



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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City, State and Zip Code Washington, DC 20020	

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

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 2/1/2020 through 3/10/2020		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 79,296.74	
(c) Total Receipts [from Line (16)]	\$ 44,944.05	\$ 137,109.05
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 124,240.79	
7. Total Expenditures (from Line 22)	\$ 33,184.31	\$ 46,052.57
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 91,056.48	
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

03/31/2021

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: 2/1/2020 TO: 3/10/2020	
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)	\$ 44,294.05	\$ 134,959.05 11(a)
(b) Political Party Committees (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$ 500.00	\$ 2,000.00 11(c)
(d) The Candidate (Schedule A-3)	\$ 0.00	\$ 0.00 11(d)
(e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the candidate or committee (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e) and (f)]	\$ 44,794.05	\$ 136,959.05 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)	\$ 150.00	\$ 150.00 15
16. TOTAL RECEIPTS [add Lines 11(g), 12, 13(c), 14 and 15]	\$ 44,944.05	\$ 137,109.05 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 33,184.31	\$ 46,052.57 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)]	\$ 33,184.31	\$ 46,052.57 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	79,296.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	44,944.05
25. SUBTOTAL (add Lines 23 and 24)	\$	124,240.79
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)	\$	33,184.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	\$	91,056.48

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 Lori Jones Brown 7104 Quarry Ct, 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) 02/01/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Director Name and Address of Employer Training Grounds		
Aggregate Year-To-date			\$ 500.00
2. Full Name, Mailing Address and Zip Code Christina Johnson 3909 Prospect St, Kensington, MD 20895	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) 02/02/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation CIO Name and Address of Employer Warrenton Group		
Aggregate Year-To-date			\$ 500.00
3. Full Name, Mailing Address and Zip Code Karen Dale 1250 Maryland Ave SW Ste 500, 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) 02/03/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation CEO Name and Address of Employer AmeriHealth Caritas DC		
Aggregate Year-To-date			\$ 250.00
4. Full Name, Mailing Address and Zip Code James Garnett 1122 Delcastle Ct, 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) 02/03/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation President Name and Address of Employer SGC Tour LLC		
Aggregate Year-To-date			\$ 250.00
5. Full Name, Mailing Address and Zip Code Abel Woldu 3924 Bentwood Ct, Fairfax, VA 22031	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) 02/03/2020	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

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 Deborah Ratner Salzberg 7500 Hampden Ln, 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) 02/03/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real Estate Executive Name and Address of Employer Brookfield		
Aggregate Year-To-date			\$ 500.00
7. Full Name, Mailing Address and Zip Code Courtland Cox 1716 Verbena 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) 02/03/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Board of Directors, President Name and Address of Employer SNCC Legacy Project		
Aggregate Year-To-date			\$ 500.00
8. Full Name, Mailing Address and Zip Code Ibironke Amusan 9623 Oxbridge Way, 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) 02/03/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Nurse Name and Address of Employer Self		
Aggregate Year-To-date			\$ 50.00
9. Full Name, Mailing Address and Zip Code Jeevan Mathura 7820 Kachina Ln, 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) 02/03/2020	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Physician Name and Address of Employer Self		
Aggregate Year-To-date			\$ 200.00
10. Full Name, Mailing Address and Zip Code David Scott Vossler 2812 Seabiscuit Dr, 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) 02/03/2020	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation President Name and Address of Employer WCS Construction		
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

11. Full Name, Mailing Address and Zip Code Jeffrey Capron 10304 Montgomery Ave, Kensington, MD 20895	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) 02/03/2020	Amount of Each Receipt This Period \$ 400.00
Contributor Type Individual	Occupation General Counsel Name and Address of Employer WC Smith		
Aggregate Year-To-date			\$ 400.00
12. Full Name, Mailing Address and Zip Code Brenda Atkinson-Willoughby 1745 N Portal Dr 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) 02/03/2020	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Director of Partnerships and Community Eng Name and Address of Employer Georgetown University		
Aggregate Year-To-date			\$ 200.00
13. Full Name, Mailing Address and Zip Code Ophnell Cumberbatch 8416 Central Ave, Landover, MD 20785	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) 02/03/2020	Amount of Each Receipt This Period \$ 300.00
Contributor Type Individual	Occupation Physician Name and Address of Employer Self		
Aggregate Year-To-date			\$ 300.00
14. Full Name, Mailing Address and Zip Code Hamel Builders, Inc. 5710 Furnace Ave Ste H, 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) 02/03/2020	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
15. Full Name, Mailing Address and Zip Code Mark Lerner 2000 Tower Oaks Blvd Fl 8, Rockville, MD 20852	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) 02/03/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Principal Name and Address of Employer Lerner Enterprises		
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 Marla Tanenbaum 2000 Tower Oaks Blvd Fl 8, Rockville, MD 20852	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) 02/03/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Principal Name and Address of Employer Lerner Enterprises		
Aggregate Year-To-date			\$ 500.00
17. Full Name, Mailing Address and Zip Code Edward Cohen 2000 Tower Oaks Blvd Fl 8, Rockville, MD 20852	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) 02/03/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Principal Name and Address of Employer Lerner Enterprises		
Aggregate Year-To-date			\$ 500.00
18. Full Name, Mailing Address and Zip Code T-Mobile USA, Inc. 12920 SE 38th St, Bellevue, WA 98006	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) 02/03/2020	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
19. Full Name, Mailing Address and Zip Code Western Development Corp. 1413 P St NW Apt 403, 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) 02/03/2020	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
20. Full Name, Mailing Address and Zip Code KBC Nursing Agency & Home Health Care, 1806 Georgia Ave 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) 02/03/2020	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 Roderic Woodson 1400 K St NW Ste 100, 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) 02/05/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Special Counsel Name and Address of Employer Parker Poe		
Aggregate Year-To-date			\$ 500.00
22. Full Name, Mailing Address and Zip Code Thomas Downs 3035 Oliver 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) 02/05/2020	Amount of Each Receipt This Period \$ 300.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Self		
Aggregate Year-To-date			\$ 300.00
23. Full Name, Mailing Address and Zip Code Peter Johnson 10106 Harewood Ct, Great Falls, VA 22066	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) 02/05/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Exec VP Name and Address of Employer Boston Properties		
Aggregate Year-To-date			\$ 500.00
24. Full Name, Mailing Address and Zip Code Developing Economic Opportunities, Inc. 4135 Wheeler Rd SE Ste A, Washington, DC 20032	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) 02/05/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 250.00
25. Full Name, Mailing Address and Zip Code Richard Rome 1201 F St NW Ste 500, 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) 02/07/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real estate Name and Address of Employer Savills Studley		
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 Deloras Shepherd 14802 Dolphin Way, Bowie, MD 20721	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) 02/08/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Accountant Name and Address of Employer DC Gov't		
Aggregate Year-To-date			\$ 250.00
27. Full Name, Mailing Address and Zip Code Ellen McCarthy 3905 Morrison 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) 02/10/2020	Amount of Each Receipt This Period \$ 75.00
Contributor Type Individual	Occupation Adjunct Professor Name and Address of Employer Georgetown Univ.		
Aggregate Year-To-date			\$ 75.00
28. Full Name, Mailing Address and Zip Code Gregory Casten 9470 Seven Locks 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) 02/10/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Director Name and Address of Employer Oceanpro Industries		
Aggregate Year-To-date			\$ 500.00
29. Full Name, Mailing Address and Zip Code Kelly Casten 9470 Seven Locks 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) 02/10/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation N/A Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 500.00
30. Full Name, Mailing Address and Zip Code Timothy Chapman 440 Maple Ave E Ste 203, Vienna, VA 22180	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) 02/10/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real Estate Developer Name and Address of Employer Chapman Development		
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

31. Full Name, Mailing Address and Zip Code Julianna Chapman 440 Maple Ave E Ste 203, Vienna, VA 22180	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) 02/10/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation N/A Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 500.00
32. Full Name, Mailing Address and Zip Code Capital City Asset Management, LLC 11701 Bowman Green Dr, Reston, VA 20190	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) 02/10/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business	Occupation Name and Address of Employer		
Business Type Corporation			
Aggregate Year-To-date			\$ 500.00
33. Full Name, Mailing Address and Zip Code Saul Ewing Arnstein & Lehr LLP 1500 Market St Fl 38, Philadelphia, PA 19102	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) 02/10/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Business	Occupation Name and Address of Employer		
Business Type Corporation			
Aggregate Year-To-date			\$ 250.00
34. Full Name, Mailing Address and Zip Code 2228 MLK Developer LLC 440 Maple Ave E, Vienna, VA 22180	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) 02/10/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business	Occupation Name and Address of Employer		
Business Type Corporation			
Aggregate Year-To-date			\$ 500.00
35. Full Name, Mailing Address and Zip Code Max Brown 455 I St 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) 02/12/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Founding partner Name and Address of Employer Group 360		
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

36. Full Name, Mailing Address and Zip Code Thomas Fulcher 5419 Cathedral 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) 02/13/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Broker Name and Address of Employer Savills, Inc.		
Aggregate Year-To-date			\$ 100.00
37. Full Name, Mailing Address and Zip Code Katrina Peebles 1750 H St NW Ste 300, 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) 02/13/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Creative Director Name and Address of Employer The Peebles Corp		
Aggregate Year-To-date			\$ 500.00
38. Full Name, Mailing Address and Zip Code R. Donahue Peebles 1750 H St NW Ste 300, 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) 02/14/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real estate Name and Address of Employer Self		
Aggregate Year-To-date			\$ 500.00
39. Full Name, Mailing Address and Zip Code VIKA Capitol 4910 Massachusetts Ave NW Ste 16, 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) 02/14/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business	Occupation Name and Address of Employer		
Business Type Corporation			
Aggregate Year-To-date			\$ 500.00
40. Full Name, Mailing Address and Zip Code American Tax LLC 3936 Minnesota 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) 02/14/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business	Occupation Name and Address of Employer		
Business Type 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

41. Full Name, Mailing Address and Zip Code Lynda Perez 36 G St SW, 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) 02/16/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Executive Name and Address of Employer US Dept. of Health and HS		
Aggregate Year-To-date			\$ 250.00
42. Full Name, Mailing Address and Zip Code Michael Sachtleben 1100 Mill Field Ct, Great Falls, VA 22066	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) 02/18/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation President Name and Address of Employer MedStar Georgetown University Hospital		
Aggregate Year-To-date			\$ 500.00
43. Full Name, Mailing Address and Zip Code Veronica Butler 1129 5th 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) 02/19/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation N/A Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 250.00
44. Full Name, Mailing Address and Zip Code Arent Fox LLC 1717 K St NW, Washington, DC 20006	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) 02/19/2020	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
45. Full Name, Mailing Address and Zip Code Camden Miller 930 M St NW Apt 1016, 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) 02/20/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Manager Name and Address of Employer Wiley Rein LLP		
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

46. Full Name, Mailing Address and Zip Code Ready Responders Inc 1320 Magazine St, New Orleans, LA 70130	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) 02/20/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Business	Occupation Name and Address of Employer		
Business Type Corporation			
Aggregate Year-To-date			\$ 250.00
47. Full Name, Mailing Address and Zip Code Premium Select Home Care Inc. 5513 Illinois Ave 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) 02/21/2020	Amount of Each Receipt This Period \$ 300.00
Contributor Type Business	Occupation Name and Address of Employer		
Business Type Corporation			
Aggregate Year-To-date			\$ 300.00
48. Full Name, Mailing Address and Zip Code Gerry Widdicombe 2456 20th St NW Apt 508, 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) 02/23/2020	Amount of Each Receipt This Period \$ 300.00
Contributor Type Individual	Occupation Econ development Name and Address of Employer Downtown DC BID		
Aggregate Year-To-date			\$ 300.00
49. Full Name, Mailing Address and Zip Code Thomas Graham 14303 Ansonia Ct, Upper Marlboro, MD 20774	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) 02/23/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation N/A Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 500.00
50. Full Name, Mailing Address and Zip Code Danielle Rockwood 3404 Livingston 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) 02/24/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation N/A 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

51. Full Name, Mailing Address and Zip Code LuAnn Bennett 1155 23rd St NW Apt 6D, 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) 02/24/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer Bennett Group		
Aggregate Year-To-date			\$ 500.00
52. Full Name, Mailing Address and Zip Code Richard Bradley 3905 Morrison 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) 02/24/2020	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation N/A Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 150.00
53. Full Name, Mailing Address and Zip Code Caroline Shafa 5255 Loughboro Rd 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) 02/24/2020	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Administrator Name and Address of Employer Sibley Memorial Hospital		
Aggregate Year-To-date			\$ 150.00
54. Full Name, Mailing Address and Zip Code Jennifer Abele 9020 Falls Run Rd, McLean, VA 22102	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) 02/24/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Physician Name and Address of Employer Sibley - EMA		
Aggregate Year-To-date			\$ 100.00
55. Full Name, Mailing Address and Zip Code Marissa McKeever 140 M St NE Apt 651, 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) 02/24/2020	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Johns Hopkins Univ		
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

56. Full Name, Mailing Address and Zip Code Hendricks-Jackson Laura 9922 Wintry Day Pl, Laurel, MD 20723	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) 02/24/2020	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Chief Nursing Officer Name and Address of Employer Sibley Memorial Hospital		
Aggregate Year-To-date			\$ 150.00
57. Full Name, Mailing Address and Zip Code Hasan Zia 4507 Fairway Downs Ct, Alexandria, VA 22312	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) 02/24/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation CEO Name and Address of Employer Sibley Hospital		
Aggregate Year-To-date			\$ 500.00
58. Full Name, Mailing Address and Zip Code Block Feldman Wendy 6803 Glenbrook Rd, 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) 02/24/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Broker Name and Address of Employer Savills		
Aggregate Year-To-date			\$ 100.00
59. Full Name, Mailing Address and Zip Code Jacqueline Bowens 17307 Avenleigh Dr, Ashton, MD 20861	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) 02/24/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation President and CEO Name and Address of Employer DC Hospital Association		
Aggregate Year-To-date			\$ 500.00
60. Full Name, Mailing Address and Zip Code Curtis Jones 17307 Avenleigh Dr, Ashton, MD 20861	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) 02/24/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation N/A 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

61. Full Name, Mailing Address and Zip Code Carmen Perkins 4725 Massachusetts 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) 02/24/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation VP Name and Address of Employer Civitas Real Estate		
Aggregate Year-To-date			\$ 250.00
62. Full Name, Mailing Address and Zip Code Barry Wright 1424 Aspen 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) 02/24/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Principal Name and Address of Employer Wright Capital Realty Group		
Aggregate Year-To-date			\$ 250.00
63. Full Name, Mailing Address and Zip Code Christopher Bruch 4410 Leland St, 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) 02/24/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation President and Chief Executive Officer Name and Address of Employer The Donohoe Companies, Inc.		
Aggregate Year-To-date			\$ 500.00
64. Full Name, Mailing Address and Zip Code Sunny Jung Alsup 3019 44th St 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) 02/24/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation N/A Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 500.00
65. Full Name, Mailing Address and Zip Code Berkeley Shervin 5101 Wisconsin 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) 02/24/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation President Name and Address of Employer The Wilkes Company		
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

66. Full Name, Mailing Address and Zip Code David Alvaranga 3936 Minnesota 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) 02/24/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Managing Officer Name and Address of Employer Liberty Tax		
Aggregate Year-To-date			\$ 500.00
67. Full Name, Mailing Address and Zip Code Jeffrey Gelman 21509 Goshens Edge Ct, Laytonsville, MD 20882	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) 02/24/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Saul Ewing Arnstein & Lehr		
Aggregate Year-To-date			\$ 250.00
68. Full Name, Mailing Address and Zip Code Matthew Thackston 1359 C 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) 02/24/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Lobbyist Name and Address of Employer AANA		
Aggregate Year-To-date			\$ 500.00
69. Full Name, Mailing Address and Zip Code Parry Contracting LLC 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) 02/24/2020	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
70. 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) 02/24/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
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

71. Full Name, Mailing Address and Zip Code Metropolitan Medical Group 4806 U 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) 02/24/2020	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
72. Full Name, Mailing Address and Zip Code Raymond Ritchey 1140 Chain Bridge Rd, McLean, VA 22101	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) 02/24/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real Estate Development		
	Name and Address of Employer BXP		
Aggregate Year-To-date			\$ 500.00
73. Full Name, Mailing Address and Zip Code Eric Colbert & Associates PC 717 5th St 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) 02/24/2020	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
74. Full Name, Mailing Address and Zip Code Howard Rosenstock 9932 Sorrel Ave, Potomac, MD 20854	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) 02/24/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Partner		
	Name and Address of Employer Hogan Lovells		
Aggregate Year-To-date			\$ 500.00
75. Full Name, Mailing Address and Zip Code Carol Shannon 1341 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) 02/25/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Fundraiser		
	Name and Address of Employer Sibley		
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

76. Full Name, Mailing Address and Zip Code Marc Berg 5305 Blackistone 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) 02/25/2020	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation CEO Name and Address of Employer Bluerock		
Aggregate Year-To-date			\$ 150.00
77. Full Name, Mailing Address and Zip Code Herb Gray 2300 Washington Pl NE Apt 102, 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) 02/25/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation CEO Name and Address of Employer Life Enhancement Services		
Aggregate Year-To-date			\$ 500.00
78. Full Name, Mailing Address and Zip Code Raymond Tu 1539 27th St 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) 02/25/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Physician Name and Address of Employer Raymond Tu Ltd		
Aggregate Year-To-date			\$ 500.00
79. Full Name, Mailing Address and Zip Code Maurice Malcolm 8775 Centre Park Dr, Columbia, MD 21045	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) 02/25/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Managing partner Name and Address of Employer Dasidual		
Aggregate Year-To-date			\$ 50.00
80. Full Name, Mailing Address and Zip Code Anita Jenkins 1720 H St NW, 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) 02/25/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation CEO Name and Address of Employer HUH		
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 India Medley 14509 Dew Dr, Bowie, MD 20721	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) 02/25/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation VP & CNO Name and Address of Employer Adventist Health Care at Howard		
Aggregate Year-To-date			\$ 100.00
82. Full Name, Mailing Address and Zip Code Luigi Leblanc 1133 21st St NW, Washington, DC 20036	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) 02/25/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation MPH Name and Address of Employer Zane Networks LLC		
Aggregate Year-To-date			\$ 250.00
83. Full Name, Mailing Address and Zip Code Anu Mullick 3105 Military Rd 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) 02/25/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Chief of Staff Name and Address of Employer Sibley Memorial Hospital		
Aggregate Year-To-date			\$ 100.00
84. Full Name, Mailing Address and Zip Code Jason Freeman 3938 Harrison 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) 02/25/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Physician Name and Address of Employer Sibley Memorial Hospital		
Aggregate Year-To-date			\$ 100.00
85. Full Name, Mailing Address and Zip Code Kenny Greene 12803 Lode St, Bowie, MD 20720	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) 02/25/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Sgt. Major Name and Address of Employer Retired		
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

86. Full Name, Mailing Address and Zip Code DC Hospital Association 1152 15th St NW Ste 900, Washington, DC 20005	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Food and Drinks	Date (month, day, year) 02/25/2020	Amount of Each Receipt This Period \$ 404.05
Contributor Type Business	Occupation		
Business Type Corporation	Name and Address of Employer		
Aggregate Year-To-date			\$ 404.05
87. Full Name, Mailing Address and Zip Code Tony Kinlow 3952 2nd St SW, Washington, DC 20032	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) 02/25/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation VP Gov't Affairs		
	Name and Address of Employer Children's Hospital		
Aggregate Year-To-date			\$ 250.00
88. Full Name, Mailing Address and Zip Code Regina Woods 110 Irving St NW Rm 8111, Washington, DC 20010	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) 02/25/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation VP Gov't Affairs		
	Name and Address of Employer MedStar Health		
Aggregate Year-To-date			\$ 500.00
89. Full Name, Mailing Address and Zip Code Benjamin Young 2900 McKinley 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) 02/25/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Public Affairs		
	Name and Address of Employer Georgetown Public Affairs		
Aggregate Year-To-date			\$ 500.00
90. Full Name, Mailing Address and Zip Code Swenda Beitpoulce 277 W Pebble Creek Ln, Orange, CA 92865	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) 02/25/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation COO		
	Name and Address of Employer Bridgepoint Healthcare		
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

91. Full Name, Mailing Address and Zip Code James Linhares 500 Madison St Unit 502, 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) 02/25/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Market President Name and Address of Employer Bridgepoint Healthcare		
Aggregate Year-To-date			\$ 250.00
92. Full Name, Mailing Address and Zip Code Curtis Hines Jr. 7205 Holly Glen Dr, Stokesdale, NC 27357	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) 02/25/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation VP Marketing Name and Address of Employer Bridgepoint Healthcare		
Aggregate Year-To-date			\$ 100.00
93. Full Name, Mailing Address and Zip Code Antoinette Saldivar 5002A Barbour Dr, Alexandria, VA 22304	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) 02/25/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation VP HR Name and Address of Employer Bridgepoint Healthcare		
Aggregate Year-To-date			\$ 100.00
94. Full Name, Mailing Address and Zip Code Sarah Rand 1407 Straightway Ave, Nashville, TN 37206	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) 02/25/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation CFO Name and Address of Employer Bridgepoint Healthcare		
Aggregate Year-To-date			\$ 100.00
95. Full Name, Mailing Address and Zip Code Bridgepoint Healthcare, LLC 700 Constitution Ave 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) 02/25/2020	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

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 Pro Cover LLC 8811 Falls Rd, Potomac, MD 20854	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) 02/25/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Business	Occupation Name and Address of Employer		
Business Type Corporation			
Aggregate Year-To-date			\$ 500.00
97. 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) 02/25/2020	Amount of Each Receipt This Period \$ 150.00
Contributor Type Business	Occupation Name and Address of Employer		
Business Type Corporation			
Aggregate Year-To-date			\$ 400.00
98. Full Name, Mailing Address and Zip Code George Sprinkel 3104 N Dinwiddie St, Arlington, VA 22207	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) 02/25/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 50.00
99. Full Name, Mailing Address and Zip Code Michael Goodwin 601 Massachusetts 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) 02/26/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Arnold & Porter		
Aggregate Year-To-date			\$ 500.00
100. Full Name, Mailing Address and Zip Code Veronica Parham-Dudley 6517 3rd 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) 02/26/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Market Director Name and Address of Employer BridgePoint Healthcare		
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

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

106. Full Name, Mailing Address and Zip Code Angel Ribulotta 1408 Winding Waye Ln, Silver Spring, MD 20902	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) 03/03/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer Aguilar Associates Inc		
Aggregate Year-To-date			\$ 100.00
107. Full Name, Mailing Address and Zip Code Richard Gersten 3526 Edmunds St 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) 03/06/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer Peak Gersten		
Aggregate Year-To-date			\$ 250.00
108. Full Name, Mailing Address and Zip Code Nancy Bruce 11842 Vineyard Path, New Market, MD 21774	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) 03/06/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation VP Name and Address of Employer MedStar Health		
Aggregate Year-To-date			\$ 50.00
109. Full Name, Mailing Address and Zip Code Wilhelm Bonnette 3516 Silver Park Dr Apt 13, Suitland, 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) 03/07/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Counselor Name and Address of Employer Self		
Aggregate Year-To-date			\$ 250.00
110. Full Name, Mailing Address and Zip Code Vicki Coward 3175 Westover 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) 03/07/2020	Amount of Each Receipt This Period \$ 300.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Self		
Aggregate Year-To-date			\$ 300.00

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 Lorraine Roberson 11003 Kencrest 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) 03/07/2020	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
112. Full Name, Mailing Address and Zip Code Cheryl Mahan 1801 Sahara Ln, 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) 03/07/2020	Amount of Each Receipt This Period \$ 20.00
Contributor Type Individual	Occupation N/A Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 20.00
113. Full Name, Mailing Address and Zip Code Ronald Collins 301 G St NE Apt 609, 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) 03/07/2020	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
114. Full Name, Mailing Address and Zip Code Joseph Norman Evans 3140 Westover 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) 03/07/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Dean Name and Address of Employer Morehouse School of Religion		
Aggregate Year-To-date			\$ 100.00
115. Full Name, Mailing Address and Zip Code Donald Harrison 3354 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) 03/07/2020	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

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 David Wilmot 1653 Kalmia Rd 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) 03/07/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer David W. Wilmot & Associates		
Aggregate Year-To-date			\$ 500.00
117. Full Name, Mailing Address and Zip Code Charles McNeil 608 Bonhill Dr, Fort Washington, MD 20744	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) 03/07/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation N/A Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 100.00
118. Full Name, Mailing Address and Zip Code Cornelius Baker 1707 Columbia Rd NW, 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) 03/07/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer MSAG/State		
Aggregate Year-To-date			\$ 100.00
119. Full Name, Mailing Address and Zip Code Chuck Berger 405 6th 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) 03/07/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Realtor Name and Address of Employer Coldwell Banker		
Aggregate Year-To-date			\$ 50.00
120. Full Name, Mailing Address and Zip Code Ronald Williams 397 O St SW, 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) 03/07/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Management Consultant Name and Address of Employer District Social Work Services, Inc.		
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

121. Full Name, Mailing Address and Zip Code Mary Ann Miller 3001 Veazey Ter NW Apt 1531, Washington, DC 20008	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) 03/07/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation N/A Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 100.00
122. Full Name, Mailing Address and Zip Code Neen Consulting, LLC 532 Foxhall Pl SE, Washington, DC 20032	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) 03/07/2020	Amount of Each Receipt This Period \$ 150.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 150.00
123. Full Name, Mailing Address and Zip Code William Johnson 2520 36th St 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) 03/07/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
Aggregate Year-To-date			\$ 250.00
124. Full Name, Mailing Address and Zip Code Jocelyn Wong Henery 4208 Rail St, Capitol Heights, MD 20743	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) 03/07/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Management analyst Name and Address of Employer Gov't		
Aggregate Year-To-date			\$ 200.00
125. Full Name, Mailing Address and Zip Code Howard Gassaway Sr. 2806 32nd St 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) 03/07/2020	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Retired Name and Address of Employer Retired		
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 Marc Berg 5305 Blackistone 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) 03/08/2020	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation CEO Name and Address of Employer Bluerock		
Aggregate Year-To-date			\$ 300.00
127. Full Name, Mailing Address and Zip Code Broderick Solomon 11315 Old Prospect Hill Rd, Glenn Dale, MD 20769	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) 03/08/2020	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Medical Billing Consultant Name and Address of Employer Self		
Aggregate Year-To-date			\$ 150.00
128. Full Name, Mailing Address and Zip Code Wilhem Rivera 1001 3rd St SW Apt 106, Washington, DC 20024	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) 03/09/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Psychiatrist Name and Address of Employer Self		
Aggregate Year-To-date			\$ 500.00
129. Full Name, Mailing Address and Zip Code Naspira Medical Holdings LLC 6323 Georgia Ave NW Ste 107, 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) 03/09/2020	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
130. Full Name, Mailing Address and Zip Code Angel Clarens 4320 Klingle St 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) 03/09/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Principal Name and Address of Employer A. F. Clarens Architect		
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 Manuel Celaya 12002 Rockledge Dr, Bowie, MD 20715	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) 03/09/2020	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
132. Full Name, Mailing Address and Zip Code Lewisor Norman 12817 Norwood Ln, Fort Washington, MD 20744	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) 03/09/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation n/a Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 150.00
133. Full Name, Mailing Address and Zip Code Robert Gundling 1775 Eye St NW Ste 1150, 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) 03/09/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Early Childhood Edu Consultant Name and Address of Employer Better Futures LLC		
Aggregate Year-To-date			\$ 10.00
134. Full Name, Mailing Address and Zip Code Lamont Mitchell 3710 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) 03/09/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation N/A Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 25.00
135. Full Name, Mailing Address and Zip Code John O'Donnell 5301 Wisconsin Ave NW Ste 210, 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) 03/09/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation CEO Name and Address of Employer WANADA		
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 Donald Brooks 1834 Belmont Rd NW, 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) 03/09/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation N/A Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 50.00
137. Full Name, Mailing Address and Zip Code Brenda Gray 1108 51st 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) 03/09/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation N/A Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 25.00
138. Full Name, Mailing Address and Zip Code Michael Gordon 3420 Wake Dr, Kensington, MD 20895	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) 03/09/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Real Estate Broker Name and Address of Employer Blake Real Estate		
Aggregate Year-To-date			\$ 100.00
139. Full Name, Mailing Address and Zip Code Monique Johnson 1527 28th St SE Apt 104, 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) 03/10/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Exec. Asst. Name and Address of Employer DC Dept. of Health		
Aggregate Year-To-date			\$ 50.00
140. 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) 03/10/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Realtor Name and Address of Employer Long & Foster		
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 Vincent Carlos Gray 1717 New Jersey Ave NW Apt B, 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) 03/10/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Real Estate Development Name and Address of Employer DC Housing Authority		
Aggregate Year-To-date			\$ 100.00
142. Full Name, Mailing Address and Zip Code Andrea Lewis 6236 Copper Sky Ct, Columbia, MD 21045	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) 03/10/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Deputy Director Name and Address of Employer Qlarant		
Aggregate Year-To-date			\$ 100.00
143. Full Name, Mailing Address and Zip Code Virgil McDonald 2548 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) 03/10/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation n/a Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 125.00
144. Full Name, Mailing Address and Zip Code Virgil McDonald 2548 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) 03/10/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation n/a Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 125.00
145. Full Name, Mailing Address and Zip Code Aviva Kempner 5005 Linnean Ave 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) 03/10/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Filmmaker Name and Address of Employer The Ciesla Foundation		
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

146. Full Name, Mailing Address and Zip Code Kenneth Ellerbe 4527 Alabama Ave 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) 03/10/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Not employed Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 25.00
147. Full Name, Mailing Address and Zip Code Panchita Bello 4715 Blagden Ave 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) 03/10/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Real Estate Broker Name and Address of Employer Sherlocke Homes		
Aggregate Year-To-date			\$ 250.00
148. Full Name, Mailing Address and Zip Code George Clark 4525 28th 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) 03/10/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Lawyer Name and Address of Employer Self		
Aggregate Year-To-date			\$ 100.00
149. 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) 03/10/2020	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Name and Address of Employer Metropolitan Alliance		
Aggregate Year-To-date			\$ 10.00
150. Full Name, Mailing Address and Zip Code George Rodgers 2225 Lawrence St NE, 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) 03/10/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Businessman Name and Address of Employer RBS		
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

151. Full Name, Mailing Address and Zip Code Levonnia Mobley 3725 17th St NE, 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) 03/10/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation n/a Name and Address of Employer Not employed		
Aggregate Year-To-date			\$ 150.00
152. Full Name, Mailing Address and Zip Code Jennifer Fraser 4 Lusterleaf Ct Apt 100, Stafford, VA 22554	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) 03/10/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation QA Analyst Name and Address of Employer GCE		
Aggregate Year-To-date			\$ 50.00
153. Full Name, Mailing Address and Zip Code George Rickman 3814 13th 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) 03/10/2020	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Self		
Aggregate Year-To-date			\$ 75.00
154. Full Name, Mailing Address and Zip Code Panchita Bello 4715 Blagden Ave 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) 03/10/2020	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Real Estate Broker Name and Address of Employer Sherlocke Homes		
Aggregate Year-To-date			\$ 250.00
155. Full Name, Mailing Address and Zip Code Jose Sousa 2805 Brentwood Rd NE, 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) 03/10/2020	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation VP Public Affairs Name and Address of Employer DCHA		
Aggregate Year-To-date			\$ 50.00

TOTAL This Period (Aggregate of all Receipt pages)	\$ 44,294.05
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ITEMIZED RECEIPTS FROM COMMITTEES OTHER THAN POLITICAL COMMITTEES AUTHORIZED BY THE SAME CANDIDATE

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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 Washington Gas Light Company PAC 1000 Maine Ave SW Ste 600, Washington, DC 20024	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) 02/03/2020	Amount of Each Receipt This Period \$ 500.00
Contributor Type Corporate Sponsored PAC			
	Aggregate Year-To-date		\$ 500.00

TOTAL This Period (Aggregate of all Receipt pages)

\$ 500.00

OFFSETS TO OPERATING EXPENDITURES (REFUNDS, REBATES, 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	Receipt Type	Date (month, day, year)	Amount of Each Offset This Period
Marc Berg 5305 Blackistone Rd, Bethesda, MD 20816		03/08/2020	\$ 150.00
	Aggregate Year-To-date		\$ 150.00

TOTAL This Period (Aggregate of all Receipt pages)

\$ 150.00

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

8. Full Name, Mailing Address and Zip Code Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020	Purpose of Expenditure Supplies	Date (month, day, year) 02/14/2020	Amount of Each Expenditure This Period \$ 48.80
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) 02/16/2020	Amount of Each Expenditure This Period \$ 76.05
Occupation	Name and Address of Employer		
10. 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) 02/20/2020	Amount of Each Expenditure This Period \$ 26.35
Occupation	Name and Address of Employer		
11. Full Name, Mailing Address and Zip Code PENN-BAMA, LLC 6820-B Commercial Drive, Springfield, VA 22151	Purpose of Expenditure Rental	Date (month, day, year) 02/20/2020	Amount of Each Expenditure This Period \$ 358.62
Occupation	Name and Address of Employer		
12. Full Name, Mailing Address and Zip Code PENN-BAMA, LLC 6820-B Commercial Drive, Springfield, VA 22151	Purpose of Expenditure Rental	Date (month, day, year) 02/20/2020	Amount of Each Expenditure This Period \$ 2,600.00
Occupation	Name and Address of Employer		
13. Full Name, Mailing Address and Zip Code Saul Lewis Sr. 422 37th Place, Washington, DC 20019	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 02/20/2020	Amount of Each Expenditure This Period \$ 200.00
Occupation	Name and Address of Employer		
14. Full Name, Mailing Address and Zip Code PENN-BAMA, LLC 6820-B Commercial Drive, Springfield, VA 22151	Purpose of Expenditure Rental	Date (month, day, year) 02/20/2020	Amount of Each Expenditure This Period \$ 2,600.00
Occupation	Name and Address of Employer		
15. 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) 02/21/2020	Amount of Each Expenditure This Period \$ 79.49
Occupation	Name and Address of Employer		

16. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Bank Fees	Date (month, day, year) 02/23/2020	Amount of Each Expenditure This Period \$ 41.48
Occupation	Name and Address of Employer		
17. Full Name, Mailing Address and Zip Code Kim Blassingame 4011 E St SE, Washington, DC 20019	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 02/24/2020	Amount of Each Expenditure This Period \$ 130.00
Occupation	Name and Address of Employer		
18. Full Name, Mailing Address and Zip Code Dennis Jones 1846 Bruce Place SE, Washington, DC 20019	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 02/24/2020	Amount of Each Expenditure This Period \$ 600.00
Occupation	Name and Address of Employer		
19. Full Name, Mailing Address and Zip Code JaQui Beaver 122 Division Ave NE, Washington, DC 20019	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 02/24/2020	Amount of Each Expenditure This Period \$ 130.00
Occupation	Name and Address of Employer		
20. Full Name, Mailing Address and Zip Code William Johnson 4276 East Capitol Street NE, Washington, DC 20019	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 02/24/2020	Amount of Each Expenditure This Period \$ 130.00
Occupation	Name and Address of Employer		
21. Full Name, Mailing Address and Zip Code DC Hospital Association 1152 15th St NW Ste 900, Washington, DC 20005	Purpose of Expenditure In-Kind	Date (month, day, year) 02/25/2020	Amount of Each Expenditure This Period \$ 404.05
Occupation	Name and Address of Employer		
22. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018	Purpose of Expenditure Supplies	Date (month, day, year) 02/26/2020	Amount of Each Expenditure This Period \$ 286.18
Occupation	Name and Address of Employer		
23. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018	Purpose of Expenditure Supplies	Date (month, day, year) 02/26/2020	Amount of Each Expenditure This Period \$ 19.76
Occupation	Name and Address of Employer		

24. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 02/27/2020	Amount of Each Expenditure This Period \$ 39.94
Occupation	Name and Address of Employer		
25. Full Name, Mailing Address and Zip Code Staples 2950 Belcrest Center Drive, Hyattsville, MD 20782	Purpose of Expenditure Supplies	Date (month, day, year) 02/27/2020	Amount of Each Expenditure This Period \$ 31.39
Occupation	Name and Address of Employer		
26. Full Name, Mailing Address and Zip Code Fedex Office 715 D St SE, Washington, DC 20003	Purpose of Expenditure Printing	Date (month, day, year) 02/27/2020	Amount of Each Expenditure This Period \$ 159.00
Occupation	Name and Address of Employer		
27. 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) 02/27/2020	Amount of Each Expenditure This Period \$ 558.68
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) 02/27/2020	Amount of Each Expenditure This Period \$ 645.00
Occupation	Name and Address of Employer		
29. Full Name, Mailing Address and Zip Code Deborah Johnson 8238 Canning Terrace, Greenbelt, MD 20770	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 02/28/2020	Amount of Each Expenditure This Period \$ 800.00
Occupation	Name and Address of Employer		
30. Full Name, Mailing Address and Zip Code Peter Brooks 3513 Sequoia Ave, Baltimore, MD 21215	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 02/29/2020	Amount of Each Expenditure This Period \$ 250.00
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) 03/01/2020	Amount of Each Expenditure This Period \$ 3,000.00
Occupation	Name and Address of Employer		

32. Full Name, Mailing Address and Zip Code TyJuan Brown 3904 21st Street NE, Washington, DC 20018	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 03/01/2020	Amount of Each Expenditure This Period \$ 2,000.00
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) 03/01/2020	Amount of Each Expenditure This Period \$ 258.77
Occupation	Name and Address of Employer		
34. Full Name, Mailing Address and Zip Code BarrComm 16175 Golf Club Rd, Weston, FL 33326	Purpose of Expenditure Consultant	Date (month, day, year) 03/04/2020	Amount of Each Expenditure This Period \$ 1,400.00
Occupation	Name and Address of Employer		
35. Full Name, Mailing Address and Zip Code Saul Lewis Sr. 422 37th Place, Washington, DC 20019	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 03/05/2020	Amount of Each Expenditure This Period \$ 105.00
Occupation	Name and Address of Employer		
36. Full Name, Mailing Address and Zip Code Dennis Jones 1846 Bruce Place SE, Washington, DC 20019	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 03/05/2020	Amount of Each Expenditure This Period \$ 550.00
Occupation	Name and Address of Employer		
37. Full Name, Mailing Address and Zip Code Carolyn McCain 4243 Blaine Street NE, Washington, DC 20019	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 03/05/2020	Amount of Each Expenditure This Period \$ 120.00
Occupation	Name and Address of Employer		
38. Full Name, Mailing Address and Zip Code Debra Williams 4243 Blaine Street NE, Washington, DC 20019	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 03/05/2020	Amount of Each Expenditure This Period \$ 120.00
Occupation	Name and Address of Employer		
39. Full Name, Mailing Address and Zip Code Kim Blassingame 4011 E St SE, Washington, DC 20019	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 03/05/2020	Amount of Each Expenditure This Period \$ 105.00
Occupation	Name and Address of Employer		

40. Full Name, Mailing Address and Zip Code William Johnson 4276 East Capitol Street NE, Washington, DC 20019	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 03/05/2020	Amount of Each Expenditure This Period \$ 210.00
Occupation	Name and Address of Employer		
41. Full Name, Mailing Address and Zip Code Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020	Purpose of Expenditure Supplies	Date (month, day, year) 03/05/2020	Amount of Each Expenditure This Period \$ 75.88
Occupation	Name and Address of Employer		
42. Full Name, Mailing Address and Zip Code Lowe's 2438 Market Street NE, Washington, DC 20018	Purpose of Expenditure Supplies	Date (month, day, year) 03/06/2020	Amount of Each Expenditure This Period \$ 26.42
Occupation	Name and Address of Employer		
43. Full Name, Mailing Address and Zip Code Harland Clarke Corp. 15955 La Cantera Parkway, San Antonio, TX 78256	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/06/2020	Amount of Each Expenditure This Period \$ 131.09
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) 03/07/2020	Amount of Each Expenditure This Period \$ 37.57
Occupation	Name and Address of Employer		
45. Full Name, Mailing Address and Zip Code DJ Vanity 2524 Naylor Rd, Washington, DC 20020	Purpose of Expenditure Consultant	Date (month, day, year) 03/08/2020	Amount of Each Expenditure This Period \$ 150.00
Occupation	Name and Address of Employer		
46. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/08/2020	Amount of Each Expenditure This Period \$ 39.53
Occupation	Name and Address of Employer		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 33,184.31