

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

| 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) ✓ Yes □ No |
| City, State and Zip Code Washington, DC 20020 | |

4. TYPE OF REPORT: March 10th Report

This REPORT contains activity for: Primary Election

| SUMMARY 5. Covering Period 2/1/2020 through 3/10/2020 | COLUMN A THIS PERIOD | COLUMN B CUMULATIVE TO-DATE |
|---|-------------------------|-----------------------------------|
| 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 |
| 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 THEDAYOF | ,20 |
|-----|---|---|
| | NOTARY PUBLIC | |
| | NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMA PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35. | TION MAY SUBJECT THE PERSON TO THE |
| (2) | OATH OR AFFIRMATION OF COMMITTEE TREASURER | |
| | I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAT TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BE 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 THEDAYOF | ,20 |
| | NOTARY PUBLIC | |
| | NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMA PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35. | TION MAY SUBJECT THE PERSON TO THE |
| (3) | OATH OR AFFIRMATION OF COMMITTEE TREASURER OF INDEPENDENT EXPENDITURE COM | MITTEE |
| | I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAT TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF I FURTHER SWEAR OR AFFIRM THAT THE COMMITTEE HAS MADE NO CONTR PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION | THE REPORT IS TRUE AND COMPLETE; AND IBUTIONS OR TRANSFER OF FUNDS TO ANY |
| | TYPE OR PRINT FULL NAME OF TREASURER | |
| | | |
| | SIGNATURE OF TREASURER | DATE |
| | SUBSCRIBED AND SWORN TO BEFORE ME THIS THEDAYOF | ,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 THEDAYOF,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

| Full Name of Committee (Name of Candidate, if Candidate is reporting) Vince Gray 2020 | REPORT C FROM: 2 | COVERING THE PERIC | |)/2020 | |
|--|----------------------------|----------------------------|---|------------|----------------|
| I. RECEIPTS | | COLUMN A AL THIS PERIOD | COLUMN B CUMULATIVE T0-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) (f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the | s | 0.00 | \$ \$ | 0.00 | 11(e) 11(f) |
| candidate or committee (Schedule A-7) (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 | s | 0.00 | 13(b) |
| (c) Total Loans [add Lines 13(a) and (b)] | | | | | |
| 14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5) | \$ | 0.00 | \$ | 0.00 | 13(c) |
| 14. OTHER RECEII 15 (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) 19. LOAN REPAYMENTS: | \$ | 0.00 | \$ | 0.00 | 18 |
| (a) Of Loans owed By the Committee to the Candidate (Schedule E) | s | 0.00 | \$ | 0.00 | 19(a) |
| (b) Of Loans from other source made to the Committee (Schedule E-1) | \$ | 0.00 | s | 0.00 | |
| | | | | | 19(b) |
| (c) Total Loan Repayments [add Lines 19(a) and 19(b)] 20. REFUNDS OF CONTRIBUTIONS TO: | \$ | 0.00 | \$ | 0.00 | 19(c) |
| (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)] 21. OTHER EXPENDITURES | \$ | 0.00 | \$ | 0.00 | 20(d) |
| (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 | 4 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) | \$ | | | 44,944.05 | 5 |
| 25. SUBTOTAL (add Lines 23 and 24) | \$ | | | 124,240.79 | 9 |
| 26. TOTAL EXPENDITURES THIS PERIOD (from Line 22) | \$ | | | 33,184.3 | 1 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | \$ | | | 91,056.48 | 8 |

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|---|---|------------------------------------|--|
| Full Name of Committee (Name of Candidate, if Candidate) Vince Gray 2020 | ate is reporting) | | |
| Full Name, Mailing Address and Zip Code Lori Jones Brown 7104 Quarry Ct, Capitol Heights, MD 20743 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Director Name and Address of Employer Training Grounds | Date (month, day, year) 02/01/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | Aggregate Year-To-date | | \$ 500.00 |
| 2. Full Name, Mailing Address and Zip Code Christina Johnson 3909 Prospect St, Kensington, MD 20895 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation CIO | Date (month, day, year) 02/02/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | 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 ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ 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 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation President | Date (month, day, year) 02/03/2020 | Amount of Each Receipt This Period \$ 250.00 |
| Individual | Name and Address of Employer SGC Tour LLC | | |
| | Aggregate Year-To-date | | \$ 250.00 |
| Full Name, Mailing Address and Zip Code Abel Woldu 3924 Bentwood Ct, Fairfax, VA 22031 | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ 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 |

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| Vince Gray 2020 | | | |
|---|---|------------------------------------|--|
| 6. Full Name, Mailing Address and Zip Code Deborah Ratner Salzberg 7500 Hampden Ln, Bethesda, MD 20814 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Real Estate Executive Name and Address of Employer Brookfield | Date (month, day, year) 02/03/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | Aggregate Year-To-date | | \$ 500.00 |
| 7. Full Name, Mailing Address and Zip Code Courtland Cox 1716 Verbena St NW, Washington, DC 20012 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Board of Directors, President | Date (month, day, year) 02/03/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Individual | 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 Contributor Type Individual | Contribution Type Cash Money Order Check Cashier Check Credit Card Other (Specify) In Kind (Specify) Occupation Nurse Name and Address of Employer | Date (month, day, year) 02/03/2020 | Amount of Each Receipt This Period \$ 50.00 |
| | Self Aggregate Year-To-date | | \$ 50.00 |
| | Aggregate Tear-10-date | | |
| Full Name, Mailing Address and Zip Code Jeevan Mathura 7820 Kachina Ln, Bethesda, MD 20817 | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ 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 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation President | Date (month, day, year) 02/03/2020 | Amount of Each Receipt This Period \$ 200.00 |
| Individual | Name and Address of Employer WCS Construction | | |
| | Aggregate Year-To-date | | \$ 200.00 |

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| 12. Full Name, Mailing Address and Zip Code Brends Addinson-Willoughby Cacher Check Credit Cand Cacher Check Credit Cand Date (month, day, year) Cacher Check Cacher Check | 11. Full Name, Mailing Address and Zip Code Jeffrey Capron 10304 Montgomery Ave, Kensington, MD 20895 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation General Counsel Name and Address of Employer WC Smith Aggregate Year-To-date | Date (month, day, year) 02/03/2020 | Amount of Each Receipt This Period \$ 400.00 |
|--|--|--|------------------------------------|--|
| Contributor Type Individual Name and Address of Employer Georgetown University Same and Address of Employer Georgetown University Same and Address of Employer Georgetown University Same and Address of Employer Same and Address o | Brenda Atkinson-Willoughby | ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card | day, year) | Receipt This Period |
| S. Full Name, Mailing Address and Zip Code Cash Money Order Cash Credit Card Ozlogization Contributor Type Individual Cash Money Order Cash Credit Card Ozlogization Contributor Type Individual Cash Credit Card Ozlogization Contributor Type Corporation Contributor Type Corporation Contributor Type Cash Credit Card Ozlogization Contributor Type Cash Credit Card Ozlogization Contributor Type Cash Credit Card Ozlogization Contributor Type Contributo | | ☐ In Kind (Specify) Occupation Director of Partnerships and Community Er Name and Address of Employer Georgetown University | | 6.200.00 |
| Cash Check Credit Card Ozober (Specify) Contributor Type Individual Cashier Check Credit Card Ozober (Specify) Cashier Check Credit Card Ozober (Specify) Contributor Type Individual Ozober (Specify) Cashier Check Credit Card Ozober (Specify) | | Aggregate Year-To-date | | \$ 200.00 |
| 14. Full Name, Mailing Address and Zip Code Cash | Ophnell Cumberbatch 8416 Central Ave, Landover, MD 20785 Contributor Type | ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Physician Name and Address of Employer | day, year) | Receipt This Period |
| Hamel Builders, Inc. 5710 Furnace Ave Ste H, Elkridge, MD 21075 Cash | | Aggregate Year-To-date | | \$ 300.00 |
| Business Type Corporation Aggregate Year-To-date S 500.00 15. Full Name, Mailing Address and Zip Code Mark Lerner 2000 Tower Oaks Blvd Fl 8, Rockville, MD 20852 Contributor Type Individual Name and Address of Employer Name and Address of Employer Date (month, day, year) | Hamel Builders, Inc. 5710 Furnace Ave Ste H, Elkridge, MD 21075 | ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) | day, year) | Receipt This Period |
| Aggregate Year-To-date Solo.00 | Business Type | • | | |
| Mark Lerner □ Cash □ Money Order ☑ Check day, year) Receipt This Period 2000 Tower Oaks Blvd Fl 8, Rockville, MD □ Cashier Check □ Credit Card 02/03/2020 \$ 500.00 Contributor Type □ In Kind (Specify) □ Name and Address of Employer Name and Address of Employer Lerner Enterprises Lerner Enterprises | | Aggregate Year-To-date | | \$ 500.00 |
| Aggregate Year-To-date \$500.00 | Mark Lerner 2000 Tower Oaks Blvd Fl 8, Rockville, MD 20852 Contributor Type | ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Principal Name and Address of Employer | day, year) | Receipt This Period |
| | | Aggregate Year-To-date | | \$ 500.00 |

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| Vince Gray 2020 | | | |
|--|---|------------------------------------|--|
| 16. Full Name, Mailing Address and Zip Code Marla Tanenbaum 2000 Tower Oaks Blvd Fl 8, Rockville, MD 20852 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Principal Name and Address of Employer Lerner Enterprises | Date (month, day, year) 02/03/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | 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 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Principal Name and Address of Employer Lerner Enterprises | Date (month, day, year) 02/03/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | 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 Contributor Type Business | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Name and Address of Employer | Date (month, day, year) 02/03/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Business Type Corporation | | | |
| | 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 ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ 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, 7506 Georgia Ave NW, Washington, DC 20012 | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) | Date (month, day, year) 02/03/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Business Business Type | Name and Address of Employer | - | |
| Corporation | Aggregate Year-To-date | | \$ 500.00 |

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contributions, or for commercial purposes.

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

| Vince Gray 2020 | | | |
|--|--|------------------------------------|--|
| 21. Full Name, Mailing Address and Zip Code Roderic Woodson 1400 K St NW Ste 100, Washington, DC 20005 Contributor Type Individual | Contribution Type □ Cash □ Money Order ☑ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Special Counsel Name and Address of Employer Parker Poe Aggregate Year-To-date | Date (month, day, year) 02/05/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | Aggregate Tear-To-date | | \$ 300.00 |
| 22. Full Name, Mailing Address and Zip Code Thomas Downs 3035 Oliver St NW, Washington, DC 20015 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Consultant | Date (month, day, year) 02/05/2020 | Amount of Each Receipt This Period \$ 300.00 |
| Individual | 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 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Exec VP | Date (month, day, year) 02/05/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Individual | 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 ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ 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 | ı | \$ 250.00 |
| 25. Full Name, Mailing Address and Zip Code Richard Rome 1201 F St NW Ste 500, Washington, DC 20004 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Real estate | Date (month, day, year) 02/07/2020 | Amount of Each Receipt This Period \$ 500.00 |
| maividuai | Name and Address of Employer Savills Studley | | 0.500.00 |
| | Aggregate Year-To-date | | \$ 500.00 |

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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 **Contribution Type** Date (month, Amount of Each **Deloras Shepherd** ☐ Cash ☐ Money Order ☐ Check Receipt This Period day, year) ☐ Cashier Check ☑ Credit Card 14802 Dolphin Way, Bowie, MD 20721 02/08/2020 \$ 250.00 ☐ Other (Specify) ☐ In Kind (Specify) Occupation Contributor Type Accountant Individual Name and Address of Employer DC Gov't Aggregate Year-To-date \$ 250.00 27. Full Name, Mailing Address and Zip Code **Contribution Type** Date (month, Amount of Each Ellen McCarthy ☐ Check ☐ Cash ☐ Money Order day, year) Receipt This Period ☐ Cashier Check ☑ Credit Card 3905 Morrison St NW, Washington, DC 20015 \$ 75.00 02/10/2020 ☐ Other (Specify) ☐ In Kind (Specify) **Contributor Type** Occupation **Adjunct Professor** Individual Name and Address of Employer Georgetown Univ. Aggregate Year-To-date \$ 75.00 28. Full Name, Mailing Address and Zip Code **Contribution Type** Date (month, Amount of Each **Gregory Casten** ☐ Cash ☐ Money Order ☑ Check Receipt This Period day, year) ☐ Cashier Check ☐ Credit Card 9470 Seven Locks Rd, Bethesda, MD 20817 02/10/2020 \$ 500.00 ☐ Other (Specify) ☐ In Kind (Specify) Director Contributor Type Occupation Individual Name and Address of Employer **Oceanpro Industries** Aggregate Year-To-date \$ 500.00 29. Full Name, Mailing Address and Zip Code **Contribution Type** Date (month, Amount of Each Kelly Casten ☐ Cash ☐ Money Order ☑ Check day, year) Receipt This Period ☐ Cashier Check ☐ Credit Card 9470 Seven Locks Rd, Bethesda, MD 20817 02/10/2020 \$ 500.00 ☐ Other (Specify) ☐ In Kind (Specify) Contributor Type Occupation N/A Individual Name and Address of Employer Not employed \$ 500.00 Aggregate Year-To-date 30. Full Name, Mailing Address and Zip Code Amount of Each **Contribution Type** Date (month, **Timothy Chapman** ☑ Check ☐ Cash ☐ Money Order day, year) Receipt This Period ☐ Cashier Check ☐ Credit Card 440 Maple Ave E Ste 203, Vienna, VA 22180 02/10/2020 \$ 500.00 ☐ Other (Specify) ☐ In Kind (Specify) Occupation Real Estate Developer **Contributor Type** Individual Name and Address of Employer **Chapman Development** Aggregate Year-To-date \$ 500.00

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| 31 Full Name, Mailing Address and Zip Code Julianas Chapter Globel Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code Code | Vince Gray 2020 | | | |
|--|---|---|------------|---------------------|
| 32. Full Name, Mailing Address and Zip Code Capital City Asset Management, LLC 11701 Bowman Green Dr, Reston, VA 20190 Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Contributor Type Business Type Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Business Type Corporation Aggregate Year-To-date Contributor Type Business Business Type Corporation Aggregate Year-To-date Contributor Type Business Business Type Corporation Aggregate Year-To-date Contributor Type Business Business Type Corporation Aggregate Year-To-date Contributor Type Business Business Type Corporation Aggregate Year-To-date Contributor Type Business Business Type Corporation Aggregate Year-To-date Contributor Type Business Business Type Corporation Aggregate Year-To-date Contributor Type Business Business Type Corporation Aggregate Year-To-date Contributor Type Business Business Type Corporation Aggregate Year-To-date Contributor Type Business Business Type Corporation Contributor Type Business Business Type Corporation Aggregate Year-To-date Contributor Type Business Business Type | Julianna Chapman 440 Maple Ave E Ste 203, Vienna, VA 22180 Contributor Type | ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation N/A Name and Address of Employer Not employed | day, year) | Receipt This Period |
| Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Stype Corporation Aggregate Year-To-date Contributor Type Business Stype Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Solo.00 Aggregate Year-To-date Aggregate | | Aggregate Year-To-date | | \$ 500.00 |
| Business Type Corporation Aggregate Year-To-date Soul Ewing Arnstein & Lehr LLP Contributor Type Business Type Corporation Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Business Type Corporation Aggregate Year-To-date Contributor Type Corporation Aggregate Year-To-date Contributor Type Corporation Aggregate Year-To-date Contributor Type Contributor Type Contributor Type Contributor Type Business Aggregate Year-To-date Contributor Type Contributor Type Business Aggregate Year-To-date Aggregate Year-To-date Aggregate Year-To-date Aggregate Year-To-date Contributor Type Business Business Type Corporation Aggregate Year-To-date Contributor Type Business Business Type Corporation Aggregate Year-To-date Contributor Type Corporation Aggregate Year-To-date Date (month, day, year) Date (month, day, yea | Capital City Asset Management, LLC 11701 Bowman Green Dr, Reston, VA 20190 | ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) | day, year) | Receipt This Period |
| Aggregate Year-To-date S 500.00 | | | - | |
| 33. Full Name, Mailing Address and Zip Code Saul Ewing Arnstein & Lehr Ll.P 1500 Market St F138, Philadelphia, PA 19102 Contributor Type Business Business Type Corporation Aggregate Year-To-date Contributor Type Cashier Check Credit Card | | Name and Address of Employer | | |
| Saul Ewing Arnstein & Lehr LLP 1500 Market St F138, Philadelphia, PA 19102 Cashier Cheek Gredit Card O2/10/2020 S 250.00 Contributor Type Business Occupation Name and Address of Employer O2/10/2020 S 250.00 Aggregate Year-To-date S 250.00 Aggregate Year-To-date S 250.00 Aggregate Year-To-date S 250.00 Annount of Each day, year) Ozenation Ozenati | | Aggregate Year-To-date | | \$ 500.00 |
| Business Type Corporation Aggregate Year-To-date S 250.00 34. Full Name, Mailing Address and Zip Code 2228 MLK Developer LLC 440 Maple Ave E, Vienna, VA 22180 Contributor Type Business Type Corporation Aggregate Year-To-date Coshier Check | Saul Ewing Arnstein & Lehr LLP | ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) | day, year) | Receipt This Period |
| Name and Address of Employer Corporation Aggregate Year-To-date S 250.00 | | Occupation | _ | |
| 34. Full Name, Mailing Address and Zip Code 2228 MLK Developer LLC 440 Maple Ave E, Vienna, VA 22180 Contributor Type Business Business Type Corporation Aggregate Year-To-date Contribution Type Cash Money Order Check Credit Card Ozder (Specify) Name and Address of Employer Aggregate Year-To-date Contributor Type Cash Money Order Check Credit Card Ozder (Agy, year) Aggregate Year-To-date Sound Stock Contributor Type Ozder (Agy, year) Aggregate Year-To-date Contributor Type Cash Money Order Check Ozder (Agy, year) Contributor Type Ozder (Specify) Contributor Typ | Business Type | Name and Address of Employer | | |
| Cash Money Order Check Cash Money Order Check Gay, year) Receipt This Period Cashier Check Credit Card Other (Specify) In Kind (Specify) In | | Aggregate Year-To-date | | \$ 250.00 |
| Business Type Corporation Aggregate Year-To-date S 500.00 35. Full Name, Mailing Address and Zip Code Max Brown 455 I St NW, Washington, DC 20001 Contributor Type Individual Contributor Type Individual Name and Address of Employer Name and Address of Employer S 500.00 Date (month, day, year) Receipt This Period Cocupation Founding partner Name and Address of Employer Group 360 | 2228 MLK Developer LLC | ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) | day, year) | Receipt This Period |
| Business Type Corporation Aggregate Year-To-date S 500.00 35. Full Name, Mailing Address and Zip Code Max Brown 455 I St NW, Washington, DC 20001 Contributor Type Individual Contributor Type Individual Name and Address of Employer Corporation Aggregate Year-To-date S 500.00 S 500.00 Date (month, day, year) Coredit Card Other (Specify) In Kind (Specify) Name and Address of Employer Group 360 Receipt This Period \$ 500.00 | | Occupation | | |
| 35. Full Name, Mailing Address and Zip Code Max Brown 455 I St NW, Washington, DC 20001 Contributor Type Individual Contributor | Business Type | Name and Address of Employer | | |
| Max Brown □ Cash □ Money Order □ Check day, year) Receipt This Period 455 I St NW, Washington, DC 20001 □ Cashier Check ☑ Credit Card 02/12/2020 \$ 500.00 Contributor Type Individual Occupation Founding partner Name and Address of Employer Group 360 | | Aggregate Year-To-date | | \$ 500.00 |
| Individual Name and Address of Employer Group 360 | Max Brown 455 I St NW, Washington, DC 20001 | ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) | day, year) | Receipt This Period |
| Aggregate Year-To-date \$ 500.00 | | Name and Address of Employer | - | |
| | | Aggregate Year-To-date | | \$ 500.00 |

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| 36. Full Name, Mailing Address and Zip Code | Contribution Type | Date (month, | Amount of Each |
|---|---|--------------|---------------------|
| Thomas Fulcher | ☐ Cash ☐ Money Order ☐ Check | day, year) | Receipt This Period |
| 5419 Cathedral Ave NW, Washington, DC | ☐ Cashier Check ☑ Credit Card | 02/13/2020 | \$ 100.00 |
| 20016 | ☐ Other (Specify) | 02/13/2020 | \$ 100.00 |
| | ☐ In Kind (Specify) | | |
| Contributor Type Individual | Occupation Broker | | |
| individuai | Name and Address of Employer | | |
| | Savills, Inc. | | |
| | Aggregate Year-To-date | | \$ 100.00 |
| 37. Full Name, Mailing Address and Zip Code | Contribution Type | Date (month, | Amount of Each |
| Katrina Peebles | ☐ Cash ☐ Money Order ☐ Check | day, year) | Receipt This Period |
| 1750 H St NW Ste 300, Washington, DC 20006 | ☐ Cashier Check ☐ Credit Card | 02/13/2020 | \$ 500.00 |
| | Other (Specify) | 02/13/2020 | \$ 300.00 |
| | ☐ In Kind (Specify) | | |
| Contributor Type Individual | Occupation Creative Director | | |
| marviduu | Name and Address of Employer | | |
| | The Peebles Corp | | |
| | Aggregate Year-To-date | | \$ 500.00 |
| 38. Full Name, Mailing Address and Zip Code | Contribution Type | Date (month, | Amount of Each |
| R. Donahue Peebles | ☐ Cash ☐ Money Order ☐ Check | day, year) | Receipt This Period |
| 1750 H St NW Ste 300, Washington, DC 20006 | ☐ Cashier Check ☑ Credit Card | 02/14/2020 | \$ 500.00 |
| | Other (Specify) | | |
| Contributor Type | ☐ In Kind (Specify) Occupation Real estate | | |
| Individual | | | |
| | Name and Address of Employer Self | | |
| | Sch | | |
| | Aggregate Year-To-date | | \$ 500.00 |
| 39. Full Name, Mailing Address and Zip Code | Contribution Type | Date (month, | Amount of Each |
| VIKA Capitol | ☐ Cash ☐ Money Order ☑ Check | day, year) | Receipt This Period |
| 4910 Massachusetts Ave NW Ste 16, | ☐ Cashier Check ☐ Credit Card | 02/14/2020 | \$ 500.00 |
| Washington, DC 20016 | ☐ Other (Specify) ☐ In Kind (Specify) | | |
| Contributor Type | Occupation Occupation | | |
| Business | • | | |
| Business Type | Name and Address of Employer | | |
| Corporation | | | |
| • | Aggregate Year-To-date | • | \$ 500.00 |
| 40. Full Name, Mailing Address and Zip Code | Contribution Type | Date (month, | Amount of Each |
| American Tax LLC | ☐ Cash ☐ Money Order ☑ Check | day, year) | Receipt This Period |
| 3936 Minnesota Ave NE, Washington, DC | ☐ Cashier Check ☐ Credit Card | 02/14/2020 | \$ 500.00 |
| 20019 | ☐ Other (Specify) ☐ In Kind (Specify) | | |
| Contributor Type | Occupation | | |
| Business | Name and Address of Employer | | |
| Business Type | | | |
| Corporation | | | |
| | Aggregate Year-To-date | | \$ 500.00 |

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|---|---|------------------------------------|--|
| 41. Full Name, Mailing Address and Zip Code Lynda Perez 36 G St SW, Washington, DC 20024 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Executive Name and Address of Employer US Dept. of Health and HS Aggregate Year-To-date | Date (month, day, year) 02/16/2020 | Amount of Each Receipt This Period \$ 250.00 |
| 42. Full Name, Mailing Address and Zip Code Michael Sachtleben 1100 Mill Field Ct, Great Falls, VA 22066 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation President Name and Address of Employer MedStar Georgetown University Hospital | Date (month, day, year) 02/18/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | Aggregate Year-To-date | | \$ 500.00 |
| 43. Full Name, Mailing Address and Zip Code Veronica Butler 1129 5th St NE, Washington, DC 20002 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation N/A Name and Address of Employer Not employed | Date (month, day, year) 02/19/2020 | Amount of Each Receipt This Period \$ 250.00 |
| | Aggregate Year-To-date | 1 | \$ 250.00 |
| 44. Full Name, Mailing Address and Zip Code Arent Fox LLC 1717 K St NW, Washington, DC 20006 Contributor Type Business | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation | Date (month, day, year) 02/19/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Business Type Corporation | 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 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Manager Name and Address of Employer Wiley Rein LLP | Date (month, day, year) 02/20/2020 | Amount of Each Receipt This Period \$ 250.00 |
| | Aggregate Year-To-date | | \$ 250.00 |

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contributions, or for commercial purposes.

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

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|---|---|------------------------------------|--|
| 46. Full Name, Mailing Address and Zip Code Ready Responders Inc 1320 Magazine St, New Orleans, LA 70130 Contributor Type Business Business Type Corporation | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Name and Address of Employer Aggregate Year-To-date | Date (month, day, year) 02/20/2020 | Amount of Each Receipt This Period \$ 250.00 |
| 47. Full Name, Mailing Address and Zip Code Premium Select Home Care Inc. 5513 Illinois Ave NW, Washington, DC 20011 Contributor Type Business Business Type Corporation | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Name and Address of Employer | Date (month, day, year) 02/21/2020 | Amount of Each Receipt This Period \$ 300.00 |
| | 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 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Econ development Name and Address of Employer Downtown DC BID | Date (month, day, year) 02/23/2020 | Amount of Each Receipt This Period \$ 300.00 |
| | Aggregate Year-To-date | | \$ 300.00 |
| 49. Full Name, Mailing Address and Zip Code Thomas Graham 14303 Ansonia Ct, Upper Marlboro, MD 20774 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation N/A | Date (month, day, year) 02/23/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Individual | 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 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation N/A Name and Address of Employer Not employed | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | Aggregate Year-To-date | | \$ 500.00 |

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|---|---|------------------------------------|--|
| 51. Full Name, Mailing Address and Zip Code LuAnn Bennett 1155 23rd St NW Apt 6D, Washington, DC 20037 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Real Estate Name and Address of Employer Bennett Group Aggregate Year-To-date | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 500.00 |
| 52. Full Name, Mailing Address and Zip Code Richard Bradley 3905 Morrison St NW, Washington, DC 20015 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation N/A Name and Address of Employer Not employed | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 150.00 |
| | Aggregate Year-To-date | | \$ 150.00 |
| 53. Full Name, Mailing Address and Zip Code Caroline Shafa 5255 Loughboro Rd NW, Washington, DC 20016 Contributor Type Individual | Contribution Type Cash Money Order Cashier Check Cashier Check Credit Card In Kind (Specify) Cocupation Administrator Name and Address of Employer Sibley Memorial Hospital | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 150.00 |
| | Aggregate Year-To-date | | \$ 150.00 |
| 54. Full Name, Mailing Address and Zip Code Jennifer Abele 9020 Falls Run Rd, McLean, VA 22102 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Physician Name and Address of Employer Sibley - EMA | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 100.00 |
| | 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 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Attorney Name and Address of Employer Johns Hopkins Univ | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 150.00 |
| | Aggregate Year-To-date | | \$ 150.00 |

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|---|--|------------------------------------|--|
| 56. Full Name, Mailing Address and Zip Code Hendricks-Jackson Laura 9922 Wintry Day Pl, Laurel, MD 20723 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Other (Specify) □ In Kind (Specify) Occupation Chief Nursing Officer Name and Address of Employer Sibley Memorial Hospital Aggregate Year-To-date | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 150.00 |
| | Aggregate Year-10-date | | \$ 150.00 |
| 57. Full Name, Mailing Address and Zip Code Hasan Zia 4507 Fairway Downs Ct, Alexandria, VA 22312 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation CEO Name and Address of Employer Sibley Hospital | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | 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 ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ 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 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation President and CEO | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Individual | Name and Address of Employer DC Hospotal Association | | |
| | Aggregate Year-To-date | | \$ 500.00 |
| 60. Full Name, Mailing Address and Zip Code Curtis Jones 17307 Avenleigh Dr, Ashton, MD 20861 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation N/A | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Individual | Name and Address of Employer Not employed | | |
| | Aggregate Year-To-date | | \$ 500.00 |

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|---|---|------------------------------------|--|
| 61. Full Name, Mailing Address and Zip Code Carmen Perkins 4725 Massachusetts Ave NW, Washington, DC 20016 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check ☑ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation VP Name and Address of Employer Civitas Real Estate Aggregate Year-To-date | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 250.00 |
| 62. Full Name, Mailing Address and Zip Code Barry Wright 1424 Aspen St NW, Washington, DC 20012 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Principal Name and Address of Employer Wright Capital Realty Group | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 250.00 |
| | Aggregate Year-To-date | | \$ 250.00 |
| 63. Full Name, Mailing Address and Zip Code Christopher Bruch 4410 Leland St, Chevy Chase, MD 20815 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation President and Chief Executive Officer Name and Address of Employer The Donohoe Companies, Inc. | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | Aggregate Year-To-date | | \$ 500.00 |
| 64. Full Name, Mailing Address and Zip Code Sunny Jung Alsup 3019 44th St NW, Washington, DC 20016 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation N/A Name and Address of Employer | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | 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 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation President Name and Address of Employer The Wilkes Company | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | Aggregate Year-To-date | | \$ 500.00 |
| | | | |

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| 66. Full Name, Mailing Address and Zip Code David Alvaranga 3936 Minnesota Ave NE, Washington, DC 20019 Contributor Type Individual 67. Full Name, Mailing Address and Zip Code Jeffrey Gelman 21509 Goshens Edge Ct, Laytonsville, MD 20882 | Contribution Type □ Cash □ Money Order ☑ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Managing Officer Name and Address of Employer Liberty Tax Aggregate Year-To-date Contribution Type □ Cash □ Money Order ☑ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) | Date (month, day, year) 02/24/2020 Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 500.00 \$ 500.00 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 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Lobbyist Name and Address of Employer AANA | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | Aggregate Year-To-date | | \$ 500.00 |
| 69. Full Name, Mailing Address and Zip Code Parry Contracting LLC 5427 14th St NW, Washington, DC 20011 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Business Business Type Corporation | 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 Contributor Type Business Business Type Corporation | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Name and Address of Employer | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 250.00 |
| | Aggregate Year-To-date | <u>'</u> | \$ 250.00 |

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contributions, or for commercial purposes.

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

Vince Gray 2020

| 71. Full Name, Mailing Address and Zip Code Metropolitan Medical Group 4806 U St NW, Washington, DC 20007 Contributor Type Business Business Type Corporation 72. Full Name, Mailing Address and Zip Code Raymond Ritchey 1140 Chain Bridge Rd, McLean, VA 22101 Contributor Type Latinidael | Contribution Type | Date (month, day, year) 02/24/2020 Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 500.00 \$ 500.00 Amount of Each Receipt This Period \$ 500.00 |
|---|---|--|---|
| Individual | 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 Contributor Type Business Business Type | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Name and Address of Employer | Date (month, day, year) 02/24/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Corporation | Aggregate Year-To-date | | \$ 500.00 |
| | | | |
| 74. Full Name, Mailing Address and Zip Code Howard Rosenstock 9932 Sorrel Ave, Potomac, MD 20854 | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ 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 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Fundraiser Name and Address of Employer Sibley | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 100.00 |
| | Aggregate Year-To-date | | \$ 100.00 |

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|--|---|------------------------------------|--|
| 76. Full Name, Mailing Address and Zip Code Marc Berg 5305 Blackistone Rd, Bethesda, MD 20816 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Other (Specify) □ In Kind (Specify) Occupation CEO Name and Address of Employer Bluerock | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 150.00 |
| | 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 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation CEO Name and Address of Employer | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | 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 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Physician | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Individual | 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 ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 50.00 |
| Contributor Type | Occupation Managing partner |] | |
| Individual | 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 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation CEO | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 100.00 |
| Individual | Name and Address of Employer HUH | | |
| | Aggregate Year-To-date | | \$ 100.00 |
| | | | |

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|--|---|------------------------------------|--|
| 81. Full Name, Mailing Address and Zip Code India Medley 14509 Dew Dr, Bowie, MD 20721 Contributor Type Individual | Contribution Type Cash Money Order Cashier Check Cashier Check Cother (Specify) In Kind (Specify) Cocupation VP & CNO Name and Address of Employer Adventist Health Care at Howard | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 100.00 |
| | Aggregate Year-To-date | | \$ 100.00 |
| 82. Full Name, Mailing Address and Zip Code Luigi Leblanc 1133 21st St NW, Washington, DC 20036 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation MPH | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 250.00 |
| Individual | 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 ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ 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 ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ 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 | 1 | \$ 100.00 |
| 85. Full Name, Mailing Address and Zip Code Kenny Greene 12803 Lode St, Bowie, MD 20720 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Sgt. Major Name and Address of Employer | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 250.00 |
| | Aggregate Year-To-date | | \$ 250.00 |

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|--|---|------------------------------------|--|
| 86. Full Name, Mailing Address and Zip Code DC Hospital Association 1152 15th St NW Ste 900, Washington, DC 20005 Contributor Type Business Business Type Corporation | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) ☑ In Kind (Specify) Food and Drinks Occupation Name and Address of Employer Aggregate Year-To-date | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 404.05 |
| 87. Full Name, Mailing Address and Zip Code Tony Kinlow 3952 2nd St SW, Washington, DC 20032 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation VP Gov't Affairs Name and Address of Employer Children's Hospital | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 250.00 |
| | 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 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation VP Gov't Affairs Name and Address of Employer MedStar Health | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | 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 ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ 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 Beitpoulice 277 W Pebble Creek Ln, Orange, CA 92865 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation COO Name and Address of Employer | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 250.00 |
| | Aggregate Year-To-date | | \$ 250.00 |
| | ! - | | |

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| 9. Full Name, Mailing Address and Zip Code Code Close Cl | Vince Gray 2020 | | | |
|--|--|---|------------|-------------------------------|
| 92. Full Name, Mailing Address and Zip Code Curtis Hines Jr. 7205 Holly Glen Dr, Stokesdale, NC 27357 Contributor Type Individual Particular Saddress and Zip Code Contributor Type Individual Aggregate Year-To-date Aggregate Yea | James Linhares 500 Madison St Unit 502, Alexandria, VA 22314 Contributor Type | □ Cash □ Money Order ☑ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Market President Name and Address of Employer Bridgepoint Healthcare | day, year) | Receipt This Period \$ 250.00 |
| Caris Hines Jr. Casher Check Credit Card Obter (Specify) In Kind (Specify) | | Aggregate Year-To-date | | \$ 250.00 |
| Individual Name and Address of Employer Bridgepoint Healthcare Name and Address of Employer Bridgepoint Healthcare Aggregate Year-To-date S 100.00 | Curtis Hines Jr. 7205 Holly Glen Dr, Stokesdale, NC 27357 | ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) | day, year) | Receipt This Period |
| Significance Contribution Type Cash Money Order Check Credit Card O2/25/2020 Si 100.00 | Individual | * - | | |
| Antoinette Saldivar 5002A Barbour Dr, Alexandria, VA 22304 Contributor Type Individual Aggregate Year-To-date Contributor Type Individual Contributor Type Individual Aggregate Year-To-date Aggregate Year-To-date Aggregate Year-To-date Contributor Type Individual Aggregate Year-To-date Aggregate Year-To-date Contributor Type Individual Address of Employer Amount of Each Acceipt This Perio | | Aggregate Year-To-date | | \$ 100.00 |
| Aggregate Year-To-date S 100.00 | Antoinette Saldivar 5002A Barbour Dr, Alexandria, VA 22304 Contributor Type | ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation VP HR | day, year) | Receipt This Period |
| 94. Full Name, Mailing Address and Zip Code Sarah Rand 1407 Straightway Ave, Nashville, TN 37206 Contributor Type Individual 95. Full Name, Mailing Address and Zip Code Bridgepoint Healthcare Contributor Type Contributor Type Contributor Type Date (month, day, year) S 100.00 S 100.00 | | Bridgepoint Healthcare | | |
| Sarah Rand 1407 Straightway Ave, Nashville, TN 37206 Coshier Check | | Aggregate Year-To-date | | \$ 100.00 |
| Name and Address of Employer Bridgepoint Healthcare S 100.00 | Sarah Rand 1407 Straightway Ave, Nashville, TN 37206 | ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) | day, year) | Receipt This Period |
| 95. Full Name, Mailing Address and Zip Code Bridgepoint Healthcare, LLC 700 Constitution Ave NE, Washington, DC 20002 Contributor Type Business Type Corporation Date (month, day, year) Cash Money Order Check Credit Card O2/25/2020 Cashier Check Credit Card O2/25/2020 S 500.00 S 500.00 Name and Address of Employer | | Name and Address of Employer | - | |
| Bridgepoint Healthcare, LLC 700 Constitution Ave NE, Washington, DC 20002 Contributor Type Business Business Type Corporation Bridgepoint Healthcare, LLC Cash Money Order Check Credit Card Ocashier Check Credit Card Other (Specify) In Kind (Specify) Name and Address of Employer Receipt This Period \$500.00 \$500.00 | | Aggregate Year-To-date | | \$ 100.00 |
| Business Name and Address of Employer Business Type Corporation | Bridgepoint Healthcare, LLC 700 Constitution Ave NE, Washington, DC 20002 | ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) | day, year) | Receipt This Period |
| | Business Type | • | 1 | |
| | Corporation | Aggregate Year-To-date | | \$ 500.00 |

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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 Contributor Type Business Business Type Corporation | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Name and Address of Employer Aggregate Year-To-date | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 500.00 |
| 97. Full Name, Mailing Address and Zip Code Georgetown Financial Services, LLC 1732 Webster St NW, Washington, DC 20011 Contributor Type Business Business Type Corporation | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Name and Address of Employer | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 150.00 |
| | Aggregate Year-To-date | | \$ 400.00 |
| 98. Full Name, Mailing Address and Zip Code George Sprinkel 3104 N Dinwiddie St, Arlington, VA 22207 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Name and Address of Employer | Date (month, day, year) 02/25/2020 | Amount of Each Receipt This Period \$ 50.00 |
| | Aggregate Year-To-date | | \$ 50.00 |
| 99. Full Name, Mailing Address and Zip Code Michael Goodwin 601 Massachusetts Ave NW, Washington, DC 20001 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Attorney | Date (month, day, year) 02/26/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Individual | 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 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Market Director Name and Address of Employer | Date (month, day, year) 02/26/2020 | Amount of Each Receipt This Period \$ 100.00 |
| | Aggregate Year-To-date | | \$ 100.00 |

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

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| 106. Full Name, Mailing Address and Zip Code Angel Ribulotta 1408 Winding Waye Ln, Silver Spring, MD 20902 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Real Estate Name and Address of Employer Aguilar Associates Inc | Date (month, day, year) 03/03/2020 | Amount of Each Receipt This Period \$ 100.00 |
|---|--|------------------------------------|--|
| | Aggregate Year-To-date | | \$ 100.00 |
| 107. Full Name, Mailing Address and Zip Code Richard Gersten 3526 Edmunds St NW, Washington, DC 20007 Contributor Type Individual | Contribution Type Cash Money Order Check Cashier Check Credit Card Other (Specify) In Kind (Specify) Cocupation Real Estate Name and Address of Employer Peak Gersten | Date (month, day, year) 03/06/2020 | Amount of Each Receipt This Period \$ 250.00 |
| | Aggregate Year-To-date | • | \$ 250.00 |
| 108. Full Name, Mailing Address and Zip Code Nancy Bruce 11842 Vineyard Path, New Market, MD 21774 Contributor Type Individual | Contribution Type Cash Money Order Cashier Check Credit Card Other (Specify) In Kind (Specify) Occupation VP Name and Address of Employer | Date (month, day, year) 03/06/2020 | Amount of Each Receipt This Period \$ 50.00 |
| | 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 Contributor Type Individual | Contribution Type Cash Money Order Cashier Check Credit Card Other (Specify) In Kind (Specify) Cocupation Counselor Name and Address of Employer Self | Date (month, day, year) 03/07/2020 | Amount of Each Receipt This Period \$ 250.00 |
| | Aggregate Year-To-date | | \$ 250.00 |
| 110. Full Name, Mailing Address and Zip Code Vicki Coward 3175 Westover Dr SE, Washington, DC 20020 Contributor Type Individual | Aggregate Year-10-date Contribution Type Cash | Date (month, day, year) 03/07/2020 | Amount of Each Receipt This Period \$ 300.00 |
| | Aggregate Year-To-date | I | \$ 300.00 |

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|--|--|------------------------------------|--|
| 111. Full Name, Mailing Address and Zip Code Lorraine Roberson 11003 Kencrest Dr, Bowie, MD 20721 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Requested Name and Address of Employer Requested | Date (month, day, year) 03/07/2020 | Amount of Each Receipt This Period \$ 50.00 |
| | Aggregate Year-To-date | | \$ 50.00 |
| 112. Full Name, Mailing Address and Zip Code Cheryl Mahan 1801 Sahara Ln, Mitchellville, MD 20721 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation N/A Name and Address of Employer Not employed | Date (month, day, year) 03/07/2020 | Amount of Each Receipt This Period \$ 20.00 |
| | 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 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Retired Name and Address of Employer | Date (month, day, year) 03/07/2020 | Amount of Each Receipt This Period \$ 50.00 |
| | Retired Aggregate Year-To-date | | \$ 50.00 |
| 114. Full Name, Mailing Address and Zip CodeJoseph Norman Evans3140 Westover Dr SE, Washington, DC 20020 | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) | Date (month, day, year) 03/07/2020 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | □ In Kind (Specify) Occupation Dean Name and Address of Employer Morehouse School of Religion | | |
| | Aggregate Year-To-date | | \$ 100.00 |
| 115. Full Name, Mailing Address and Zip CodeDonald Harrison3354 Highwood Dr SE, Washington, DC 20020 | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ 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 |

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| 116. Full Name, Mailing Address and Zip Code David Wilmot 1653 Kalmia Rd NW, Washington, DC 20012 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Attorney Name and Address of Employer David W. Wilmot & Associates | Date (month, day, year) 03/07/2020 | Amount of Each Receipt This Period \$ 500.00 |
|--|---|------------------------------------|--|
| 117. Full Name, Mailing Address and Zip Code | Contribution Type | Date (month, | Amount of Each |
| Charles McNeil 608 Bonhill Dr, Fort Washington, MD 20744 | ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) | day, year) 03/07/2020 | 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 ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ 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 ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ 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 ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Comparison Management Consultant | 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 |

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| Vince Gray 2020 | | | |
|---|---|------------------------------------|--|
| 121. Full Name, Mailing Address and Zip Code Mary Ann Miller 3001 Veazey Ter NW Apt 1531, Washington, DC 20008 Contributor Type Individual | Contribution Type Cash Money Order Cashier Check Credit Card Other (Specify) In Kind (Specify) Occupation N/A Name and Address of Employer Retired | Date (month, day, year) 03/07/2020 | Amount of Each Receipt This Period \$ 100.00 |
| | Aggregate Year-To-date | | \$ 100.00 |
| 122. Full Name, Mailing Address and Zip Code Nean Consulting, LLC 532 Foxhall Pl SE, Washington, DC 20032 | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) | Date (month, day, year) 03/07/2020 | Amount of Each Receipt This Period \$ 150.00 |
| Contributor Type Business | Occupation | <u> </u> | |
| Business Type Corporation | 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 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Retired | Date (month, day, year) 03/07/2020 | Amount of Each Receipt This Period \$ 250.00 |
| Individual | Name and Address of Employer Retired | - | |
| | Aggregate Year-To-date | | \$ 250.00 |
| 124. Full Name, Mailing Address and Zip CodeJocelyn Wong Henery4208 Rail St, Capitol Heights, MD 20743 | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) | Date (month, day, year) 03/07/2020 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type | Occupation Management analyst |] | |
| Individual | 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 Contributor Type | Contribution Type Cash Cash Credit Card Other (Specify) In Kind (Specify) Cocupation Retired | Date (month, day, year) 03/07/2020 | Amount of Each Receipt This Period \$ 250.00 |
| Individual | Name and Address of Employer Retired | | |
| | Aggregate Year-To-date | | \$ 500.00 |

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| Vince Gray 2020 | | | |
|--|---|--|---|
| 126. Full Name, Mailing Address and Zip Code Marc Berg 5305 Blackistone Rd, Bethesda, MD 20816 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation CEO Name and Address of Employer Bluerock Aggregate Year-To-date Contribution Type | Date (month, day, year) 03/08/2020 Date (month, | Amount of Each Receipt This Period \$ 150.00 \$ 300.00 Amount of Each |
| Broderick Solomon 11315 Old Prospect Hill Rd, Glenn Dale, MD 20769 Contributor Type Individual | □ Cash □ Money Order ☑ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Medical Billing Consultant Name and Address of Employer Self | day, year) 03/08/2020 | Receipt This Period \$ 150.00 |
| | 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 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Psychiatrist Name and Address of Employer Self | Date (month, day, year) 03/09/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | 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 Contributor Type Business | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Name and Address of Employer | Date (month, day, year) 03/09/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Business Type Corporation | | | |
| | Aggregate Year-To-date | | \$ 500.00 |
| 130. Full Name, Mailing Address and Zip Code Angel Clarens 4320 Klingle St NW, Washington, DC 20016 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Principal Name and Address of Employer A. F. Clarens Architect | Date (month, day, year) 03/09/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | Aggregate Year-To-date | | \$ 500.00 |
| | | | |

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| Vince Gray 2020 | | | |
|--|--|------------------------------------|--|
| 131. Full Name, Mailing Address and Zip Code Manuel Celaya 12002 Rockledge Dr, Bowie, MD 20715 Contributor Type Individual | Contribution Type □ Cash □ Money Order ☑ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Requested Name and Address of Employer Requested | Date (month, day, year) 03/09/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | Aggregate Year-To-date | | \$ 500.00 |
| 132. Full Name, Mailing Address and Zip Code Lewisor Norman 12817 Norwood Ln, Fort Washington, MD 20744 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation n/a Name and Address of Employer Not employed | Date (month, day, year) 03/09/2020 | Amount of Each Receipt This Period \$ 50.00 |
| | 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 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Early Childhood Edu Consultant Name and Address of Employer Better Futures LLC | Date (month, day, year) 03/09/2020 | Amount of Each Receipt This Period \$ 10.00 |
| | 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 ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ 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 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation CEO Name and Address of Employer WANADA | Date (month, day, year) 03/09/2020 | Amount of Each Receipt This Period \$ 500.00 |
| | Aggregate Year-To-date | | \$ 500.00 |

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| Vince Gray 2020 | | | |
|--|---|---------------------------------------|--|
| 136. Full Name, Mailing Address and Zip Code Donald Brooks 1834 Belmont Rd NW, Washington, DC 20009 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation N/A Name and Address of Employer Not employed | Date (month, day, year) 03/09/2020 | Amount of Each Receipt This Period \$ 50.00 |
| | Aggregate Year-To-date | | \$ 50.00 |
| 137. Full Name, Mailing Address and Zip Code Brenda Gray 1108 51st St NE, Washington, DC 20019 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation N/A Name and Address of Employer | Date (month, day, year) 03/09/2020 | Amount of Each Receipt This Period \$ 25.00 |
| | Not employed | | |
| | Aggregate Year-To-date | | \$ 25.00 |
| 138. Full Name, Mailing Address and Zip Code Michael Gordon 3420 Wake Dr, Kensington, MD 20895 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Real Estate Broker Name and Address of Employer | Date (month, day, year) 03/09/2020 | Amount of Each Receipt This Period \$ 100.00 |
| | Blake Real Estate | | 0.100.00 |
| | Aggregate Year-To-date | | \$ 100.00 |
| 139. Full Name, Mailing Address and Zip Code Monique Johnson1527 28th St SE Apt 104, Washington, DC 20020 | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ 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 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Realtor Name and Address of Employer Long & Foster | Date (month, day, year) 03/10/2020 | Amount of Each Receipt This Period \$ 25.00 |
| | Aggregate Year-To-date | | \$ 100.00 |

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| 141. Full Name, Mailing Address and Zip Code Vincent Carlos Gray 1717 New Jersey Ave NW Apt B, Washington, DC 20001 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Real Estate Development Name and Address of Employer DC Housing Authority Aggregate Year-To-date | Date (month, day, year) 03/10/2020 | Amount of Each Receipt This Period \$ 100.00 |
|--|---|------------------------------------|--|
| 142. Full Name, Mailing Address and Zip Code Andrea Lewis 6236 Copper Sky Ct, Columbia, MD 21045 Contributor Type Individual | Contribution Type □ Cash □ Money Order □ Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Deputy Director Name and Address of Employer Qlarant | Date (month, day, year) 03/10/2020 | Amount of Each Receipt This Period \$ 100.00 |
| | Aggregate Year-To-date | | \$ 100.00 |
| 143. Full Name, Mailing Address and Zip Code Virgil McDonald 2548 36th St SE, Washington, DC 20020 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation n/a Name and Address of Employer Not employed | Date (month, day, year) 03/10/2020 | Amount of Each Receipt This Period \$ 25.00 |
| | Aggregate Year-To-date | | \$ 125.00 |
| 144. Full Name, Mailing Address and Zip Code Virgil McDonald 2548 36th St SE, Washington, DC 20020 Contributor Type Individual | Contribution Type Cash Money Order Cashier Check Cashier Check Credit Card Other (Specify) In Kind (Specify) Cocupation Name and Address of Employer Not employed | Date (month, day, year) 03/10/2020 | Amount of Each Receipt This Period \$ 25.00 |
| | Aggregate Year-To-date | | \$ 125.00 |
| 145. Full Name, Mailing Address and Zip Code Aviva Kempner 5005 Linnean Ave NW, Washington, DC 20008 Contributor Type Individual | Contribution Type Cash Money Order Cashier Check Cashier Check Credit Card Other (Specify) In Kind (Specify) Cocupation Filmmaker Name and Address of Employer The Ciesla Foundation | Date (month, day, year) 03/10/2020 | Amount of Each Receipt This Period \$ 50.00 |
| | Aggregate Year-To-date | I | \$ 50.00 |

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| 146. Full Name, Mailing Address and Zip Code Kenneth Ellerbe 4527 Alabama Ave SE, Washington, DC 20019 Contributor Type Individual 147. Full Name, Mailing Address and Zip Code | Contribution Type Cash Money Order Cashier Check Cashier Check Credit Card Other (Specify) In Kind (Specify) Cocupation Not employed Name and Address of Employer Not employed Aggregate Year-To-date Contribution Type | Date (month, day, year) 03/10/2020 Date (month, | Amount of Each Receipt This Period \$ 25.00 \$ 25.00 Amount of Each |
|---|---|--|---|
| Panchita Bello 4715 Blagden Ave NW, Washington, DC 20011 Contributor Type | ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Real Estate Broker | day, year) 03/10/2020 | Receipt This Period \$ 100.00 |
| Individual | Name and Address of Employer Sherlocke Homes | | ¢ 250 00 |
| | 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 ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ 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 ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ 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 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Businessman Name and Address of Employer | Date (month, day, year) 03/10/2020 | Amount of Each Receipt This Period \$ 100.00 |
| | RBS Aggregate Year-To-date | | \$ 100.00 |
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| Vince Gray 2020 | | | |
|---|---|------------------------------------|--|
| 151. Full Name, Mailing Address and Zip Code Levonnia Mobley 3725 17th St NE, Washington, DC 20018 Contributor Type Individual | Contribution Type Cash Money Order Cashier Check Credit Card Other (Specify) In Kind (Specify) Occupation n/a Name and Address of Employer Not employed | Date (month, day, year) 03/10/2020 | Amount of Each Receipt This Period \$ 50.00 |
| | Aggregate Year-To-date | | \$ 150.00 |
| 152. Full Name, Mailing Address and Zip Code Jennifer Fraser 4 Lusterleaf Ct Apt 100, Stafford, VA 22554 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation QA Analyst | Date (month, day, year) 03/10/2020 | Amount of Each Receipt This Period \$ 50.00 |
| Individual | 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 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Attorney Name and Address of Employer | Date (month, day, year) 03/10/2020 | Amount of Each Receipt This Period \$ 25.00 |
| | Self Aggregate Year-To-date | | \$ 75.00 |
| | Aggregate rear-ro-uate | | \$ 75.00 |
| 154. Full Name, Mailing Address and Zip Code Panchita Bello 4715 Blagden Ave NW, Washington, DC 20011 Contributor Type | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Real Estate Broker | Date (month, day, year) 03/10/2020 | Amount of Each Receipt This Period \$ 100.00 |
| Individual | 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 Contributor Type Individual | Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation VP Public Affairs Name and Address of Employer | Date (month, day, year) 03/10/2020 | Amount of Each Receipt This Period \$ 50.00 |
| | DCHA Aggregate Year-To-date | | \$ 50.00 |
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Page 1 of 1 for Line Number 11c OCF FORM 16 SCHEDIILE A-2

| JKM 10 | SCHEDULE A-2 | rage 1 01 1 | for Line Number 1 |
|-------------------------------------|--------------------------------|-------------------------|-------------------|
| ITEMIZED RECEIPTS FROM COMMITTEES C | OTHER THAN POLITICAL COMMITTEE | ES AUTHORIZED BY THE SA | ME CANDIDATE |

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|--|---|------------------------------------|--|--|
| Full Name of Committee (Name of Candidate, if Candid Vince Gray 2020 | late is reporting) | | | |
| Full Name, Mailing Address and Zip Code Washington Gas Light Company PAC 1000 Maine Ave SW Ste 600, Washington, DC 20024 Contributor Type Corporate Sponsored PAC | Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) | Date (month, day, year) 02/03/2020 | Amount of Each Receipt This Period \$ 500.00 | |
| | Aggregate Year-To-date | | \$ 500.00 | |
| | | | | |
| TOTAL This Period (Aggregate of all Receipt pages |) | | \$ 500.00 | |

OCF FORM 16 SCHEDULE A-6 Page 1 of 1 for Line Number 14

OFFSETS TO OPERATING EXPENDITURES (REFUNDS, REBATES, ETC.)

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|---|------------------------|-------------------------|--------------------------------------|--|
| Full Name of Committee (Name of Candidate, if Candidate) Vince Gray 2020 | ate is reporting) | | | |
| Full Name, Mailing Address and Zip Code Marc Berg | Receipt Type | Date (month, day, year) | Amount of Each Offset This Period | |
| 5305 Blackistone Rd, Bethesda, MD 20816 | | 03/08/2020 | \$ 150.00 | |
| | Aggregate Year-To-date | | \$ 150.00 | |
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| TOTAL This Period (Aggregate of all Receipt pages) | | | \$ 150.00 | |

SCHEDULE B ITEMIZED OPERATING EXPENDITURES

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| FULL Name of Committee (Name of Candidate | e, 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) | Amount of Each Expenditure This Period |
| DC 20020 | | 02/01/2020 | \$ 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) | Amount of Each Expenditure This Period |
| | | 02/01/2020 | \$ 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) | Amount of Each Expenditure This Period |
| | | 02/02/2020 | \$ 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 | 02/03/2020 | \$ 2,500.00 |
| 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 | 02/04/2020 | \$ 2,500.00 |
| 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) | Amount of Each Expenditure This Period |
| Occupation | Name and Address of Employer | 02/09/2020 | \$ 49.39 |
| 7. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020 | Salary/Stipend | (month, day, year) | Expenditure This Period |
| Occupation | Name and Address of Employer | 02/14/2020 | \$ 3,000.00 |

| 8. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
|--|---------------------------------|--------------------|-------------------------|
| Latisha Atkins | Supplies | (month, day, | Expenditure This Period |
| 3824 V St SE Apt 102, Washington, | | year) | |
| DC 20020 | | 02/14/2020 | \$ 48.80 |
| Occupation | Name and Address of Employer | 02/14/2020 | ŷ 40.00 |
| | | | |
| 9. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| ActBlue | Bank Fees | (month, day, | Expenditure This Period |
| PO Box 441146, Somerville, MA | | year) | |
| 02144-0031 | | 02/16/2020 | \$ 76.05 |
| Occupation | Name and Address of Employer | | 7.3332 |
| | | | |
| 10. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| United States Postal Service | Postage | (month, day, | Expenditure This Period |
| 3401 12th St NE, Washington, DC | | year) | |
| 20017 | | 02/20/2020 | \$ 26.35 |
| Occupation | Name and Address of Employer | | |
| 11. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| PENN-BAMA, LLC | Rental | (month, day, | Expenditure This Period |
| 6820-B Commercial Drive, Springfield, | Kentai | year) | Expenditure Timo Ferro |
| VA 22151 | | | 0.259.62 |
| Occupation | Name and Address of Employer | 02/20/2020 | \$ 358.62 |
| оссиранов | Traine and Fladress of Employer | | |
| 12. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| PENN-BAMA, LLC | Rental | (month, day, | Expenditure This Period |
| 6820-B Commercial Drive, Springfield, | | year) | |
| VA 22151 | | 02/20/2020 | \$ 2,600.00 |
| Occupation | Name and Address of Employer | | + 2,000000 |
| | | | |
| 13. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| Saul Lewis Sr. 422 37th Place, Washington, DC 20019 | Salary/Stipend | (month, day, year) | Expenditure This Period |
| 422 57th Flace, Washington, DC 20017 | | | |
| Occupation | Name and Address of Employer | 02/20/2020 | \$ 200.00 |
| | The distributions of Employer | | |
| 14. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| PENN-BAMA, LLC | Rental | (month, day, | Expenditure This Perio |
| 6820-B Commercial Drive, Springfield, | | year) | |
| VA 22151 | | 02/20/2020 | \$ 2,600.00 |
| Occupation | Name and Address of Employer | | |
| 15. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| Mail Chimp | Computer and Web Expenses | (month, day, | Expenditure This Perio |
| 675 Ponce de Leon Ave NE, Atlanta, | | year) | |
| GA 30308 | | 02/21/2020 | \$ 79.49 |
| | Name and Address of Employer | V2/21/2U2U | \$ 79.49 |
| Occupation | I Name and Address of Emblover | | |

| 16. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
|---|------------------------------|--------------------|-------------------------|
| ActBlue | Bank Fees | (month, day, | Expenditure This Period |
| PO Box 441146, Somerville, MA | | year) | |
| 02144-0031 | | 02/23/2020 | \$ 41.48 |
| Occupation | Name and Address of Employer | | |
| 17. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| Kim Blassingame | Salary/Stipend | (month, day, | Expenditure This Period |
| 4011 E St SE, Washington, DC 20019 | | year) | |
| | | 02/24/2020 | \$ 130.00 |
| Occupation | Name and Address of Employer | 02/24/2020 | \$ 150.00 |
| 18. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| Dennis Jones | Salary/Stipend | (month, day, | Expenditure This Period |
| 1846 Bruce Place SE, Washington, DC | | year) | |
| 20019 | | 02/24/2020 | \$ 600.00 |
| Occupation | Name and Address of Employer | | |
| 19. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| JaQui Beaver | Salary/Stipend | (month, day, | Expenditure This Period |
| 122 Division Ave NE, Washington, DC 20019 | | year) | |
| 20017 | | 02/24/2020 | \$ 130.00 |
| Occupation | Name and Address of Employer | | |
| 20. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| William Johnson | Salary/Stipend | (month, day, | Expenditure This Period |
| 4276 East Capitol Street NE, | | year) | |
| Washington, DC 20019 | | 02/24/2020 | \$ 130.00 |
| Occupation | Name and Address of Employer | | |
| 21. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| DC Hospital Association 1152 15th St NW Ste 900, Washington, | In-Kind | (month, day, year) | Expenditure This Period |
| DC 20005 | | 02/25/2020 | \$ 404.05 |
| Occupation | Name and Address of Employer | | |
| 22. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| Costco 2441 Market St NE, Washington, DC | Supplies | (month, day, year) | Expenditure This Period |
| 20018 | | 02/26/2020 | \$ 286.18 |
| Occupation | Name and Address of Employer | | |
| 23. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| Costco | Supplies | (month, day, | Expenditure This Period |
| 2441 Market St NE, Washington, DC 20018 | | year) | 0.10.77 |
| | | 02/26/2020 | \$ 19.76 |
| Occupation | Name and Address of Employer | , | l . |

| 24. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
|---|--------------------------------|--------------------|-------------------------|
| Costco | Catering/Refreshments | (month, day, | Expenditure This Period |
| 2441 Market St NE, Washington, DC | | year) | |
| 20018 | | 02/25/2020 | 0.20.04 |
| Occupation | Name and Address of Employer | 02/27/2020 | \$ 39.94 |
| Оссирации | Name and Address of Employer | | |
| 25. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| Staples | Supplies | (month, day, | Expenditure This Period |
| 2950 Belcrest Center Drive, | | year) | |
| Hyattsville, MD 20782 | | 02/27/2020 | \$ 31.39 |
| Occupation | Name and Address of Employer | 02/2//2020 | , o c : . c > |
| 20 F II N M. T A 11 17' . C l | D (F i'd | Diti | Amount of Each |
| 26. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Expenditure This Period |
| Fedex Office 715 D St SE, Washington, DC 20003 | Printing | (month, day, year) | Expenditure This Period |
| | | 02/27/2020 | \$ 159.00 |
| Occupation | Name and Address of Employer | | |
| 27. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| CoverWallet, Inc. | Rental | (month, day, | Expenditure This Period |
| 100 Avenue of the Americas, New | | year) | |
| York, NY 10013 | | 02/27/2020 | \$ 558.68 |
| Occupation | Name and Address of Employer | | |
| 28. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| CoverWallet, Inc. | Rental | (month, day, | Expenditure This Period |
| 100 Avenue of the Americas, New | | year) | |
| York, NY 10013 | | 02/27/2020 | \$ 645.00 |
| Occupation | Name and Address of Employer | 02/2//2020 | \$ 0.0100 |
| 29. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| Deborah Johnson | Catering/Refreshments | (month, day, | Expenditure This Period |
| 8238 Canning Terrace, Greenbelt, MD | | year) | P |
| 20770 | | 02/28/2020 | \$ 800.00 |
| Occupation | Name and Address of Employer | | |
| 30. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| Peter Brooks | Salary/Stipend | (month, day, | Expenditure This Period |
| 3513 Sequoia Ave, Baltimore, MD | | year) | |
| 21215 | | 02/29/2020 | \$ 250.00 |
| Occupation | Name and Address of Employer | | |
| 31. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| Latisha Atkins | Salary/Stipend | (month, day, | Expenditure This Period |
| 3824 V St SE Apt 102, Washington, | | year) | |
| DC 20020 | | 03/01/2020 | \$ 3,000.00 |
| | Name and Address of Employer | 33.34.2020 | 2 2,000.00 |
| Occupation | Traine and Address of Employer | l l | |

| Name and Address of Employer | (month, day, year) 03/01/2020 | Expenditure This Period \$ 2,000.00 |
|--------------------------------|--|--|
| Name and Address of Employer | | \$ 2,000.00 |
| Name and Address of Employer | 03/01/2020 | \$ 2,000.00 |
| Name and Address of Employer | 03/01/2020 | \$ 2,000.00 |
| | | 1 |
| | | |
| Purpose of Expenditure | Date | Amount of Each |
| Bank Fees | (month, day, | Expenditure This Period |
| | year) | |
| | 03/01/2020 | \$ 258.77 |
| Name and Address of Employer | 03/01/2020 | \$ 236.77 |
| | | |
| Purpose of Expenditure | Date | Amount of Each |
| Consultant | (month, day, | Expenditure This Period |
| | year) | |
| | 03/04/2020 | \$ 1,400.00 |
| Name and Address of Employer | | |
| Purpose of Expenditure | Date | Amount of Each |
| | | Expenditure This Period |
| Sumiyisepenu | year) | |
| | 03/05/2020 | \$ 105.00 |
| Name and Address of Employer | | |
| | | |
| Purpose of Expenditure | Date | Amount of Each |
| Salary/Stipend | (month, day, | Expenditure This Period |
| | year) | |
| | 03/05/2020 | \$ 550.00 |
| Name and Address of Employer | | |
| Durnage of Evnanditure | Data | Amount of Each |
| | | |
| Salary/Supend | _ · · · · · · · · · · · · · · · · · · · | Expenditure This Period |
| | | |
| N 1411 OF 1 | 03/05/2020 | \$ 120.00 |
| Name and Address of Employer | | |
| Purpose of Expenditure | Date | Amount of Each |
| Salary/Stipend | (month, day, | Expenditure This Period |
| | year) | |
| | 03/05/2020 | \$ 120.00 |
| Name and Address of Employer | | 1 3100 |
| Durnage of Europe Library | Diti | Amazanti (CE) 1 |
| | | Amount of Each |
| Saiary/Supend | _ · · · · · · · · · · · · · · · · · · · | Expenditure This Period |
| | | 0.405.00 |
| Name and Address of Employer | 03/05/2020 | \$ 105.00 |
| Traine and Address of Employer | | |
| | Purpose of Expenditure Consultant Name and Address of Employer Purpose of Expenditure Salary/Stipend Name and Address of Employer Purpose of Expenditure Salary/Stipend Name and Address of Employer Purpose of Expenditure Salary/Stipend Name and Address of Employer Purpose of Expenditure Salary/Stipend Purpose of Expenditure Salary/Stipend | Purpose of Expenditure Consultant Purpose of Expenditure Salary/Stipend Date (month, day, year) 03/05/2020 Name and Address of Employer Purpose of Expenditure Salary/Stipend Date (month, day, year) 03/05/2020 |

| 40. Full Name, Mailing Address and Zip Code William Johnson | Purpose of Expenditure Salary/Stipend | Date (month, day, | Amount of Each Expenditure This Period |
|--|---------------------------------------|-------------------------------|---|
| 4276 East Capitol Street NE, | | year) | |
| Washington, DC 20019 | | 03/05/2020 | \$ 210.00 |
| Occupation | Name and Address of Employer | | |
| 41. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020 | Supplies | (month, day, year) | Expenditure This Period |
| Occupation | Name and Address of Employer | 03/05/2020 | \$ 75.88 |
| 42. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| Lowe's 2438 Market Street NE, Washington, DC 20018 | Supplies | (month, day, year) | Expenditure This Period |
| Occupation | Name and Address of Employer | 03/06/2020 | \$ 26.42 |
| 43. Full Name, Mailing Address and Zip Code | Purpose of Expenditure | Date | Amount of Each |
| Harland Clarke Corp. 15955 La Cantera Parkway, San | Bank Fees | (month, day, year) | Expenditure This Period |
| Antonio, TX 78256 Occupation | Name and Address of Employer | 03/06/2020 | \$ 131.09 |
| • | | | |
| 44. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC | Purpose of Expenditure Supplies | Date (month, day, year) | Amount of Each Expenditure This Period |
| 20018 | Name and Address of Employer | 03/07/2020 | \$ 37.57 |
| Occupation | Name and Address of Employer | | |
| 45. Full Name, Mailing Address and Zip Code DJ Vanity 2524 Naylor Rd, Washington, DC | Purpose of Expenditure Consultant | Date (month, day, year) | Amount of Each Expenditure This Period |
| 20020 Occupation | Name and Address of Employer | 03/08/2020 | \$ 150.00 |
| • | | | |
| 46. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA | Purpose of Expenditure Bank Fees | Date (month, day, year) | Amount of Each Expenditure This Period |
| 02144-0031 Occupation | Name and Address of Employer | 03/08/2020 | \$ 39.53 |
| Occupation | Name and Address of Employer | 03/08/2020 | 3 37. |
| TOTAL This Period (Aggregate of all expendi | ture pages) | | \$ 33,184.31 |