



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

REPORT OF RECEIPTS AND EXPENDITURES
FOR A CONSTITUENT-SERVICE PROGRAM

SUMMARY PAGE

1. Full Name of Constituent-Service Program Our Ward 5	2. OCF Identification Number CSSCC5125305
Address (Number and Street) 3616 Jamison St NE	3. Is this report an Amendment? (Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State and Zip Code Washington, DC 20018	

4. TYPE OF REPORT: **October 1st Report**

CONSTITUENT-SERVICE PROGRAM SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR- TO-DATE
5. Covering Period 7/2/2021 through 10/1/2021		
6. (a) Cash on Hand January 1		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,067.52	
(c) Total Receipts (from Line (16))	\$ 2,900.00	\$ 4,055.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B)	\$ 3,967.52	
7. Total Expenditures (from Line 24)	\$ 1,557.31	\$ 1,848.60
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 2,410.21	
9. Debts and Obligations Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) All Other Loans (itemize all on Schedule-E1)	\$ 0.00	\$ 0.00

CERTIFICATIONS/OATHS AND AFFIRMATIONS OF FILERS OF REPORTS OF RECEIPTS AND EXPENDITURES FOR A CONSTITUENT-SERVICE PROGRAM

(1) OATH OR AFFIRMATION OF ELECTED OFFICIAL 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 CONSTITUENT-SERVICE PROGRAM ESTABLISHED BY ME IS 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 ELECTED OFFICIAL

SIGNATURE OF ELECTED OFFICIAL

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 PROGRAM 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.

Chanell Autrey

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

09/28/2021

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.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND EXPENDITURES
FOR CONSTITUENT-SERVICE PROGRAMS**

1. Full Name of Constituent-Service Program Our Ward 5	REPORT COVERING THE PERIOD FROM: 7/2/2021 TO: 10/1/2021	
I. RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (EXCLUDING LOANS) FROM:		
(a) Itemized monetary contributions from other than the elected official (Schedule A)	\$ 2,900.00	\$ 3,900.00 11(a)
(b) Itemized monetary contributions from the elected official (Schedule A-1)	\$ 0.00	\$ 155.95 11(b)
(c) Contributions of personal property from other than the elected official (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) Contributions of Personal Property from the elected official (Schedule A-3)	\$ 0.00	\$ 0.00 11(d)
(e) Transfers from Authorized Committees (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions in excess of \$10,000.00 from source not associated with the Elected Official or CSP (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) TOTAL Contributions- Excluding Loans (add lines 11(a) (b), (c), (d), (e) and (f))	\$ 2,900.00	\$ 4,055.95 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS RECEIVED		
(a) Made or guaranteed by the elected Official and or CSP (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) All other Loans (Schedule E-1)	\$ 0.00	\$ 0.00 13(b)
(c) TOTAL Loans (add Lines 13(a), and 13(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(f), 12, 13(c), 14 and 15)	\$ 2,900.00	\$ 4,055.95 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 0.00	\$ 291.29 17
18. ALL OTHER EXPENDITURES (Schedule B-1)	\$ 1,557.31	\$ 1,557.31 18
19. LOAN REPAYMENTS:		
(a) Loans made or guaranteed by the elected Official and/or Constituent Service Program (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) All other Loans (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. TOTAL EXPENDITURES (add Lines 17, 18, and 19(c))	\$ 1,557.31	\$ 1,848.60 20
III. CASH SUMMARY		
21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	1,067.52
22. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	2,900.00
23. SUBTOTAL (add Lines 21 and 22)	\$	3,967.52
24. TOTAL EXPENDITURES THIS PERIOD (from Line 20)	\$	1,557.31
25. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 24 from Line 23)	\$	2,410.21

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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 Constituent-Service Program

Our Ward 5

1. Full Name, Mailing Address and Zip Code Miriam O Moore 3060 Blaine St, Miami, FL 33133	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) 07/18/2021	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 200.00
2. Full Name, Mailing Address and Zip Code LLoyd Moore 3060 Blaine St, Miami, FL 33133	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) 07/18/2021	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 200.00
3. Full Name, Mailing Address and Zip Code Alessandro Bagnara 9600 SW 34th St, Miami, FL 33165	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) 07/18/2021	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 200.00
4. Full Name, Mailing Address and Zip Code Roland Barnes 117 Graidene St, Upper Marlboro, MD 20774	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) 07/20/2021	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Construction Manager Name and Address of Employer The Temple Group 1120 Connecticut Ave NW, Washington, DC 20036		
Aggregate Year-To-date			\$ 200.00
5. Full Name, Mailing Address and Zip Code Kerry Pearson 700 New Hampshire Ave NW Ste 115, Washington, DC 20037	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) 07/22/2021	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer		

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Full Name of Constituent-Service Program

Our Ward 5

	Aggregate Year-To-date		\$ 200.00
6. Full Name, Mailing Address and Zip Code Nicole Brown 16403 Eves Ct, Bowie, MD 20716	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) 07/23/2021	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer		
	Aggregate Year-To-date		\$ 200.00
7. Full Name, Mailing Address and Zip Code Michael Osaghae 4945 Klinge St NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/23/2021	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Construction Manager Name and Address of Employer The Temple Group 1120 Connecticut Ave NW, Washington, DC 20036		
	Aggregate Year-To-date		\$ 200.00
8. Full Name, Mailing Address and Zip Code Cynthia Osaghae 4945 Klinge St NW, Washington, DC 20016	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/23/2021	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Pharmaceutical Representative Name and Address of Employer Boehringer Ingelheim 1120 G St NW, Washington, DC 20005		
	Aggregate Year-To-date		\$ 200.00
9. Full Name, Mailing Address and Zip Code Lisa A. Edwards 3218 Central Ave NE, 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) 07/24/2021	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer		
	Aggregate Year-To-date		\$ 200.00

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

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Full Name of Constituent-Service Program

Our Ward 5

10. Full Name, Mailing Address and Zip Code James Duvall 2803 31st St SE # 555, 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) 07/24/2021	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 200.00
11. Full Name, Mailing Address and Zip Code Jeffrey Williams 117 Waltman Pl NE, 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) 07/24/2021	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 200.00
12. Full Name, Mailing Address and Zip Code Nicholas Perkins 1111 23rd St NW # 1e, Washington, DC 20037	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) 07/26/2021	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 200.00
13. Full Name, Mailing Address and Zip Code Janene Jackson 2114 Rand Pl 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) 09/08/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 500.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 2,900.00

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Full Name of Constituent-Service Program

Our Ward 5

1. Full Name, Mailing Address and Zip Code Willie Armstrong 4837 1st Street SW, Washington, DC 20032	Purpose of Expenditure Ward 5 Banner to display at Palisades Fourth of July	Date (month, day, year) 07/03/2021	Amount of Each Expenditure This Period \$ 265.00
2. Full Name, Mailing Address and Zip Code Walmart 310 Riggs Rd NE, Washington, DC 20011	Purpose of Expenditure Popsicles to distribute to kids during the Palisades Fourth of July	Date (month, day, year) 07/04/2021	Amount of Each Expenditure This Period \$ 35.74
3. Full Name, Mailing Address and Zip Code Adobe 151 South Almaden Blvd, San Jose, CA 95110	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 07/08/2021	Amount of Each Expenditure This Period \$ 15.89
4. Full Name, Mailing Address and Zip Code Adobe 151 South Almaden Blvd, San Jose, CA 95110	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 08/09/2021	Amount of Each Expenditure This Period \$ 15.89
5. Full Name, Mailing Address and Zip Code Walmart 310 Riggs Rd NE, Washington, DC 20011	Purpose of Expenditure Contribution of supplies for the Ricardo Duren Anniversary	Date (month, day, year) 08/13/2021	Amount of Each Expenditure This Period \$ 67.26
6. Full Name, Mailing Address and Zip Code CREATEDC LLC 4750-A Clifton Road, Temple Hills, MD 20748	Purpose of Expenditure Full Color Vinyl Stickers for Chuck Brown Day 2021	Date (month, day, year) 08/23/2021	Amount of Each Expenditure This Period \$ 485.00
7. Full Name, Mailing Address and Zip Code Marita Crawford-Riddick 400 Galloway Street NE 247N, Washington, DC 20011	Purpose of Expenditure Reimbursement for materials used to print ceremony program	Date (month, day, year) 08/24/2021	Amount of Each Expenditure This Period \$ 456.97
8. Full Name, Mailing Address and Zip Code Walmart 310 Riggs Rd NE, Washington, DC 20011	Purpose of Expenditure Contributions schools supplies, including pens, notebooks	Date (month, day, year) 08/30/2021	Amount of Each Expenditure This Period \$ 199.67
9. Full Name, Mailing Address and Zip Code Adobe 151 South Almaden Blvd, San Jose, CA 95110	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 09/08/2021	Amount of Each Expenditure This Period \$ 15.89

TOTAL This Period (aggregate the subtotal of all expenditure pages)

\$ 1,557.31