts Ave NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation VP		
Name and Address of Employer Medstar Wash. Hospital Ctr.			
Aggregate Year-To-date			\$ 25.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

31. Full Name, Mailing Address and Zip Code Kevin Kowalski 535 Garrison Forest Rd, Owings Mills, MD 21117	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Healthcare Name and Address of Employer Medstar Health		
Aggregate Year-To-date			\$ 500.00
32. Full Name, Mailing Address and Zip Code Eric Wagner 711 E Timber Branch Pkwy, Alexandria, VA 22302	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Healthcare Executive Name and Address of Employer Medstar Health		
Aggregate Year-To-date			\$ 500.00
33. Full Name, Mailing Address and Zip Code Loretta Young Walker 4940 Roaring Fork Pass, Suwanee, GA 30024	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Sr. VP Name and Address of Employer MedStar Health		
Aggregate Year-To-date			\$ 500.00
34. Full Name, Mailing Address and Zip Code Oliver Johnson 14717 Dover Rd, Reisterstown, MD 21136	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Medstar Health		
Aggregate Year-To-date			\$ 500.00
35. Full Name, Mailing Address and Zip Code Catherine Monge 4220 Great Oak Rd, Rockville, MD 20853	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Sr. VP Admin Name and Address of Employer MedStar Wash. Hospital Ctr.		
Aggregate Year-To-date			\$ 100.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

36. Full Name, Mailing Address and Zip Code Gregory Argyros 16809 Ethelwood Ter, Olney, MD 20832	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Chief Medial Officer Name and Address of Employer MedStar Health		
Aggregate Year-To-date		\$ 500.00	
37. Full Name, Mailing Address and Zip Code Mary Joy Maxwell 20265 Water Mark Pl, Potomac Falls, VA 20165	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Physician Name and Address of Employer MedStar Health		
Aggregate Year-To-date		\$ 500.00	
38. Full Name, Mailing Address and Zip Code Tonya Washington 14818 Darbydale Dr, Bowie, MD 20721	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Chief Nursing Officer Name and Address of Employer MedStar Wash. Hospital Ctr.		
Aggregate Year-To-date		\$ 100.00	
39. Full Name, Mailing Address and Zip Code Paul Hagens 3802 Deep Hollow Way, Bowie, MD 20721	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation VP Name and Address of Employer MedStar Wash. Hospital Ctr.		
Aggregate Year-To-date		\$ 100.00	
40. Full Name, Mailing Address and Zip Code Karen Jerome 9614 Brunett Ct, Silver Spring, MD 20901	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Chief Quality Officer Name and Address of Employer MedStar Wash. Hospital Ctr.		
Aggregate Year-To-date		\$ 100.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

41. Full Name, Mailing Address and Zip Code Ariam Yitbarek 3019 Federal Hill Dr, Falls Church, VA 22044	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation VP, Nursing Name and Address of Employer MedStar Wash. Hospital Ctr.		
Aggregate Year-To-date			\$ 100.00
42. Full Name, Mailing Address and Zip Code Jeffrey Dubin 4506 Rosedale Ave, Bethesda, MD 20814	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Physician Name and Address of Employer MedStar Health		
Aggregate Year-To-date			\$ 100.00
43. Full Name, Mailing Address and Zip Code Scott Barnum 41 Ridge Rd, Rumson, NJ 07760	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Managing Director Name and Address of Employer Ravinia Capital Group		
Aggregate Year-To-date			\$ 500.00
44. Full Name, Mailing Address and Zip Code Florence Njang 1435 10th St, Glenarden, MD 20706	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/18/2020	Amount of Each Receipt This Period \$ 30.00
Contributor Type Individual	Occupation Nurse Practitioner Name and Address of Employer Self		
Aggregate Year-To-date			\$ 30.00
45. Full Name, Mailing Address and Zip Code Michael Veve 320 S West St Apt 310, Alexandria, VA 22314	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/18/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Lasa, Monroig, and Veve		
Aggregate Year-To-date			\$ 100.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

46. Full Name, Mailing Address and Zip Code Kyle Schaftel 860 W Blackhawk St Unit 1605, Chicago, IL 60642	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/19/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Asst. VP Name and Address of Employer Ravinia Capital Group		
Aggregate Year-To-date			\$ 500.00
47. Full Name, Mailing Address and Zip Code Antonio Bismonte 2450 W Lake Ave Unit A, Glenview, IL 60026	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/19/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Sr. VP Name and Address of Employer Ravinia Capital Group		
Aggregate Year-To-date			\$ 500.00
48. Full Name, Mailing Address and Zip Code James Solomon 190 S La Salle St Ste 1730, Chicago, IL 60603	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/19/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Managing Partner Name and Address of Employer Ravinia Capital Group		
Aggregate Year-To-date			\$ 500.00
49. Full Name, Mailing Address and Zip Code Karen Solomon 600 W Belden Ave, Chicago, IL 60614	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/19/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Requested Name and Address of Employer Requested		
Aggregate Year-To-date			\$ 500.00
50. Full Name, Mailing Address and Zip Code Barry Miles 3021 S Princeton Ave, Chicago, IL 60616	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/20/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Senior Strategic Account Chef Name and Address of Employer Cargill		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

51. Full Name, Mailing Address and Zip Code Matthew Shannon 3332 M St SE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/20/2020	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Self		
Aggregate Year-To-date		\$ 500.00	
52. Full Name, Mailing Address and Zip Code Richard Snowdon III 1515 29th St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/23/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Self		
Aggregate Year-To-date		\$ 500.00	
53. Full Name, Mailing Address and Zip Code URI Retail Portfolio, LLC 2900 K St NW Ste 401, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/23/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 500.00	
54. Full Name, Mailing Address and Zip Code Shellkare Designs, LLC 252 Walden Dr, Glencoe, IL 60022	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/25/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 500.00	
55. Full Name, Mailing Address and Zip Code Larry Daniels 7515 12th St NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/26/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Owner Name and Address of Employer Daniels Realty LLC		
Aggregate Year-To-date		\$ 50.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

56. Full Name, Mailing Address and Zip Code Robert Miller 3305 35th St NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/26/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Zoning Commissioner Name and Address of Employer DC Government		
Aggregate Year-To-date			\$ 100.00
57. Full Name, Mailing Address and Zip Code Carlos Gray 1717 New Jersey Ave NW, Washington, DC 20001	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/26/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Real Estate Development Name and Address of Employer DCHA		
Aggregate Year-To-date			\$ 100.00
58. Full Name, Mailing Address and Zip Code Muneer Abbas 4525 17th St NE, Washington, DC 20017	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/27/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 10.00
59. Full Name, Mailing Address and Zip Code Carlos Gray 1717 New Jersey Ave NW, Washington, DC 20001	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/27/2020	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Real Estate Development Name and Address of Employer DCHA		
Aggregate Year-To-date			\$ 300.00
60. Full Name, Mailing Address and Zip Code Parkside Residential, LLC 2900 K St NW Ste 401, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/30/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

61. Full Name, Mailing Address and Zip Code Parkside Holding, LLC 2900 K St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/30/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 500.00	
62. Full Name, Mailing Address and Zip Code Carolyn Nicholas 6101 16th St NW Apt 514, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/30/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Realtor Name and Address of Employer Long & Foster		
Aggregate Year-To-date		\$ 150.00	
63. Full Name, Mailing Address and Zip Code Pedro Permuy 731 22nd St S, Arlington, VA 22202	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/31/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Founder Name and Address of Employer Green T Advisors		
Aggregate Year-To-date		\$ 500.00	
64. Full Name, Mailing Address and Zip Code Ravinia Capital Group, LLC 190 S La Salle St Ste 1730, Chicago, IL 60603	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/31/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 500.00	
65. Full Name, Mailing Address and Zip Code Erika Bryant 1334 Montague St NW, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/31/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Executive Director Name and Address of Employer Elsie Whitlow Stokes PCS		
Aggregate Year-To-date		\$ 100.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

66. Full Name, Mailing Address and Zip Code Marlena Edwards 1117 Fern St NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/02/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Management Analyst Name and Address of Employer DHCF		
Aggregate Year-To-date			\$ 10.00
67. Full Name, Mailing Address and Zip Code Justin Rydstrom 2106 34th St SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/02/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Executive Director Name and Address of Employer IDEA		
Aggregate Year-To-date			\$ 500.00
68. Full Name, Mailing Address and Zip Code Jessica Bodger Rydstrom 2106 34th St SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/02/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Williams & Connolly		
Aggregate Year-To-date			\$ 500.00
69. Full Name, Mailing Address and Zip Code Margery Yeager 5332 Sherier Pl NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/07/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Partner Advocacy Name and Address of Employer Education Forward DC		
Aggregate Year-To-date			\$ 500.00
70. Full Name, Mailing Address and Zip Code Marleana Edwards 1117 Fern St NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/10/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Name and Address of Employer Metropolitan Alliance		
Aggregate Year-To-date			\$ 20.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

71. Full Name, Mailing Address and Zip Code Scott Pearson 3038 Macomb St NW, Washington, DC 20008	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/10/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Gov't Official Name and Address of Employer DC PCSB		
Aggregate Year-To-date			\$ 500.00
72. Full Name, Mailing Address and Zip Code David Temple 6611 10th St Unit B2, Alexandria, VA 22307	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/10/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Part Time Admin Aide Name and Address of Employer Sup RL Lusk		
Aggregate Year-To-date			\$ 100.00
73. Full Name, Mailing Address and Zip Code DC Holistic Wellness LLC 4721 Sheriff Rd NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
74. Full Name, Mailing Address and Zip Code Norbert Pickett 2927 Arizona Ave NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 500.00
75. Full Name, Mailing Address and Zip Code Alaka Williams 118 W Jackson Ave Apt 422, Knoxville, TN 37902	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/14/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation HR Name and Address of Employer Discovery		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

76. Full Name, Mailing Address and Zip Code Darrin Glymph 1823 Quincy St NW, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/15/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Orrick Herrington & Sutcliff		
Aggregate Year-To-date			\$ 500.00
77. Full Name, Mailing Address and Zip Code Patricia Brantley 2909 Chancellors Way NE, Washington, DC 20017	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/15/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation School Admin Name and Address of Employer Friendship PCS		
Aggregate Year-To-date			\$ 500.00
78. Full Name, Mailing Address and Zip Code Lee Chaffin 3021 Oregon Knolls Dr NW, Washington, DC 20015	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/15/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Self		
Aggregate Year-To-date			\$ 250.00
79. Full Name, Mailing Address and Zip Code Stephen Evans 6609 Pyle Rd, Bethesda, MD 20817	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Physician Name and Address of Employer Medstar Health		
Aggregate Year-To-date			\$ 500.00
80. Full Name, Mailing Address and Zip Code Emily Briton 18503 Meadowland Ter, Olney, MD 20832	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/16/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation VP Name and Address of Employer MedStar Wash. Hospital Ctr		
Aggregate Year-To-date			\$ 100.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

81. Full Name, Mailing Address and Zip Code Julie Rones 3648 Southern Ave SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/16/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Law Office of Julie E Rones, PLLC		
Aggregate Year-To-date			\$ 75.00
82. Full Name, Mailing Address and Zip Code Sarah Davidson 9010 Pickwick Village Ter, Silver Spring, MD 20901	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/20/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 100.00
83. Full Name, Mailing Address and Zip Code William McCarthy 54 Sandy Valley Rd, Marstons Mills, MA 02648	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/22/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Non-Profit Leader Name and Address of Employer Apple Tree Institute		
Aggregate Year-To-date			\$ 500.00
84. Full Name, Mailing Address and Zip Code Tomeika Bowden 343 Burns St SE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/22/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Communications Name and Address of Employer DC PCSB		
Aggregate Year-To-date			\$ 500.00
85. Full Name, Mailing Address and Zip Code Roger Gendron 1711 S St NW, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/23/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation President Name and Address of Employer Silver Street Development Corporation		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

86. Full Name, Mailing Address and Zip Code Susan Gendron 1711 S St NW, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/23/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Photographer		
Name and Address of Employer Self			
Aggregate Year-To-date			\$ 500.00
87. Full Name, Mailing Address and Zip Code Celia Martin 5326 Falmouth Rd, Bethesda, MD 20816	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/23/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Not Employed		
Name and Address of Employer Not Employed			
Aggregate Year-To-date			\$ 500.00
88. Full Name, Mailing Address and Zip Code Frank Smith 4300 Argyle Ter NW, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/24/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Museum Exec		
Name and Address of Employer AACW Museum			
Aggregate Year-To-date			\$ 250.00
89. Full Name, Mailing Address and Zip Code Sara Glenn 4944 Quebec St NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/25/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Not Employed		
Name and Address of Employer Not Employed			
Aggregate Year-To-date			\$ 500.00
90. Full Name, Mailing Address and Zip Code Nathan Queen 1300 Leegate Rd NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/25/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not employed		
Name and Address of Employer N/A			
Aggregate Year-To-date			\$ 150.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

91. Full Name, Mailing Address and Zip Code Carrie Thornhill 2059 36th St SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/25/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date		\$ 450.00	
92. Full Name, Mailing Address and Zip Code Milton Bernard 7826 Eastern Ave NE, Washington, DC 20013	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/25/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Business Name and Address of Employer Busy Bee Environmental Svc		
Aggregate Year-To-date		\$ 500.00	
93. Full Name, Mailing Address and Zip Code Janice Davis 1420 Primrose Rd NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/26/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Business Owner Name and Address of Employer Davis Planning		
Aggregate Year-To-date		\$ 50.00	
94. Full Name, Mailing Address and Zip Code Soo Koo 915 E St NW Apt 314, Washington, DC 20004	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/26/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date		\$ 500.00	
95. Full Name, Mailing Address and Zip Code Phil Portlock 3911 13th St NE, Washington, DC 20017	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/26/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not employed Name and Address of Employer Not employed		
Aggregate Year-To-date		\$ 200.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

96. Full Name, Mailing Address and Zip Code Neil Stanley 2 Massachusetts Ave NE, Washington, DC 20013	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/27/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Stanley & Henriquez PLLC		
Aggregate Year-To-date		\$ 250.00	
97. Full Name, Mailing Address and Zip Code Carolyn Nicholas 6101 16th St NW Apt 514, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/27/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Realtor Name and Address of Employer Long & Foster		
Aggregate Year-To-date		\$ 200.00	
98. Full Name, Mailing Address and Zip Code Joyanna Smth 2300 Washington Pl NE Apt 424, Washington, DC 20018	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/28/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation DC Regional Director Name and Address of Employer Rocketship Public Schools		
Aggregate Year-To-date		\$ 100.00	
99. Full Name, Mailing Address and Zip Code Jessica Giles 29 58th St SE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/29/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Deputy State Director Name and Address of Employer ERNA		
Aggregate Year-To-date		\$ 500.00	
100. Full Name, Mailing Address and Zip Code Matt Downs 630 E Capitol St NE, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/29/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Self		
Aggregate Year-To-date		\$ 500.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

101. Full Name, Mailing Address and Zip Code Jolene Sloter 9112 Vendome Dr, Bethesda, MD 20817	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/29/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date		\$ 250.00	
102. Full Name, Mailing Address and Zip Code Diana Farrell 3038 Macomb St NW, Washington, DC 20008	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/29/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Researcher Name and Address of Employer DJPMC Institute		
Aggregate Year-To-date		\$ 500.00	
103. Full Name, Mailing Address and Zip Code Peter Anderson 1391 Pennsylvania Ave SE, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/29/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Educator Name and Address of Employer Washington Latin PCS		
Aggregate Year-To-date		\$ 100.00	
104. Full Name, Mailing Address and Zip Code Raymond Weeden 3624 Camden St SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/29/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Educator Name and Address of Employer Thurgood Marshall Academy		
Aggregate Year-To-date		\$ 500.00	
105. Full Name, Mailing Address and Zip Code Mashea Ashton 520 12th St SW # 917, Washington, DC 20024	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/29/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date		\$ 500.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

106. Full Name, Mailing Address and Zip Code Scott Pearson 3038 Macomb St NW, Washington, DC 20008	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/29/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Gov't Official Name and Address of Employer DC PCSB		
Aggregate Year-To-date			\$ 1,000.00
107. Full Name, Mailing Address and Zip Code Nationwide Electrical Services, Inc. 2625 Evarts St NE Ste B, Washington, DC 20018	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/30/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
108. Full Name, Mailing Address and Zip Code Ramin Taheri 915 Maryland Ave NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/30/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Director Name and Address of Employer DFER		
Aggregate Year-To-date			\$ 100.00
109. Full Name, Mailing Address and Zip Code Greenscape Environmental Services, Inc. 607 Division Ave NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/01/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
110. Full Name, Mailing Address and Zip Code Ann P Chapman 12005 Pleasant Prospect Rd, Mitchellville, MD 20721	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/01/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Retired Name and Address of Employer N/A		
Aggregate Year-To-date			\$ 250.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

111. Full Name, Mailing Address and Zip Code Georgetown Financial Services, LLC 1732 Webster St NW, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/01/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Business	Occupation Name and Address of Employer		
Business Type Corporation			
Aggregate Year-To-date			\$ 500.00
112. Full Name, Mailing Address and Zip Code Michael Olding 3695 Prince Rd, Marshall, VA 20115	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/01/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation MD Name and Address of Employer GWU-MFA		
Aggregate Year-To-date			\$ 100.00
113. Full Name, Mailing Address and Zip Code Desiree Payne 10802 New Hampshire Ave, Silver Spring, MD 20903	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/01/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Teacher Name and Address of Employer VACMD		
Aggregate Year-To-date			\$ 500.00
114. Full Name, Mailing Address and Zip Code JW Lanum 407 Constitution Ave NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/01/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 100.00
115. Full Name, Mailing Address and Zip Code Bonnie Gantt 3900 7th St NE, Washington, DC 20017	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/01/2020	Amount of Each Receipt This Period \$ 5.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 5.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

116. Full Name, Mailing Address and Zip Code Roger Clark 1415 Montague St NW, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/02/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Attorney		
Name and Address of Employer Squire Patton Boggs			
Aggregate Year-To-date			\$ 250.00
117. Full Name, Mailing Address and Zip Code Felix Yeoman 6300 44th Ave, University Park, MD 20782	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/02/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Principal		
Name and Address of Employer 360 Cooperative Advisors			
Aggregate Year-To-date			\$ 100.00
118. Full Name, Mailing Address and Zip Code Colicchio Proctor 22 Randle Cir SE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/02/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Retired		
Name and Address of Employer Retired			
Aggregate Year-To-date			\$ 50.00
119. Full Name, Mailing Address and Zip Code Session Law Firm 1200 New Hampshire Ave NW Ste 600, Washington, DC 20036	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/04/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
120. Full Name, Mailing Address and Zip Code Pedro Ribeiro 5908 17th St NW, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/04/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Communications		
Name and Address of Employer AAU			
Aggregate Year-To-date			\$ 250.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

121. Full Name, Mailing Address and Zip Code Beverly Hill 3652 Bangor St SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/04/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 10.00
122. Full Name, Mailing Address and Zip Code Jennifer Moore 1811 12th St NW, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/05/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Requested Name and Address of Employer Requested		
Aggregate Year-To-date			\$ 50.00
123. Full Name, Mailing Address and Zip Code Connie Spinner 1416 35th St SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/05/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Educator Name and Address of Employer Community College Prep		
Aggregate Year-To-date			\$ 500.00
124. Full Name, Mailing Address and Zip Code Herbert Miller 1413 P St NW Apt 402, Washington, DC 20005	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/05/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer Western Development		
Aggregate Year-To-date			\$ 500.00
125. Full Name, Mailing Address and Zip Code MaryEva Candon 2122 California St NW, Washington, DC 20008	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/05/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Self		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

126. Full Name, Mailing Address and Zip Code Peter Anderson 1391 Pennsylvania Ave SE, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/06/2020	Amount of Each Receipt This Period \$ 400.00
Contributor Type Individual	Occupation Educator Name and Address of Employer Washington Latin PCS		
Aggregate Year-To-date		\$ 500.00	
127. Full Name, Mailing Address and Zip Code Dane Edley 3192 Westover Dr SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/06/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Social Worker Name and Address of Employer DC Public Schools		
Aggregate Year-To-date		\$ 50.00	
128. Full Name, Mailing Address and Zip Code Sean Sullivan 330 13th St Ste 301, Oakland, CA 94612	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/08/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Owner Name and Address of Employer The Port Bar		
Aggregate Year-To-date		\$ 100.00	
129. Full Name, Mailing Address and Zip Code Corey Barnette 1440 Primrose Rd NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/08/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Owner Name and Address of Employer District Growers		
Aggregate Year-To-date		\$ 500.00	
130. Full Name, Mailing Address and Zip Code Wendy Stark 1529 Hardwood Ln, McLean, VA 22101	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/08/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Pepco		
Aggregate Year-To-date		\$ 500.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

131. Full Name, Mailing Address and Zip Code Phillip Barnett 307 Earles Ln, Newtown Square, PA 19073	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/09/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation CFO Name and Address of Employer Pepco		
Aggregate Year-To-date			\$ 500.00
132. Full Name, Mailing Address and Zip Code Kevin McGowan 139 Spa View Ave, Annapolis, MD 21401	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/09/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Regulatory Name and Address of Employer Pepco		
Aggregate Year-To-date			\$ 500.00
133. Full Name, Mailing Address and Zip Code William Sullivan 437 New York Ave NW, Washington, DC 20001	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/09/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Utility Executive Name and Address of Employer Pepco		
Aggregate Year-To-date			\$ 250.00
134. Full Name, Mailing Address and Zip Code Marleana Edwards 1117 Fern St NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/10/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Name and Address of Employer Metropolitan Alliance		
Aggregate Year-To-date			\$ 30.00
135. Full Name, Mailing Address and Zip Code Bill Enright 2122 Newport Pl NW, Washington, DC 20037	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/10/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Florist Name and Address of Employer William Thomas Floral		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

136. Full Name, Mailing Address and Zip Code Bruce Sellers 4922 Meade St NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/11/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 100.00
137. Full Name, Mailing Address and Zip Code Miguel Ortega 11310 72nd St, Burr Ridge, IL 60527	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/11/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation VP Name and Address of Employer Pepco		
Aggregate Year-To-date			\$ 250.00
138. Full Name, Mailing Address and Zip Code James Calabrese 645 Ponte Villas S, Baltimore, MD 21230	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/11/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation IT Executive Name and Address of Employer Exelon		
Aggregate Year-To-date			\$ 500.00
139. Full Name, Mailing Address and Zip Code David Carmen 5115 Lowell Ln NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/11/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation President Name and Address of Employer Carmen Group		
Aggregate Year-To-date			\$ 500.00
140. Full Name, Mailing Address and Zip Code Claudia McKoin 1610 Tamarack St NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/11/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 100.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

141. Full Name, Mailing Address and Zip Code Bruce Bereano 720 N Holly Dr, Annapolis, MD 21409	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/12/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Lobbyist Name and Address of Employer Self		
Aggregate Year-To-date			\$ 500.00
142. Full Name, Mailing Address and Zip Code William Howland 1421 Holly St NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/12/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 100.00
143. Full Name, Mailing Address and Zip Code Sheila Reid 3421 14th St NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/12/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Broker Name and Address of Employer Avanti Real Estate		
Aggregate Year-To-date			\$ 50.00
144. Full Name, Mailing Address and Zip Code Tyna of Hepburn 1628 40th St SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/12/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Librarian Name and Address of Employer Library of Congress		
Aggregate Year-To-date			\$ 10.00
145. Full Name, Mailing Address and Zip Code Julie Rones 3648 Southern Ave SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/12/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Law Office of Julie E Rones, PLLC		
Aggregate Year-To-date			\$ 100.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

146. Full Name, Mailing Address and Zip Code David Velazquez 2701 Calvert St NW Apt 1021, Washington, DC 20008	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Executive Name and Address of Employer Pepco		
Aggregate Year-To-date			\$ 500.00
147. Full Name, Mailing Address and Zip Code Terence Golden 400 Alton Rd, Miami Beach, FL 33139	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/13/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 250.00
148. Full Name, Mailing Address and Zip Code Dal Harper 9404 Lakeside Dr, Vienna, VA 22182	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/13/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Carmen Group		
Aggregate Year-To-date			\$ 100.00
149. Full Name, Mailing Address and Zip Code Melissa Lavinson 3155 19th St NW, Washington, DC 20010	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/14/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Govt Affairs Name and Address of Employer Pepco		
Aggregate Year-To-date			\$ 500.00
150. Full Name, Mailing Address and Zip Code Marshall Murphy 2700 Woodley Pl NW # 326, Washington, DC 20008	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/15/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Executive Name and Address of Employer Pepco		
Aggregate Year-To-date			\$ 500.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

151. Full Name, Mailing Address and Zip Code Sandy Fisher 141 Buddy Powell Ln, Wenonah, NJ 08090	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/15/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Vice President Name and Address of Employer Pepco		
Aggregate Year-To-date		\$ 500.00	
152. Full Name, Mailing Address and Zip Code William Collins 101 49th St NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Dentist Name and Address of Employer Self		
Aggregate Year-To-date		\$ 1,000.00	
153. Full Name, Mailing Address and Zip Code Victoria Collins 101 49th St NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date		\$ 500.00	
154. Full Name, Mailing Address and Zip Code Felecia Greer 11717 Capstan Dr, Upper Marlboro, MD 20772	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation VP Name and Address of Employer Pepco		
Aggregate Year-To-date		\$ 500.00	
155. Full Name, Mailing Address and Zip Code William Collins 101 49th St NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/16/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Dentist Name and Address of Employer Self		
Aggregate Year-To-date		\$ 1,000.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

156. Full Name, Mailing Address and Zip Code Lisa Duperier 2006 Columbia Rd NW Apt 34, Washington, DC 20009	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/17/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Not Employed Name and Address of Employer Not Employed		
Aggregate Year-To-date			\$ 10.00
157. Full Name, Mailing Address and Zip Code Carolyn Nicholas 6101 16th St NW Apt 514, Washington, DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/17/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Realtor Name and Address of Employer Long & Foster		
Aggregate Year-To-date			\$ 250.00
158. Full Name, Mailing Address and Zip Code Lara Levison 919 Constitution Ave NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/17/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Sr. Director Name and Address of Employer Oceana Inc.		
Aggregate Year-To-date			\$ 50.00
159. Full Name, Mailing Address and Zip Code Tyna of Hepburn 1628 40th St SE, Washington, DC 20020	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/18/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Librarian Name and Address of Employer Library of Congress		
Aggregate Year-To-date			\$ 20.00
160. Full Name, Mailing Address and Zip Code Samuel Williams 4505 Gina Ct, Baltimore, MD 21237	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/19/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation VP Name and Address of Employer Pepco		
Aggregate Year-To-date			\$ 250.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

161. Full Name, Mailing Address and Zip Code Scott Reiter 2500 Lindley Ter, Rockville, MD 20850	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/19/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation CEO Name and Address of Employer DC Assn of Realtors		
Aggregate Year-To-date		\$ 100.00	
162. Full Name, Mailing Address and Zip Code Michael Musante 808 Constitution Ave NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/22/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Self Employed Name and Address of Employer Musante Strategies		
Aggregate Year-To-date		\$ 500.00	
163. Full Name, Mailing Address and Zip Code Sheha Hilal 8715 1st Ave, Silver Spring, MD 20910	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/22/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation IT Tech Name and Address of Employer DC Government		
Aggregate Year-To-date		\$ 25.00	
164. Full Name, Mailing Address and Zip Code Lamont Harrell 4513 Clay St NE, Washington, DC 20019	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/24/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Managing Partner Name and Address of Employer Clay Street Marketing, LLC		
Aggregate Year-To-date		\$ 250.00	
165. Full Name, Mailing Address and Zip Code Elizabeth Carmen 5115 Lowell Ln NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/25/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation N/A Name and Address of Employer N/A		
Aggregate Year-To-date		\$ 500.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

166. Full Name, Mailing Address and Zip Code Osa Imadojemu 4767 Berkeley Ter NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/25/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Primmer Piper Eggleston & Cramer		
Aggregate Year-To-date			\$ 500.00
167. Full Name, Mailing Address and Zip Code Ed Krauze 4516 Avamere St, Bethesda, MD 20814	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/25/2020	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Association Management Name and Address of Employer GCAAR		
Aggregate Year-To-date			\$ 200.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 51,690.00

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 DC Hospital Association PAC 1152 15th St NW, Washington, DC 20005	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/12/2020	Amount of Each Receipt This Period \$ 95.95
Contributor Type Corporate Sponsored PAC			
Aggregate Year-To-date			\$ 95.95
2. Full Name, Mailing Address and Zip Code DC First PAC 1200 29th St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/12/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Corporate Sponsored PAC			
Aggregate Year-To-date			\$ 500.00
3. Full Name, Mailing Address and Zip Code Truist Financial Corp PAC 1001 Semmes Ave, Richmond, VA 23224	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/17/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Corporate Sponsored PAC			
Aggregate Year-To-date			\$ 500.00
4. Full Name, Mailing Address and Zip Code DRIVE Committee 25 Louisiana Ave NW, Washington, DC 20001	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/05/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Labor Sponsored PAC			
Aggregate Year-To-date			\$ 500.00
5. Full Name, Mailing Address and Zip Code Plumbers and Gasfitters Union Local 5 5891 Allentown Rd, Camp Springs, MD 20746	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/18/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Labor Sponsored PAC			
Aggregate Year-To-date			\$ 500.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 2,095.95

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

Vince Gray 2020

1. Full Name, Mailing Address and Zip Code Chuck Thies 1609 Buchanan St NE, Washington, DC 20017	Purpose of Expenditure Consultant	Date (month, day, year) 03/12/2020	Amount of Each Expenditure This Period \$ 5,000.00
Occupation	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/15/2020	Amount of Each Expenditure This Period \$ 98.62
Occupation	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code United States Postal Service 3401 12th St NE, Washington, DC 20017	Purpose of Expenditure Postage	Date (month, day, year) 03/17/2020	Amount of Each Expenditure This Period \$ 110.00
Occupation	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code Mail Chimp 675 Ponce de Leon Ave NE, Atlanta, GA 30308	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 03/23/2020	Amount of Each Expenditure This Period \$ 79.49
Occupation	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code Stephanie Oliver 5705 Middleton Dr, Temple Hills, MD 20748	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 03/25/2020	Amount of Each Expenditure This Period \$ 150.00
Occupation	Name and Address of Employer		
6. Full Name, Mailing Address and Zip Code Dawn Kum 1525 Blue Meadow Rd, Potomac, MD 20854	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 03/26/2020	Amount of Each Expenditure This Period \$ 487.30
Occupation	Name and Address of Employer		
7. Full Name, Mailing Address and Zip Code Public Policy Polling 2912 Highwoods Blvd, Raleigh, NC 27604	Purpose of Expenditure Polling/Mailing List	Date (month, day, year) 03/27/2020	Amount of Each Expenditure This Period \$ 6,000.00
Occupation	Name and Address of Employer		

8. Full Name, Mailing Address and Zip Code Amazon.com, Inc. 410 Terry Ave, Seattle, WA 98109	Purpose of Expenditure Supplies	Date (month, day, year) 03/27/2020	Amount of Each Expenditure This Period \$ 29.65
Occupation	Name and Address of Employer		
9. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/29/2020	Amount of Each Expenditure This Period \$ 12.25
Occupation	Name and Address of Employer		
10. Full Name, Mailing Address and Zip Code CoverWallet, Inc. 100 Avenue of the Americas, New York, NY 10013	Purpose of Expenditure Rental	Date (month, day, year) 03/30/2020	Amount of Each Expenditure This Period \$ 119.13
Occupation	Name and Address of Employer		
11. Full Name, Mailing Address and Zip Code CoverWallet, Inc. 100 Avenue of the Americas, New York, NY 10013	Purpose of Expenditure Rental	Date (month, day, year) 03/30/2020	Amount of Each Expenditure This Period \$ 138.35
Occupation	Name and Address of Employer		
12. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/31/2020	Amount of Each Expenditure This Period \$ 5.93
Occupation	Name and Address of Employer		
13. Full Name, Mailing Address and Zip Code Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 04/01/2020	Amount of Each Expenditure This Period \$ 3,000.00
Occupation	Name and Address of Employer		
14. Full Name, Mailing Address and Zip Code Amazon.com, Inc. 410 Terry Ave, Seattle, WA 98109	Purpose of Expenditure Supplies	Date (month, day, year) 04/02/2020	Amount of Each Expenditure This Period \$ 58.82
Occupation	Name and Address of Employer		
15. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Bank Fees	Date (month, day, year) 04/05/2020	Amount of Each Expenditure This Period \$ 39.90
Occupation	Name and Address of Employer		

16. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005	Purpose of Expenditure Consultant	Date (month, day, year) 04/08/2020	Amount of Each Expenditure This Period \$ 1,000.00
Occupation	Name and Address of Employer		
17. Full Name, Mailing Address and Zip Code Gelberg Signs 6511 Chillum Pl, Washington, DC 20012	Purpose of Expenditure Printing	Date (month, day, year) 04/09/2020	Amount of Each Expenditure This Period \$ 2,371.97
Occupation	Name and Address of Employer		
18. Full Name, Mailing Address and Zip Code Chuck Thies 1609 Buchanan St NE, Washington, DC 20017	Purpose of Expenditure Consultant	Date (month, day, year) 04/11/2020	Amount of Each Expenditure This Period \$ 2,500.00
Occupation	Name and Address of Employer		
19. Full Name, Mailing Address and Zip Code BarrComm 16175 Golf Club Rd, Weston, FL 33326	Purpose of Expenditure Consultant	Date (month, day, year) 04/11/2020	Amount of Each Expenditure This Period \$ 1,100.00
Occupation	Name and Address of Employer		
20. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Bank Fees	Date (month, day, year) 04/12/2020	Amount of Each Expenditure This Period \$ 43.85
Occupation	Name and Address of Employer		
21. Full Name, Mailing Address and Zip Code Mail Chimp 675 Ponce de Leon Ave NE, Atlanta, GA 30308	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 04/13/2020	Amount of Each Expenditure This Period \$ 6.78
Occupation	Name and Address of Employer		
22. Full Name, Mailing Address and Zip Code Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 04/15/2020	Amount of Each Expenditure This Period \$ 3,000.00
Occupation	Name and Address of Employer		
23. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Bank Fees	Date (month, day, year) 04/19/2020	Amount of Each Expenditure This Period \$ 109.62
Occupation	Name and Address of Employer		

24. Full Name, Mailing Address and Zip Code Mail Chimp 675 Ponce de Leon Ave NE, Atlanta, GA 30308	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 04/21/2020	Amount of Each Expenditure This Period \$ 79.49
Occupation	Name and Address of Employer		
25. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005	Purpose of Expenditure Printing	Date (month, day, year) 04/23/2020	Amount of Each Expenditure This Period \$ 14,021.00
Occupation	Name and Address of Employer		
26. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Bank Fees	Date (month, day, year) 04/26/2020	Amount of Each Expenditure This Period \$ 146.16
Occupation	Name and Address of Employer		
27. Full Name, Mailing Address and Zip Code Gertrude Stein Democratic Club PO Box 9393, Washington, DC 20005	Purpose of Expenditure Advertising	Date (month, day, year) 04/27/2020	Amount of Each Expenditure This Period \$ 550.00
Occupation	Name and Address of Employer		
28. Full Name, Mailing Address and Zip Code CoverWallet, Inc. 100 Avenue of the Americas, New York, NY 10013	Purpose of Expenditure Rental	Date (month, day, year) 04/29/2020	Amount of Each Expenditure This Period \$ 119.13
Occupation	Name and Address of Employer		
29. Full Name, Mailing Address and Zip Code CoverWallet, Inc. 100 Avenue of the Americas, New York, NY 10013	Purpose of Expenditure Rental	Date (month, day, year) 04/29/2020	Amount of Each Expenditure This Period \$ 138.35
Occupation	Name and Address of Employer		
30. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005	Purpose of Expenditure Printing	Date (month, day, year) 04/30/2020	Amount of Each Expenditure This Period \$ 7,972.00
Occupation	Name and Address of Employer		
31. Full Name, Mailing Address and Zip Code Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 04/30/2020	Amount of Each Expenditure This Period \$ 1,500.00
Occupation	Name and Address of Employer		

32. Full Name, Mailing Address and Zip Code Chuck Thies 1609 Buchanan St NE, Washington, DC 20017	Purpose of Expenditure Consultant	Date (month, day, year) 05/01/2020	Amount of Each Expenditure This Period \$ 2,500.00
Occupation	Name and Address of Employer		
33. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Bank Fees	Date (month, day, year) 05/03/2020	Amount of Each Expenditure This Period \$ 195.74
Occupation	Name and Address of Employer		
34. Full Name, Mailing Address and Zip Code Amazon.com, Inc. 410 Terry Ave, Seattle, WA 98109	Purpose of Expenditure Supplies	Date (month, day, year) 05/04/2020	Amount of Each Expenditure This Period \$ 23.28
Occupation	Name and Address of Employer		
35. Full Name, Mailing Address and Zip Code Amazon.com, Inc. 410 Terry Ave, Seattle, WA 98109	Purpose of Expenditure Supplies	Date (month, day, year) 05/04/2020	Amount of Each Expenditure This Period \$ 32.60
Occupation	Name and Address of Employer		
36. Full Name, Mailing Address and Zip Code NationBuilder PO Box 811428, Los Angeles, CA 90081	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 05/04/2020	Amount of Each Expenditure This Period \$ 37.10
Occupation	Name and Address of Employer		
37. Full Name, Mailing Address and Zip Code Peter Brooks 3513 Sequoia Ave, Baltimore, MD 21215	Purpose of Expenditure Consultant	Date (month, day, year) 05/05/2020	Amount of Each Expenditure This Period \$ 250.00
Occupation	Name and Address of Employer		
38. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005	Purpose of Expenditure Printing	Date (month, day, year) 05/06/2020	Amount of Each Expenditure This Period \$ 6,664.00
Occupation	Name and Address of Employer		
39. Full Name, Mailing Address and Zip Code Staples 2950 Belcrest Center Drive, Hyattsville, MD 20782	Purpose of Expenditure Supplies	Date (month, day, year) 05/06/2020	Amount of Each Expenditure This Period \$ 99.07
Occupation	Name and Address of Employer		

40. Full Name, Mailing Address and Zip Code United States Postal Service 3401 12th St NE, Washington, DC 20017	Purpose of Expenditure Postage	Date (month, day, year) 05/06/2020	Amount of Each Expenditure This Period \$ 275.00
Occupation	Name and Address of Employer		
41. Full Name, Mailing Address and Zip Code Fedex Office 715 D St SE, Washington, DC 20003	Purpose of Expenditure Printing	Date (month, day, year) 05/07/2020	Amount of Each Expenditure This Period \$ 76.32
Occupation	Name and Address of Employer		
42. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 05/08/2020	Amount of Each Expenditure This Period \$ 25.00
Occupation	Name and Address of Employer		
43. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Bank Fees	Date (month, day, year) 05/10/2020	Amount of Each Expenditure This Period \$ 184.49
Occupation	Name and Address of Employer		
44. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018	Purpose of Expenditure Supplies	Date (month, day, year) 05/11/2020	Amount of Each Expenditure This Period \$ 16.59
Occupation	Name and Address of Employer		
45. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 05/11/2020	Amount of Each Expenditure This Period \$ 25.00
Occupation	Name and Address of Employer		
46. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 05/11/2020	Amount of Each Expenditure This Period \$ 25.00
Occupation	Name and Address of Employer		
47. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 05/11/2020	Amount of Each Expenditure This Period \$ 35.00
Occupation	Name and Address of Employer		

48. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 05/12/2020	Amount of Each Expenditure This Period \$ 50.00
Occupation	Name and Address of Employer		
49. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 05/13/2020	Amount of Each Expenditure This Period \$ 75.00
Occupation	Name and Address of Employer		
50. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 05/14/2020	Amount of Each Expenditure This Period \$ 75.00
Occupation	Name and Address of Employer		
51. Full Name, Mailing Address and Zip Code Fedex Office 715 D St SE, Washington, DC 20003	Purpose of Expenditure Printing	Date (month, day, year) 05/15/2020	Amount of Each Expenditure This Period \$ 13.78
Occupation	Name and Address of Employer		
52. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005	Purpose of Expenditure Printing	Date (month, day, year) 05/16/2020	Amount of Each Expenditure This Period \$ 7,078.00
Occupation	Name and Address of Employer		
53. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005	Purpose of Expenditure Printing	Date (month, day, year) 05/16/2020	Amount of Each Expenditure This Period \$ 7,078.00
Occupation	Name and Address of Employer		
54. Full Name, Mailing Address and Zip Code Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 05/16/2020	Amount of Each Expenditure This Period \$ 3,000.00
Occupation	Name and Address of Employer		
55. Full Name, Mailing Address and Zip Code BarrComm 16175 Golf Club Rd, Weston, FL 33326	Purpose of Expenditure Consultant	Date (month, day, year) 05/16/2020	Amount of Each Expenditure This Period \$ 1,000.00
Occupation	Name and Address of Employer		

56. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Bank Fees	Date (month, day, year) 05/17/2020	Amount of Each Expenditure This Period \$ 177.59
Occupation	Name and Address of Employer		
57. Full Name, Mailing Address and Zip Code BarrComm 16175 Golf Club Rd, Weston, FL 33326	Purpose of Expenditure Consultant	Date (month, day, year) 05/17/2020	Amount of Each Expenditure This Period \$ 1,050.00
Occupation	Name and Address of Employer		
58. Full Name, Mailing Address and Zip Code McDonald's 3901 Minnesota Ave NE, Washington, DC 20019	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 05/18/2020	Amount of Each Expenditure This Period \$ 12.06
Occupation	Name and Address of Employer		
59. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 05/18/2020	Amount of Each Expenditure This Period \$ 125.00
Occupation	Name and Address of Employer		
60. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018	Purpose of Expenditure Supplies	Date (month, day, year) 05/19/2020	Amount of Each Expenditure This Period \$ 19.94
Occupation	Name and Address of Employer		
61. Full Name, Mailing Address and Zip Code Lowe's 2438 Market Street NE, Washington, DC 20018	Purpose of Expenditure Supplies	Date (month, day, year) 05/19/2020	Amount of Each Expenditure This Period \$ 40.56
Occupation	Name and Address of Employer		
62. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 05/20/2020	Amount of Each Expenditure This Period \$ 175.00
Occupation	Name and Address of Employer		
63. Full Name, Mailing Address and Zip Code John Bowman 4006 31st St, Mount Rainier, MD 20712	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 05/21/2020	Amount of Each Expenditure This Period \$ 590.00
Occupation	Name and Address of Employer		

64. Full Name, Mailing Address and Zip Code Mail Chimp 675 Ponce de Leon Ave NE, Atlanta, GA 30308	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 05/21/2020	Amount of Each Expenditure This Period \$ 79.49
Occupation	Name and Address of Employer		
65. Full Name, Mailing Address and Zip Code Dunkin' Donuts 3030 Queens Chapel Rd, Hyattsville, MD 20782	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 05/22/2020	Amount of Each Expenditure This Period \$ 18.09
Occupation	Name and Address of Employer		
66. Full Name, Mailing Address and Zip Code Annie's Ace Hardware 3405 8th St NE, Washington, DC 20017	Purpose of Expenditure Supplies	Date (month, day, year) 05/22/2020	Amount of Each Expenditure This Period \$ 86.84
Occupation	Name and Address of Employer		
67. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 05/22/2020	Amount of Each Expenditure This Period \$ 250.00
Occupation	Name and Address of Employer		
68. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025	Purpose of Expenditure Advertising	Date (month, day, year) 05/22/2020	Amount of Each Expenditure This Period \$ 400.00
Occupation	Name and Address of Employer		
69. Full Name, Mailing Address and Zip Code McDonald's 3901 Minnesota Ave NE, Washington, DC 20019	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 05/22/2020	Amount of Each Expenditure This Period \$ 15.59
Occupation	Name and Address of Employer		
70. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005	Purpose of Expenditure Printing	Date (month, day, year) 05/23/2020	Amount of Each Expenditure This Period \$ 7,078.00
Occupation	Name and Address of Employer		
71. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005	Purpose of Expenditure Printing	Date (month, day, year) 05/23/2020	Amount of Each Expenditure This Period \$ 6,972.00
Occupation	Name and Address of Employer		

72. Full Name, Mailing Address and Zip Code Eclectic Cafe 4058 Minnesota Ave NE, Washington, DC 20019	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 05/23/2020	Amount of Each Expenditure This Period \$ 217.14
Occupation	Name and Address of Employer		
73. Full Name, Mailing Address and Zip Code Wawa, Inc. 4530 40th St NW, Washington, DC 20016	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 05/23/2020	Amount of Each Expenditure This Period \$ 7.11
Occupation	Name and Address of Employer		
74. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Bank Fees	Date (month, day, year) 05/24/2020	Amount of Each Expenditure This Period \$ 44.85
Occupation	Name and Address of Employer		
75. Full Name, Mailing Address and Zip Code Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 05/25/2020	Amount of Each Expenditure This Period \$ 3,000.00
Occupation	Name and Address of Employer		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 99,181.02

REFUNDS OF CONTRIBUTIONS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

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

Vince Gray 2020

1. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
Warren Williams Sr 9003 Levelle Dr, Chevy Chase, MD 20815		04/11/2020	\$ 500.00
Contributor Type Individual			
2. Full Name, Mailing Address and Zip Code William Collins 101 49th St NE, Washington, DC 20019	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
		05/23/2020	\$ 500.00
Contributor Type Individual			
3. Full Name, Mailing Address and Zip Code Scott Pearson 3038 Macomb St NW, Washington, DC 20008	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
		05/23/2020	\$ 500.00
Contributor Type Individual			
TOTAL This Period (Aggregate of all expenditure pages)			\$ 1,500.00

OFFSET TO RECEIPTS (RETURN CHECKS, NON-SUFFICIENT FUND FEES, ETC.,)

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

Vince Gray 2020

1. Full Name, Mailing Address and Zip Code	Offset Type	Date (month, day, year)	Offset Amount This Period
Kermit Rosenberg 3849 Whitman Rd, Anandale, VA 22003	Return Check and Fees	05/06/2020	\$ 520.00
Susan Gendron 1711 S St NW, Washington, DC 20009	Return Check and Fees	05/18/2020	\$ 520.00
Roger Gendron 1711 S St NW, Washington, DC 20009	Return Check and Fees	05/18/2020	\$ 520.00
TOTAL This Period (Aggregate of all expenditure pages)			\$ 1,560.00