



**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) Jacque4DC	2. OCF Identification Number PCCSBL207184
Address 3521 21st Street, 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 General Election Report**

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 10/11/2020 through 10/26/2020		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 19,249.04	
(c) Total Receipts [from Line (16)]	\$ 2,184.83	\$ 29,614.19
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 21,433.87	
7. Total Expenditures (from Line 22)	\$ 19,216.32	\$ 27,396.64
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 2,217.55	
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.

Mr. Jacques Patterson

TYPE OR PRINT FULL NAME OF CANDIDATE

ELECTRONICALLY CERTIFIED

10/27/2020

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.

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.

(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) Jacque4DC	REPORT COVERING THE PERIOD FROM: 10/11/2020 TO: 10/26/2020	
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)	\$ 2,184.83	\$ 29,614.19 11(a)
(b) Political Party Committees (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) The Candidate (Schedule A-3)	\$ 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)]	\$ 2,184.83	\$ 29,614.19 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]	\$ 2,184.83	\$ 29,614.19 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 19,216.32	\$ 27,396.64 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)	\$ 0.00	\$ 0.00 20(a)
(b) Political Party Committees (Schedule B-3)	\$ 0.00	\$ 0.00 20(b)
(c) Other Political Committees and PACs (Schedule B-4)	\$ 0.00	\$ 0.00 20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]	\$ 0.00	\$ 0.00 20(d)
21. OTHER EXPENDITURES		
(a) Independent Expenditures (Schedule B-5)	\$ 0.00	\$ 0.00 21(a)
(b) Offsets to Receipts (Schedule B-6)	\$ 0.00	\$ 0.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 0.00	\$ 0.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 19,216.32	\$ 27,396.64 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 19,249.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 2,184.83
25. SUBTOTAL (add Lines 23 and 24)		\$ 21,433.87
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)		\$ 19,216.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		\$ 2,217.55

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.			
Full Name of Committee (Name of Candidate, if Candidate is reporting) Jacque4DC			
1. Full Name, Mailing Address and Zip Code Kenneth Simonson 3302 Rittenhouse 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) 10/11/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Economist Name and Address of Employer Associated General Contractors of America 3302 Rittenhouse St NW, Washington, DC 20015		
Aggregate Year-To-date			\$ 100.00
2. Full Name, Mailing Address and Zip Code Rod Branch 13516 Kelmont Ct, Woodbridge, VA 22193	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) 10/12/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 25.00
3. Full Name, Mailing Address and Zip Code Ramona Edelin 8120 Eastern Ave 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) 10/13/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Advisor Name and Address of Employer DC Charter School Association 1346 U St NW, Washington, DC 20009		
Aggregate Year-To-date			\$ 50.00
4. Full Name, Mailing Address and Zip Code Kristen Townsel 416 Knollwood Dr, Ortonville, MI 48462	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) 10/13/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Outreach Executive Name and Address of Employer Oak Street Health 462 N Telegraph Rd, Pontiac, MI 48341		
Aggregate Year-To-date			\$ 10.00
5. Full Name, Mailing Address and Zip Code Kenneth Young 5301 Talbot Rd S, Renton, WA 98055	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) 10/13/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Name and Address of Employer Unemployed		
Aggregate Year-To-date			\$ 25.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

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

Jacque4DC

6. Full Name, Mailing Address and Zip Code Irene Holtzman 4015 Utah Ave, Brentwood, MD 20722	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) 10/14/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Name and Address of Employer Unemployed		
Aggregate Year-To-date			\$ 25.00
7. Full Name, Mailing Address and Zip Code Laurene Powell Jobs 555 Bryant St # 259, Palo Alto, CA 94301	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) 10/14/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation President Name and Address of Employer Emerson Collective 555 Bryant St # 259, Palo Alto, CA 94301		
Aggregate Year-To-date			\$ 500.00
8. Full Name, Mailing Address and Zip Code Eric Paisner 1113 E Capitol St 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) 10/14/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Lawyer Name and Address of Employer National Alliance for Public Charter School 1425 K St NW, Washington, DC 20005		
Aggregate Year-To-date			\$ 25.00
9. Full Name, Mailing Address and Zip Code Kent Boese 608 Rock Creek Church Rd 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) 10/15/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Librarian Name and Address of Employer Wiley Rein 1776 K St NW, Washington, DC 20006		
Aggregate Year-To-date			\$ 100.00
10. Full Name, Mailing Address and Zip Code Vaun Cleveland 3216 11th Pl SE, Washington, DC 20032	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 10/15/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Name and Address of Employer Self Employed 3216 11th Pl SE, Washington, DC 20032		
Aggregate Year-To-date			\$ 25.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

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

Jacque4DC

11. Full Name, Mailing Address and Zip Code Shannon Hodge 700 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) 10/16/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Executive Director Name and Address of Employer DC Charter School Alliance 1436 U St NW, Washington, DC 20009		
Aggregate Year-To-date			\$ 100.00
12. Full Name, Mailing Address and Zip Code Maia Blankenship 253 14th St 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) 10/16/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Nonprofit Executive Name and Address of Employer Wildflower Foundation 253 14th St SE, Washington, DC 20003		
Aggregate Year-To-date			\$ 50.00
13. 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) 10/16/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Partner Advocate Name and Address of Employer Education Forward 1805 7th St NW, Washington, DC 20001		
Aggregate Year-To-date			\$ 100.00
14. Full Name, Mailing Address and Zip Code Jessica Ellis 880 New Jersey 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) 10/18/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Deputy Director Name and Address of Employer Mothership Strategies 1328 Florida Ave NW, Washington, DC 20009		
Aggregate Year-To-date			\$ 20.00
15. Full Name, Mailing Address and Zip Code Jacqueline Greer 8201 16th St, 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) 10/21/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Chief Program Officer Name and Address of Employer Urban Teachers 8201 16th St, Silver Spring, MD 20910		
Aggregate Year-To-date			\$ 50.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

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

Jacque4DC

16. Full Name, Mailing Address and Zip Code Leslie Watson 1723 Von Spiegel Pl, Linden, NJ 07036	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) 10/22/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Manager Name and Address of Employer PFAW 1101 15th St NW, Washington, DC 20005		
Aggregate Year-To-date			\$ 125.00
17. Full Name, Mailing Address and Zip Code Alan Wurtzel 2134 R 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) 10/22/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Name and Address of Employer Unemployed		
Aggregate Year-To-date			\$ 250.00
18. 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) 10/22/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation External Affairs Name and Address of Employer DC PCSB 3333 14th St NW, Washington, DC 20010		
Aggregate Year-To-date			\$ 150.00
19. Full Name, Mailing Address and Zip Code Benjamin Soto 1534 14th St NW, 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) 10/22/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Premium Title & Escrow LLC 3407 14th St NW, Washington, DC 20010		
Aggregate Year-To-date			\$ 250.00
20. Full Name, Mailing Address and Zip Code Christopher Stewart 2905 Walden Way, Saint Cloud, MN 56301	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) 10/22/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation CEO Name and Address of Employer Results in Education Foundation 2905 Walden Way, Saint Cloud, MN 56301		
Aggregate Year-To-date			\$ 50.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

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

Jacque4DC

21. Full Name, Mailing Address and Zip Code Perlesta Hollingsworth 4211 Eads 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) 10/22/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Regulatory Attorney Name and Address of Employer FDA 10903 New Hampshire Ave, Silver Spring, MD 20993		
Aggregate Year-To-date			\$ 200.00
22. Full Name, Mailing Address and Zip Code Matthew Renaud 521 25th Pl 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) 10/23/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Nonprofit Finance Name and Address of Employer Trout Unlimited 1777 N Kent St, Arlington, VA 22209		
Aggregate Year-To-date			\$ 10.00
23. Full Name, Mailing Address and Zip Code Shannon Huggins 20720 SW Siletz Ct, Tualatin, OR 97062	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) 10/23/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Communications Name and Address of Employer Clean Water Services 2550 SW Hillsboro Hwy, Hillsboro, OR 97123		
Aggregate Year-To-date			\$ 25.00
24. Full Name, Mailing Address and Zip Code Susana Russell 1420 73rd Ave SE, Tumwater, WA 98501	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) 10/23/2020	Amount of Each Receipt This Period \$ 19.83
Contributor Type Individual	Occupation Billing Name and Address of Employer Russell Chiropractic 1420 73rd Ave SE, Tumwater, WA 98501		
Aggregate Year-To-date			\$ 19.83
25. Full Name, Mailing Address and Zip Code Tina Fletcher 1385 Morris Rd 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) 10/23/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Owner Name and Address of Employer Fletcher Education Solutions 1385 Morris Rd SE, Washington, DC 20020		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

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

Jacque4DC

		Aggregate Year-To-date		\$ 50.00
26. Full Name, Mailing Address and Zip Code Susan Blake 3618 S 9th St, Tacoma, WA 98405		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) 10/23/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual		Occupation Name and Address of Employer Unemployed		
		Aggregate Year-To-date		\$ 50.00
27. Full Name, Mailing Address and Zip Code Mary Spuke 2650 Cedar Springs Rd, Dallas, TX 75201		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) 10/24/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual		Occupation CEO Name and Address of Employer Resource One Credit Union 1200 Belleview St, Dallas, TX 75215		
		Aggregate Year-To-date		\$ 25.00
28. Full Name, Mailing Address and Zip Code Kimberly Thornton 3711 Henry St, Norton Shores, MI 49441		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) 10/24/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual		Occupation AD Name and Address of Employer GPS 3711 Henry St, Norton Shores, MI 49441		
		Aggregate Year-To-date		\$ 10.00
29. Full Name, Mailing Address and Zip Code Lorraine Ramos 7909 Forest Path Way, Springfield, VA 22153		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) 10/24/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual		Occupation Operations Name and Address of Employer KIPP DC 2600 Virginia Ave NW, Washington, DC 20037		
		Aggregate Year-To-date		\$ 200.00
30. Full Name, Mailing Address and Zip Code Neils Ribeiro-Yemofio 6318 Santo Pl, Capitol Heights, MD 20743		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) 10/25/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual		Occupation Chief of External Affairs Name and Address of Employer DC Prep Public Charter School 6318 Santo Pl, Capitol Heights, MD 20743		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

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

Jacque4DC

	Aggregate Year-To-date	\$ 125.00
TOTAL This Period (Aggregate of all Receipt pages)		\$ 2,184.83

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)

Jacque4DC

1. Full Name, Mailing Address and Zip Code Gaby L. Fraser 5713 Eads Street NE, Washington, DC 20019	Purpose of Expenditure Consultant	Date (month, day, year) 10/11/2020	Amount of Each Expenditure This Period \$ 1,500.00
Occupation Political Consultant	Name and Address of Employer Gaby L. Fraser, Washington, DC 20019		
2. Full Name, Mailing Address and Zip Code The Blue Swing 629 N High Street, Columbus, OH 43215	Purpose of Expenditure Campaign Materials	Date (month, day, year) 10/11/2020	Amount of Each Expenditure This Period \$ 6,518.36
Occupation	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code Custom Ink 2910 District Ave #300, Fairfax, VA 22031	Purpose of Expenditure Campaign Materials	Date (month, day, year) 10/11/2020	Amount of Each Expenditure This Period \$ 763.20
Occupation	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code Gaby L. Fraser 5713 Eads Street NE, Washington, DC 20019	Purpose of Expenditure Consultant	Date (month, day, year) 10/17/2020	Amount of Each Expenditure This Period \$ 2,000.00
Occupation Political Consultant	Name and Address of Employer Gaby L. Fraser, Washington, DC 20019		
5. Full Name, Mailing Address and Zip Code The Blue Swing 629 N High Street, Columbus, OH 43215	Purpose of Expenditure Campaign Materials	Date (month, day, year) 10/20/2020	Amount of Each Expenditure This Period \$ 8,348.36
Occupation	Name and Address of Employer		
6. Full Name, Mailing Address and Zip Code ActBlue 366 Summer Street, Somerville, MA 02144	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 10/26/2020	Amount of Each Expenditure This Period \$ 86.40
Occupation	Name and Address of Employer		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 19,216.32