



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, D.C. 20003

REPORT OF RECEIPTS AND EXPENDITURES
FOR CANDIDATES, PRINCIPAL CAMPAIGN OR POLITICAL COMMITTEES,
POLITICAL ACTION COMMITTEES, INDEPENDENT EXPENDITURE COMMITTEES

SUMMARY PAGE

| | |
|--|--|
| 1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Vince Gray 2020 | 2. OCF Identification Number PCCCC7207128 |
| Address 2619 Branch Ave., SE | 3. Is this report an Amendment? (Yes or No) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| City, State and Zip Code Washington, DC 20020 | |

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

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

| SUMMARY | COLUMN A THIS PERIOD | COLUMN B CUMULATIVE TO-DATE |
|---|-------------------------|-----------------------------------|
| 5. Covering Period 3/11/2020 through 5/25/2020 | | |
| 6. (a) Cash on Hand (January 31 Year End Report Only) | | \$ 0.00 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 90,756.48 | |
| (c) Total Receipts [from Line (16)] | \$ 53,785.95 | \$ 190,745.00 |
| (d) Subtotal [add Lines 6(b) and 6(c) for Column A] | \$ 144,542.43 | |
| 7. Total Expenditures (from Line 22) | \$ 100,741.02 | \$ 146,943.59 |
| 8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)] | \$ 43,801.41 | |
| 9. Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D) | \$ 0.00 | \$ 0.00 |
| 10. (a) Loans Owed By the Committee to the Candidate (itemize all on Schedule E) | \$ 0.00 | \$ 0.00 |
| (b) Loans from other sources made to the Committee (itemize all on Schedule E-1) | \$ 0.00 | \$ 0.00 |

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

(1) OATH OR AFFIRMATION OF CANDIDATE IF FILING

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

TYPE OR PRINT FULL NAME OF CANDIDATE

SIGNATURE OF CANDIDATE

DATE

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

NOTARY PUBLIC

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

(2) OATH OR AFFIRMATION OF COMMITTEE TREASURER

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

Mr. Charles Thies

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

04/01/2021

SIGNATURE OF TREASURER

DATE

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

NOTARY PUBLIC

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

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

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

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

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

NOTARY PUBLIC

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

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

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

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

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

NOTARY PUBLIC

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

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

| 1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Vince Gray 2020 | REPORT COVERING THE PERIOD FROM: 3/11/2020 TO: 5/25/2020 | |
|--|---|---|
| I. RECEIPTS | COLUMN A TOTAL THIS PERIOD | COLUMN B CUMULATIVE TO-DATE CUMULATIVE YEAR-TO-DATE |
| 11. CONTRIBUTIONS (OTHER THAN LOANS) FROM: | | |
| (a) Individuals/Organizations Other Than Political Committees (Schedule A) | \$ 51,690.00 | \$ 186,649.05 11(a) |
| (b) Political Party Committees (Schedule A-1) | \$ 0.00 | \$ 0.00 11(b) |
| (c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2) | \$ 2,095.95 | \$ 4,095.95 11(c) |
| (d) The Candidate (Schedule A-3) | \$ 0.00 | \$ 0.00 11(d) |
| (e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4) | \$ 0.00 | \$ 0.00 11(e) |
| (f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the candidate or committee (Schedule A-7) | \$ 0.00 | \$ 0.00 11(f) |
| (g) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e) and (f)] | \$ 53,785.95 | \$ 190,745.00 11(g) |
| 12. SALES AND COLLECTIONS (Schedule C) | \$ 0.00 | \$ 0.00 12 |
| 13. LOANS | | |
| (a) Loans owed By the Committee to the Candidate (Schedule E) | \$ 0.00 | \$ 0.00 13(a) |
| (b) Loans from other source made to the Committee (Schedule E-1) | \$ 0.00 | \$ 0.00 13(b) |
| (c) Total Loans [add Lines 13(a) and (b)] | \$ 0.00 | \$ 0.00 13(c) |
| 14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5) | \$ 0.00 | \$ 0.00 14 |
| 15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6) | \$ 0.00 | \$ 0.00 15 |
| 16. TOTAL RECEIPTS [add Lines 11(g), 12, 13(c), 14 and 15] | \$ 53,785.95 | \$ 190,745.00 16 |
| II. EXPENDITURES | | |
| 17. OPERATING EXPENDITURES (Schedule B) | \$ 97,681.02 | \$ 143,733.59 17 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1) | \$ 0.00 | \$ 0.00 18 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans owed By the Committee to the Candidate (Schedule E) | \$ 0.00 | \$ 0.00 19(a) |
| (b) Of Loans from other source made to the Committee (Schedule E-1) | \$ 0.00 | \$ 0.00 19(b) |
| (c) Total Loan Repayments [add Lines 19(a) and 19(b)] | \$ 0.00 | \$ 0.00 19(c) |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Organizations Other Than Political Committees (Schedule B-2) | \$ 1,500.00 | \$ 1,650.00 20(a) |
| (b) Political Party Committees (Schedule B-3) | \$ 0.00 | \$ 0.00 20(b) |
| (c) Other Political Committees and PACs (Schedule B-4) | \$ 0.00 | \$ 0.00 20(c) |
| (d) Total Contribution Refunds [add Lines 20(a), (b), and (c)] | \$ 1,500.00 | \$ 1,650.00 20(d) |
| 21. OTHER EXPENDITURES | | |
| (a) Independent Expenditures (Schedule B-5) | \$ 0.00 | \$ 0.00 21(a) |
| (b) Offsets to Receipts (Schedule B-6) | \$ 1,560.00 | \$ 1,560.00 21(b) |
| (c) Total Other Expenditures [add Lines 21(a), and 21(b)] | \$ 1,560.00 | \$ 1,560.00 21(c) |
| 22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)] | \$ 100,741.02 | \$ 146,943.59 22 |
| III. CASH SUMMARY | | |
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | | \$ 90,756.48 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) | | \$ 53,785.95 |
| 25. SUBTOTAL (add Lines 23 and 24) | | \$ 144,542.43 |
| 26. TOTAL EXPENDITURES THIS PERIOD (from Line 22) | | \$ 100,741.02 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | | \$ 43,801.41 |

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

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

Vince Gray 2020

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

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Vince Gray 2020

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

ITEMIZED RECEIPTS FROM COMMITTEES OTHER THAN POLITICAL COMMITTEES AUTHORIZED BY THE SAME CANDIDATE

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

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

Vince Gray 2020

| | | | |
|---|---|--|--|
| 1. Full Name, Mailing Address and Zip Code DC Hospital Association PAC 1152 15th St NW, Washington, DC 20005 | Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify) | Date (month, day, year) 03/12/2020 | Amount of Each Receipt This Period \$ 95.95 |
| Contributor Type Corporate Sponsored PAC | | | |
| Aggregate Year-To-date | | | \$ 95.95 |
| 2. Full Name, Mailing Address and Zip Code DC First PAC 1200 29th St NW, Washington, DC 20007 | Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify) | Date (month, day, year) 03/12/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Corporate Sponsored PAC | | | |
| Aggregate Year-To-date | | | \$ 500.00 |
| 3. Full Name, Mailing Address and Zip Code Truist Financial Corp PAC 1001 Semmes Ave, Richmond, VA 23224 | Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify) | Date (month, day, year) 03/17/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Corporate Sponsored PAC | | | |
| Aggregate Year-To-date | | | \$ 500.00 |
| 4. Full Name, Mailing Address and Zip Code DRIVE Committee 25 Louisiana Ave NW, Washington, DC 20001 | Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify) | Date (month, day, year) 05/05/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Labor Sponsored PAC | | | |
| Aggregate Year-To-date | | | \$ 500.00 |
| 5. Full Name, Mailing Address and Zip Code Plumbers and Gasfitters Union Local 5 5891 Allentown Rd, Camp Springs, MD 20746 | Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify) | Date (month, day, year) 05/18/2020 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Labor Sponsored PAC | | | |
| Aggregate Year-To-date | | | \$ 500.00 |
| TOTAL This Period (Aggregate of all Receipt pages) | | | \$ 2,095.95 |

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

Vince Gray 2020

| | | | |
|---|--|--|---|
| 1. Full Name, Mailing Address and Zip Code Chuck Thies 1609 Buchanan St NE, Washington, DC 20017 | Purpose of Expenditure Consultant | Date (month, day, year) 03/12/2020 | Amount of Each Expenditure This Period \$ 5,000.00 |
| Occupation | Name and Address of Employer | | |
| 2. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031 | Purpose of Expenditure Bank Fees | Date (month, day, year) 03/15/2020 | Amount of Each Expenditure This Period \$ 98.62 |
| Occupation | Name and Address of Employer | | |
| 3. Full Name, Mailing Address and Zip Code United States Postal Service 3401 12th St NE, Washington, DC 20017 | Purpose of Expenditure Postage | Date (month, day, year) 03/17/2020 | Amount of Each Expenditure This Period \$ 110.00 |
| Occupation | Name and Address of Employer | | |
| 4. Full Name, Mailing Address and Zip Code BarrComm 16175 Golf Club Rd, Weston, FL 33326 | Purpose of Expenditure Consultant | Date (month, day, year) 03/17/2020 | Amount of Each Expenditure This Period \$ 1,050.00 |
| Occupation | Name and Address of Employer | | |
| 5. Full Name, Mailing Address and Zip Code Mail Chimp 675 Ponce de Leon Ave NE, Atlanta, GA 30308 | Purpose of Expenditure Computer and Web Expenses | Date (month, day, year) 03/23/2020 | Amount of Each Expenditure This Period \$ 79.49 |
| Occupation | Name and Address of Employer | | |
| 6. Full Name, Mailing Address and Zip Code Stephanie Oliver 5705 Middleton Dr, Temple Hills, MD 20748 | Purpose of Expenditure Salary/Stipend | Date (month, day, year) 03/25/2020 | Amount of Each Expenditure This Period \$ 150.00 |
| Occupation | Name and Address of Employer | | |
| 7. Full Name, Mailing Address and Zip Code Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020 | Purpose of Expenditure Salary/Stipend | Date (month, day, year) 03/25/2020 | Amount of Each Expenditure This Period \$ 3,000.00 |
| Occupation | Name and Address of Employer | | |

| | | | |
|--|--|--|---|
| 8. Full Name, Mailing Address and Zip Code Dawn Kum 1525 Blue Meadow Rd, Potomac, MD 20854 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 03/26/2020 | Amount of Each Expenditure This Period \$ 487.30 |
| Occupation | Name and Address of Employer | | |
| 9. Full Name, Mailing Address and Zip Code Public Policy Polling 2912 Highwoods Blvd, Raleigh, NC 27604 | Purpose of Expenditure Polling/Mailing List | Date (month, day, year) 03/27/2020 | Amount of Each Expenditure This Period \$ 6,000.00 |
| Occupation | Name and Address of Employer | | |
| 10. Full Name, Mailing Address and Zip Code Amazon.com, Inc. 410 Terry Ave, Seattle, WA 98109 | Purpose of Expenditure Supplies | Date (month, day, year) 03/27/2020 | Amount of Each Expenditure This Period \$ 29.65 |
| Occupation | Name and Address of Employer | | |
| 11. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031 | Purpose of Expenditure Bank Fees | Date (month, day, year) 03/29/2020 | Amount of Each Expenditure This Period \$ 12.25 |
| Occupation | Name and Address of Employer | | |
| 12. Full Name, Mailing Address and Zip Code CoverWallet, Inc. 100 Avenue of the Americas, New York, NY 10013 | Purpose of Expenditure Rental | Date (month, day, year) 03/30/2020 | Amount of Each Expenditure This Period \$ 119.13 |
| Occupation | Name and Address of Employer | | |
| 13. Full Name, Mailing Address and Zip Code CoverWallet, Inc. 100 Avenue of the Americas, New York, NY 10013 | Purpose of Expenditure Rental | Date (month, day, year) 03/30/2020 | Amount of Each Expenditure This Period \$ 138.35 |
| Occupation | Name and Address of Employer | | |
| 14. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031 | Purpose of Expenditure Bank Fees | Date (month, day, year) 03/31/2020 | Amount of Each Expenditure This Period \$ 5.93 |
| Occupation | Name and Address of Employer | | |
| 15. Full Name, Mailing Address and Zip Code Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020 | Purpose of Expenditure Salary/Stipend | Date (month, day, year) 04/01/2020 | Amount of Each Expenditure This Period \$ 3,000.00 |
| Occupation | Name and Address of Employer | | |

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| 16. Full Name, Mailing Address and Zip Code Amazon.com, Inc. 410 Terry Ave, Seattle, WA 98109 | Purpose of Expenditure Supplies | Date (month, day, year) 04/02/2020 | Amount of Each Expenditure This Period \$ 58.82 |
| Occupation | Name and Address of Employer | | |
| 17. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031 | Purpose of Expenditure Bank Fees | Date (month, day, year) 04/05/2020 | Amount of Each Expenditure This Period \$ 39.90 |
| Occupation | Name and Address of Employer | | |
| 18. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005 | Purpose of Expenditure Consultant | Date (month, day, year) 04/08/2020 | Amount of Each Expenditure This Period \$ 1,000.00 |
| Occupation | Name and Address of Employer | | |
| 19. Full Name, Mailing Address and Zip Code Gelberg Signs 6511 Chillum Pl, Washington, DC 20012 | Purpose of Expenditure Printing | Date (month, day, year) 04/09/2020 | Amount of Each Expenditure This Period \$ 2,371.97 |
| Occupation | Name and Address of Employer | | |
| 20. Full Name, Mailing Address and Zip Code Chuck Thies 1609 Buchanan St NE, Washington, DC 20017 | Purpose of Expenditure Consultant | Date (month, day, year) 04/11/2020 | Amount of Each Expenditure This Period \$ 2,500.00 |
| Occupation | Name and Address of Employer | | |
| 21. Full Name, Mailing Address and Zip Code BarrComm 16175 Golf Club Rd, Weston, FL 33326 | Purpose of Expenditure Consultant | Date (month, day, year) 04/11/2020 | Amount of Each Expenditure This Period \$ 1,100.00 |
| Occupation | Name and Address of Employer | | |
| 22. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031 | Purpose of Expenditure Bank Fees | Date (month, day, year) 04/12/2020 | Amount of Each Expenditure This Period \$ 43.85 |
| Occupation | Name and Address of Employer | | |
| 23. Full Name, Mailing Address and Zip Code Mail Chimp 675 Ponce de Leon Ave NE, Atlanta, GA 30308 | Purpose of Expenditure Computer and Web Expenses | Date (month, day, year) 04/13/2020 | Amount of Each Expenditure This Period \$ 6.78 |
| Occupation | Name and Address of Employer | | |

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| 24. Full Name, Mailing Address and Zip Code Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020 | Purpose of Expenditure Salary/Stipend | Date (month, day, year) 04/15/2020 | Amount of Each Expenditure This Period \$ 1,500.00 |
| Occupation | Name and Address of Employer | | |
| 25. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031 | Purpose of Expenditure Bank Fees | Date (month, day, year) 04/19/2020 | Amount of Each Expenditure This Period \$ 109.62 |
| Occupation | Name and Address of Employer | | |
| 26. Full Name, Mailing Address and Zip Code Mail Chimp 675 Ponce de Leon Ave NE, Atlanta, GA 30308 | Purpose of Expenditure Computer and Web Expenses | Date (month, day, year) 04/21/2020 | Amount of Each Expenditure This Period \$ 79.49 |
| Occupation | Name and Address of Employer | | |
| 27. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005 | Purpose of Expenditure Printing | Date (month, day, year) 04/23/2020 | Amount of Each Expenditure This Period \$ 14,021.00 |
| Occupation | Name and Address of Employer | | |
| 28. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031 | Purpose of Expenditure Bank Fees | Date (month, day, year) 04/26/2020 | Amount of Each Expenditure This Period \$ 146.16 |
| Occupation | Name and Address of Employer | | |
| 29. Full Name, Mailing Address and Zip Code Gertrude Stein Democratic Club PO Box 9393, Washington, DC 20005 | Purpose of Expenditure Advertising | Date (month, day, year) 04/27/2020 | Amount of Each Expenditure This Period \$ 550.00 |
| Occupation | Name and Address of Employer | | |
| 30. Full Name, Mailing Address and Zip Code CoverWallet, Inc. 100 Avenue of the Americas, New York, NY 10013 | Purpose of Expenditure Rental | Date (month, day, year) 04/29/2020 | Amount of Each Expenditure This Period \$ 119.13 |
| Occupation | Name and Address of Employer | | |
| 31. Full Name, Mailing Address and Zip Code CoverWallet, Inc. 100 Avenue of the Americas, New York, NY 10013 | Purpose of Expenditure Rental | Date (month, day, year) 04/29/2020 | Amount of Each Expenditure This Period \$ 138.35 |
| Occupation | Name and Address of Employer | | |

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| 32. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005 | Purpose of Expenditure Printing | Date (month, day, year) 04/30/2020 | Amount of Each Expenditure This Period \$ 7,972.00 |
| Occupation | Name and Address of Employer | | |
| 33. Full Name, Mailing Address and Zip Code Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020 | Purpose of Expenditure Salary/Stipend | Date (month, day, year) 04/30/2020 | Amount of Each Expenditure This Period \$ 1,500.00 |
| Occupation | Name and Address of Employer | | |
| 34. Full Name, Mailing Address and Zip Code Chuck Thies 1609 Buchanan St NE, Washington, DC 20017 | Purpose of Expenditure Consultant | Date (month, day, year) 05/01/2020 | Amount of Each Expenditure This Period \$ 2,500.00 |
| Occupation | Name and Address of Employer | | |
| 35. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031 | Purpose of Expenditure Bank Fees | Date (month, day, year) 05/03/2020 | Amount of Each Expenditure This Period \$ 195.74 |
| Occupation | Name and Address of Employer | | |
| 36. Full Name, Mailing Address and Zip Code Amazon.com, Inc. 410 Terry Ave, Seattle, WA 98109 | Purpose of Expenditure Supplies | Date (month, day, year) 05/04/2020 | Amount of Each Expenditure This Period \$ 23.28 |
| Occupation | Name and Address of Employer | | |
| 37. Full Name, Mailing Address and Zip Code Amazon.com, Inc. 410 Terry Ave, Seattle, WA 98109 | Purpose of Expenditure Supplies | Date (month, day, year) 05/04/2020 | Amount of Each Expenditure This Period \$ 32.60 |
| Occupation | Name and Address of Employer | | |
| 38. Full Name, Mailing Address and Zip Code NationBuilder PO Box 811428, Los Angeles, CA 90081 | Purpose of Expenditure Computer and Web Expenses | Date (month, day, year) 05/04/2020 | Amount of Each Expenditure This Period \$ 37.10 |
| Occupation | Name and Address of Employer | | |
| 39. Full Name, Mailing Address and Zip Code Peter Brooks 3513 Sequoia Ave, Baltimore, MD 21215 | Purpose of Expenditure Consultant | Date (month, day, year) 05/05/2020 | Amount of Each Expenditure This Period \$ 250.00 |
| Occupation | Name and Address of Employer | | |

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|---|--|--|---|
| 40. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005 | Purpose of Expenditure Printing | Date (month, day, year) 05/06/2020 | Amount of Each Expenditure This Period \$ 6,664.00 |
| Occupation | Name and Address of Employer | | |
| 41. Full Name, Mailing Address and Zip Code Staples 2950 Belcrest Center Drive, Hyattsville, MD 20782 | Purpose of Expenditure Supplies | Date (month, day, year) 05/06/2020 | Amount of Each Expenditure This Period \$ 99.07 |
| Occupation | Name and Address of Employer | | |
| 42. Full Name, Mailing Address and Zip Code United States Postal Service 3401 12th St NE, Washington, DC 20017 | Purpose of Expenditure Postage | Date (month, day, year) 05/06/2020 | Amount of Each Expenditure This Period \$ 275.00 |
| Occupation | Name and Address of Employer | | |
| 43. Full Name, Mailing Address and Zip Code Fedex Office 715 D St SE, Washington, DC 20003 | Purpose of Expenditure Printing | Date (month, day, year) 05/07/2020 | Amount of Each Expenditure This Period \$ 76.32 |
| Occupation | Name and Address of Employer | | |
| 44. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025 | Purpose of Expenditure Advertising | Date (month, day, year) 05/08/2020 | Amount of Each Expenditure This Period \$ 25.00 |
| Occupation | Name and Address of Employer | | |
| 45. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031 | Purpose of Expenditure Bank Fees | Date (month, day, year) 05/10/2020 | Amount of Each Expenditure This Period \$ 184.49 |
| Occupation | Name and Address of Employer | | |
| 46. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018 | Purpose of Expenditure Supplies | Date (month, day, year) 05/11/2020 | Amount of Each Expenditure This Period \$ 16.59 |
| Occupation | Name and Address of Employer | | |
| 47. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025 | Purpose of Expenditure Advertising | Date (month, day, year) 05/11/2020 | Amount of Each Expenditure This Period \$ 25.00 |
| Occupation | Name and Address of Employer | | |

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| 48. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025 | Purpose of Expenditure Advertising | Date (month, day, year) 05/11/2020 | Amount of Each Expenditure This Period \$ 25.00 |
| Occupation | Name and Address of Employer | | |
| 49. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025 | Purpose of Expenditure Advertising | Date (month, day, year) 05/11/2020 | Amount of Each Expenditure This Period \$ 35.00 |
| Occupation | Name and Address of Employer | | |
| 50. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025 | Purpose of Expenditure Advertising | Date (month, day, year) 05/12/2020 | Amount of Each Expenditure This Period \$ 50.00 |
| Occupation | Name and Address of Employer | | |
| 51. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025 | Purpose of Expenditure Advertising | Date (month, day, year) 05/13/2020 | Amount of Each Expenditure This Period \$ 75.00 |
| Occupation | Name and Address of Employer | | |
| 52. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025 | Purpose of Expenditure Advertising | Date (month, day, year) 05/14/2020 | Amount of Each Expenditure This Period \$ 75.00 |
| Occupation | Name and Address of Employer | | |
| 53. Full Name, Mailing Address and Zip Code Fedex Office 715 D St SE, Washington, DC 20003 | Purpose of Expenditure Printing | Date (month, day, year) 05/15/2020 | Amount of Each Expenditure This Period \$ 13.78 |
| Occupation | Name and Address of Employer | | |
| 54. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005 | Purpose of Expenditure Printing | Date (month, day, year) 05/16/2020 | Amount of Each Expenditure This Period \$ 7,078.00 |
| Occupation | Name and Address of Employer | | |
| 55. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005 | Purpose of Expenditure Printing | Date (month, day, year) 05/16/2020 | Amount of Each Expenditure This Period \$ 7,078.00 |
| Occupation | Name and Address of Employer | | |

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| 56. Full Name, Mailing Address and Zip Code Latisha Atkins 3824 V St SE Apt 102, Washington, DC 20020 | Purpose of Expenditure Salary/Stipend | Date (month, day, year) 05/16/2020 | Amount of Each Expenditure This Period \$ 3,000.00 |
| Occupation | Name and Address of Employer | | |
| 57. Full Name, Mailing Address and Zip Code BarrComm 16175 Golf Club Rd, Weston, FL 33326 | Purpose of Expenditure Consultant | Date (month, day, year) 05/16/2020 | Amount of Each Expenditure This Period \$ 1,000.00 |
| Occupation | Name and Address of Employer | | |
| 58. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031 | Purpose of Expenditure Bank Fees | Date (month, day, year) 05/17/2020 | Amount of Each Expenditure This Period \$ 177.59 |
| Occupation | Name and Address of Employer | | |
| 59. Full Name, Mailing Address and Zip Code McDonald's 3901 Minnesota Ave NE, Washington, DC 20019 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 05/18/2020 | Amount of Each Expenditure This Period \$ 12.06 |
| Occupation | Name and Address of Employer | | |
| 60. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025 | Purpose of Expenditure Advertising | Date (month, day, year) 05/18/2020 | Amount of Each Expenditure This Period \$ 125.00 |
| Occupation | Name and Address of Employer | | |
| 61. Full Name, Mailing Address and Zip Code Costco 2441 Market St NE, Washington, DC 20018 | Purpose of Expenditure Supplies | Date (month, day, year) 05/19/2020 | Amount of Each Expenditure This Period \$ 19.94 |
| Occupation | Name and Address of Employer | | |
| 62. Full Name, Mailing Address and Zip Code Lowe's 2438 Market Street NE, Washington, DC 20018 | Purpose of Expenditure Supplies | Date (month, day, year) 05/19/2020 | Amount of Each Expenditure This Period \$ 40.56 |
| Occupation | Name and Address of Employer | | |
| 63. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025 | Purpose of Expenditure Advertising | Date (month, day, year) 05/20/2020 | Amount of Each Expenditure This Period \$ 175.00 |
| Occupation | Name and Address of Employer | | |
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| 64. Full Name, Mailing Address and Zip Code John Bowman 4006 31st St, Mount Rainier, MD 20712 | Purpose of Expenditure Salary/Stipend | Date (month, day, year) 05/21/2020 | Amount of Each Expenditure This Period \$ 590.00 |
| Occupation | Name and Address of Employer | | |
| 65. Full Name, Mailing Address and Zip Code Mail Chimp 675 Ponce de Leon Ave NE, Atlanta, GA 30308 | Purpose of Expenditure Computer and Web Expenses | Date (month, day, year) 05/21/2020 | Amount of Each Expenditure This Period \$ 79.49 |
| Occupation | Name and Address of Employer | | |
| 66. Full Name, Mailing Address and Zip Code Dunkin' Donuts 3030 Queens Chapel Rd, Hyattsville, MD 20782 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 05/22/2020 | Amount of Each Expenditure This Period \$ 18.09 |
| Occupation | Name and Address of Employer | | |
| 67. Full Name, Mailing Address and Zip Code Annie's Ace Hardware 3405 8th St NE, Washington, DC 20017 | Purpose of Expenditure Supplies | Date (month, day, year) 05/22/2020 | Amount of Each Expenditure This Period \$ 86.84 |
| Occupation | Name and Address of Employer | | |
| 68. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025 | Purpose of Expenditure Advertising | Date (month, day, year) 05/22/2020 | Amount of Each Expenditure This Period \$ 250.00 |
| Occupation | Name and Address of Employer | | |
| 69. Full Name, Mailing Address and Zip Code Facebook, Inc. 1 Hacker Way, Menlo Park, CA 94025 | Purpose of Expenditure Advertising | Date (month, day, year) 05/22/2020 | Amount of Each Expenditure This Period \$ 400.00 |
| Occupation | Name and Address of Employer | | |
| 70. Full Name, Mailing Address and Zip Code McDonald's 3901 Minnesota Ave NE, Washington, DC 20019 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 05/22/2020 | Amount of Each Expenditure This Period \$ 15.59 |
| Occupation | Name and Address of Employer | | |
| 71. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005 | Purpose of Expenditure Printing | Date (month, day, year) 05/23/2020 | Amount of Each Expenditure This Period \$ 7,078.00 |
| Occupation | Name and Address of Employer | | |
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| 72. Full Name, Mailing Address and Zip Code Kennedy Communications, Inc. 1301 K Street NW, Washington, DC 20005 | Purpose of Expenditure Printing | Date (month, day, year) 05/23/2020 | Amount of Each Expenditure This Period \$ 6,972.00 |
| Occupation | Name and Address of Employer | | |
| 73. Full Name, Mailing Address and Zip Code Eclectic Cafe 4058 Minnesota Ave NE, Washington, DC 20019 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 05/23/2020 | Amount of Each Expenditure This Period \$ 217.14 |
| Occupation | Name and Address of Employer | | |
| 74. Full Name, Mailing Address and Zip Code Wawa, Inc. 4530 40th St NW, Washington, DC 20016 | Purpose of Expenditure Catering/Refreshments | Date (month, day, year) 05/23/2020 | Amount of Each Expenditure This Period \$ 7.11 |
| Occupation | Name and Address of Employer | | |
| 75. Full Name, Mailing Address and Zip Code ActBlue PO Box 441146, Somerville, MA 02144-0031 | Purpose of Expenditure Bank Fees | Date (month, day, year) 05/24/2020 | Amount of Each Expenditure This Period \$ 44.85 |
| Occupation | Name and Address of Employer | | |
| TOTAL This Period (Aggregate of all expenditure pages) | | | \$ 97,681.02 |

REFUNDS OF CONTRIBUTIONS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN POLITICAL COMMITTEES

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

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

Vince Gray 2020

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

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

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

Vince Gray 2020

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