



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 <b>Do Something Constituents Fund</b>	2. OCF Identification Number <b>CSSCC8166839</b>
Address (Number and Street) <b>1109 Wahler PL., SE</b>	3. Is this report an Amendment? (Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State and Zip Code <b>Washington, DC 20032</b>	

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

CONSTITUENT-SERVICE PROGRAM SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE YEAR- TO-DATE
5. Covering Period <b>10/2/2022</b> through <b>1/1/2023</b>		
6. (a) Cash on Hand January 1		<b>\$ 0.00</b>
(b) Cash on Hand at Beginning of Reporting Period	<b>\$ 2,504.76</b>	
(c) Total Receipts (from Line (16))	<b>\$ 2,025.00</b>	<b>\$ 5,400.00</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B)	<b>\$ 4,529.76</b>	
7. Total Expenditures (from Line 24)	<b>\$ 1,631.49</b>	<b>\$ 6,052.89</b>
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	<b>\$ 2,898.27</b>	
9. Debts and Obligations Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule D)	<b>\$ 0.00</b>	<b>\$ 0.00</b>
10. (a) Loans Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule E)	<b>\$ 0.00</b>	<b>\$ 0.00</b>
(b) All Other Loans (itemize all on Schedule-E1)	<b>\$ 0.00</b>	<b>\$ 0.00</b>

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

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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.

**Mr. Darryl Ross**

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TYPE OR PRINT FULL NAME OF TREASURER

**ELECTRONICALLY CERTIFIED**

**12/31/2022**

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SIGNATURE OF TREASURER

DATE

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

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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 Do Something Constituents Fund	REPORT COVERING THE PERIOD FROM: <b>10/2/2022</b> TO: <b>1/1/2023</b>	
<b>I. RECEIPTS</b>	<b>COLUMN A THIS PERIOD</b>	<b>COLUMN B CUMULATIVE YEAR-TO-DATE</b>
<b>11. CONTRIBUTIONS (EXCLUDING LOANS) FROM:</b>		
(a) Itemized monetary contributions from other than the elected official (Schedule A)	\$ 2,025.00	\$ 5,400.00 11(a)
(b) Itemized monetary contributions from the elected official (Schedule A-1)	\$ 0.00	\$ 0.00 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))	\$ 2,025.00	\$ 5,400.00 11(g)
<b>12. SALES AND COLLECTIONS (Schedule C)</b>	\$ 0.00	\$ 0.00 12
<b>13. LOANS RECEIVED</b>		
(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)
<b>14. OTHER RECEIPTS (DIVIDENDS, INTEREST, etc.)(Schedule A-5)</b>	\$ 0.00	\$ 0.00 14
<b>15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)</b>	\$ 0.00	\$ 0.00 15
<b>16. TOTAL RECEIPTS</b> (add Lines 11(f), 12, 13(c), 14 and 15)	\$ 2,025.00	\$ 5,400.00 16
<b>II. EXPENDITURES</b>		
<b>17. OPERATING EXPENDITURES (Schedule B)</b>	\$ 431.49	\$ 1,553.89 17
<b>18. ALL OTHER EXPENDITURES (Schedule B-1)</b>	\$ 1,200.00	\$ 4,499.00 18
<b>19. LOAN REPAYMENTS:</b>		
(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)
<b>20. TOTAL EXPENDITURES</b> (add Lines 17, 18, and 19(c))	\$ 1,631.49	\$ 6,052.89 20
<b>III. CASH SUMMARY</b>		
<b>21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	2,504.76
<b>22. TOTAL RECEIPTS THIS PERIOD</b> (from Line 16)	\$	2,025.00
<b>23. SUBTOTAL</b> (add Lines 21 and 22)	\$	4,529.76
<b>24. TOTAL EXPENDITURES THIS PERIOD</b> (from Line 20)	\$	1,631.49
<b>25. CASH ON HAND AT CLOSE OF REPORTING PERIOD</b> (subtract Line 24 from Line 23)	\$	2,898.27

## 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

**Do Something Constituents Fund**

1. Full Name, Mailing Address and Zip Code <b>Michaels Development Company</b> <b>PO Box 90708, Camden, NJ 08101</b>	<b>Contribution Type</b> <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) <b>10/17/2022</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
2. Full Name, Mailing Address and Zip Code <b>Elevance Health, Inc</b> <b>3075 Vandercar Way, Cincinnati, OH 45209</b>	<b>Contribution Type</b> <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) <b>10/17/2022</b>	Amount of Each Receipt This Period <b>\$ 500.00</b>
<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 500.00</b>
3. Full Name, Mailing Address and Zip Code <b>Gauhar Naseem</b> <b>7036 River Oak Ct, Clarksville, MD 21029</b>	<b>Contribution Type</b> <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) <b>12/05/2022</b>	Amount of Each Receipt This Period <b>\$ 1,000.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>Real Estate Development</b> Name and Address of Employer <b>AG Capital Partners LLC</b> <b>7036 River Oak Ct, Clarksville, MD 21029</b>		
Aggregate Year-To-date			<b>\$ 1,000.00</b>
4. Full Name, Mailing Address and Zip Code <b>Terry A Gould</b> <b>3539 Sheffield Manor Ter, Silver Spring, MD 20904</b>	<b>Contribution Type</b> <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) <b>12/05/2022</b>	Amount of Each Receipt This Period <b>\$ 25.00</b>
<b>Contributor Type</b> Individual	<b>Occupation</b> <b>None</b> Name and Address of Employer <b>None</b>		
Aggregate Year-To-date			<b>\$ 25.00</b>
<b>TOTAL This Period (Aggregate of all Receipt pages)</b>			<b>\$ 2,025.00</b>

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## Full Name of Constituent-Service Program

## Do Something Constituents Fund

1. Full Name, Mailing Address and Zip Code <b>Industrial Bank</b> 4812 Georgia Avenue NW, Washington, DC 20011	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>10/07/2022</b>	Amount of Each Expenditure This Period <b>\$ 2.00</b>
2. Full Name, Mailing Address and Zip Code <b>Industrial Bank</b> 4812 Georgia Avenue NW, Washington, DC 20011	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>11/09/2022</b>	Amount of Each Expenditure This Period <b>\$ 2.00</b>
3. Full Name, Mailing Address and Zip Code <b>Imani Catering</b> 3710 Bangor St SE, Washington, DC 20020	Purpose of Expenditure <b>Catering/Refreshments</b>	Date (month, day, year) <b>11/14/2022</b>	Amount of Each Expenditure This Period <b>\$ 385.00</b>
4. Full Name, Mailing Address and Zip Code <b>Act Blue</b> 366 Summer St, Somerville, MA 02144	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>12/05/2022</b>	Amount of Each Expenditure This Period <b>\$ 40.49</b>
5. Full Name, Mailing Address and Zip Code <b>Industrial Bank</b> 4812 Georgia Avenue NW, Washington, DC 20011	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>12/09/2022</b>	Amount of Each Expenditure This Period <b>\$ 2.00</b>

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

**\$ 431.49**

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Full Name of Constituent-Service Program  
Do Something Constituents Fund

1. Full Name, Mailing Address and Zip Code Kimberly Harrison 800 Southern Avenue, Washington, DC 20032	Purpose of Expenditure Donation - Assistance with Medical and Transport E	Date (month, day, year) 10/12/2022	Amount of Each Expenditure This Period \$ 500.00
2. Full Name, Mailing Address and Zip Code Ashley Snider 2780 Bruce Pl SE, Washington, DC 20020	Purpose of Expenditure Donation - Funeral Assistance for Jakhi Snider (Foo	Date (month, day, year) 12/08/2022	Amount of Each Expenditure This Period \$ 200.00
3. Full Name, Mailing Address and Zip Code Gauhar Naseem 7036 River Oak Ct , Clarksville, MD 21029	Purpose of Expenditure Refund of contribution overpayment from December	Date (month, day, year) 12/13/2022	Amount of Each Expenditure This Period \$ 500.00
TOTAL This Period (aggregate the subtotal of all expenditure pages)			\$ 1,200.00