



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) Mendelson for Chairman 2022	2. OCF Identification Number PCCCCC227200
Address 1239 E Street, 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 20003	

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

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 6/11/2022 through 8/10/2022		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 320,931.56	
(c) Total Receipts [from Line (16)]	\$ 36,162.00	\$ 815,626.94
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 357,093.56	
7. Total Expenditures (from Line 22)	\$ 318,479.97	\$ 777,013.35
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 38,613.59	
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. Ben Young

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

06/27/2023

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) Mendelson for Chairman 2022	REPORT COVERING THE PERIOD FROM: 6/11/2022 TO: 8/10/2022	
I. RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE T0-DATE CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 29,662.00	\$ 780,376.94 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)	\$ 6,500.00	\$ 33,750.00 11(c)
(d) The Candidate (Schedule A-3)	\$ 0.00	\$ 1,500.00 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) Non Contribution Receipts (Schedule A-8)	\$ 0.00	\$ 0.00 11(g)
(h) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d) , (e) , (f) and (g)]	\$ 36,162.00	\$ 815,626.94 11(h)
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]	\$ 36,162.00	\$ 815,626.94 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 318,479.97	\$ 760,213.35 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) Of Loans from other source made to the Committee (Schedule E-1)	\$ 0.00	\$ 0.00 19(b)
(c) Total Loan Repayments [add Lines 19(a) and 19(b)]	\$ 0.00	\$ 0.00 19(c)
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Organizations Other Than Political Committees (Schedule B-2)	\$ 0.00	\$ 13,600.00 20(a)
(b) Political Party Committees (Schedule B-3)	\$ 0.00	\$ 0.00 20(b)
(c) Other Political Committees and PACs (Schedule B-4)	\$ 0.00	\$ 0.00 20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]	\$ 0.00	\$ 13,600.00 20(d)
21. OTHER EXPENDITURES		
(a) Independent Expenditures (Schedule B-5)	\$ 0.00	\$ 0.00 21(a)
(b) Offsets to Receipts (Schedule B-6)	\$ 0.00	\$ 3,200.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 0.00	\$ 3,200.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 318,479.97	\$ 777,013.35 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	320,931.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	36,162.00
25. SUBTOTAL (add Lines 23 and 24)	\$	357,093.56
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)	\$	318,479.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	\$	38,613.59

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2022

1. Full Name, Mailing Address and Zip Code Malcolm Peabody 2811 Dumbarton 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) 06/11/2022	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Retired Name and Address of Employer N/A		
Aggregate Year-To-date			\$ 500.00
2. Full Name, Mailing Address and Zip Code Douglass Sloan 313 Nicholson St 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) 06/11/2022	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Principal Name and Address of Employer National Capital Strategy Group 313 Nicholson St NE, Washington, DC 20011		
Aggregate Year-To-date			\$ 250.00
3. Full Name, Mailing Address and Zip Code Landbanking Investment LP 3307 M 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) 06/11/2022	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 1,500.00
4. Full Name, Mailing Address and Zip Code Vanguard Building LP 7811 Montrose Rd, Potomac, MD 20854	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/11/2022	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Business Business Type Other-Limited Partnership	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 1,500.00
5. Full Name, Mailing Address and Zip Code Avram Fechter 24851 Quimby Oaks Pl, Aldie, VA 20105	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) 06/11/2022	Amount of Each Receipt This Period \$ 51.00
Contributor Type Individual	Occupation Investment Banking Name and Address of Employer EquityPlus 24851 Quimby Oaks Pl, Aldie, VA 20105		
Aggregate Year-To-date			\$ 357.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2022

6. Full Name, Mailing Address and Zip Code Lorraine Gallard 2808 P St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/11/2022	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Investment Advisor Name and Address of Employer Bonness Enterprises, Inc. 401 New York Ave NE, Washington, DC 20002		
Aggregate Year-To-date		\$ 1,000.00	
7. Full Name, Mailing Address and Zip Code Michael Healy 921 K St 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) 06/11/2022	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Individual	Occupation Solar energy Name and Address of Employer New Columbia Solar		
Aggregate Year-To-date		\$ 1,500.00	
8. Full Name, Mailing Address and Zip Code Mari Aponte 4201 Linnean Ave NW, Washington, DC 20008	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/12/2022	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Ambassador Name and Address of Employer US Department of State 2201 C St NW, Washington, DC 20520		
Aggregate Year-To-date		\$ 200.00	
9. Full Name, Mailing Address and Zip Code William Murray 427 S Marengo Ave Apt 9, Pasadena, CA 91101	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) 06/12/2022	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Driver Name and Address of Employer Netflix 1750 K St NW Ste 300, Washington, DC 20006		
Aggregate Year-To-date		\$ 10.00	
10. Full Name, Mailing Address and Zip Code Paul Cunningham 2707 36th St NW, Washington, DC 20007	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/12/2022	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Harkins Cunningham LLP 99 E Main ST, Columbus, OH 43215		
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)

Mendelson for Chairman 2022

11. Full Name, Mailing Address and Zip Code Ali Byrd 40 Crestwood Dr, Maplewood, NJ 07040	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) 06/12/2022	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Individual	Occupation CFO Name and Address of Employer Olive AI		
Aggregate Year-To-date		\$ 1,500.00	
12. Full Name, Mailing Address and Zip Code Mary Alice Levine 3804 Alton 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) 06/12/2022	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation NA Name and Address of Employer NA		
Aggregate Year-To-date		\$ 100.00	
13. Full Name, Mailing Address and Zip Code Mary Alice Levine 3804 Alton 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) 06/12/2022	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation NA Name and Address of Employer NA 3148 Dumbarton St NW, Washington, DC 20007		
Aggregate Year-To-date		\$ 100.00	
14. 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 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) 06/13/2022	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Individual	Occupation Consultant Name and Address of Employer Self Employed 808 Constitution Ave NE, Washington, DC 20002		
Aggregate Year-To-date		\$ 1,500.00	
15. Full Name, Mailing Address and Zip Code Patience Singleton 1316 Tuckerman 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) 06/13/2022	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer FDIC 1053 W Rotary Way Ste A, Decatur, IL 62521		
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)

Mendelson for Chairman 2022

16. Full Name, Mailing Address and Zip Code Iris Huerta 3896 Porter St NW Apt D340, 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) 06/13/2022	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Senior Program Officer Name and Address of Employer Howard G. Buffett Foundation 4804 32nd St NW, Washington, DC 20008		
Aggregate Year-To-date			\$ 50.00
17. Full Name, Mailing Address and Zip Code Maurita Coley 4804 32nd 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) 06/13/2022	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Attorney-Consultant Name and Address of Employer Self-employed 5808 W Sunset Blvd, Los Angeles, CA 90028		
Aggregate Year-To-date			\$ 100.00
18. 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 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) 06/14/2022	Amount of Each Receipt This Period \$ 750.00
Contributor Type Individual	Occupation Executive / Attorney Name and Address of Employer MedStar Health, Inc 10980 Grantchester Way, Columbia, MD 21044		
Aggregate Year-To-date			\$ 1,250.00
19. Full Name, Mailing Address and Zip Code Fred Jackson 3022 14th 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) 06/14/2022	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Retired Name and Address of Employer N/A 10980 Grantchester Way, Columbia, MD 21044		
Aggregate Year-To-date			\$ 50.00
20. 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 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) 06/14/2022	Amount of Each Receipt This Period \$ 750.00
Contributor Type Individual	Occupation Finance Name and Address of Employer MedStar Health 10980 Grantchester Way, Columbia, MD 21044		
Aggregate Year-To-date			\$ 750.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2022

21. Full Name, Mailing Address and Zip Code Stephen Evans 8828 Burning Tree Rd, 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) 06/14/2022	Amount of Each Receipt This Period \$ 750.00
Contributor Type Individual	Occupation Physician Name and Address of Employer MedStar Health 10980 Grantchester Way, Columbia, MD 21044		
Aggregate Year-To-date		\$ 750.00	
22. Full Name, Mailing Address and Zip Code Edward Woo 7000 Capitol View Dr FL 8, Mc Lean, 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) 06/14/2022	Amount of Each Receipt This Period \$ 750.00
Contributor Type Individual	Occupation Physician Name and Address of Employer MedStar Health 10980 Grantchester Way, Columbia, MD 21044		
Aggregate Year-To-date		\$ 750.00	
23. Full Name, Mailing Address and Zip Code Nicholas Fontana 1101 3rd St SW Apt 815, 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) 06/14/2022	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Operator Name and Address of Employer Pearl Street Warehouse 33 Pearl ST SW, Washington, DC 20024		
Aggregate Year-To-date		\$ 100.00	
24. Full Name, Mailing Address and Zip Code Gregory J Casten 9470 Seven Locks Rd, Bethesda, MD 20817	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/15/2022	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation President Name and Address of Employer Oceanpro Industries 1900 Fenwick St NE, Washington, DC 20002		
Aggregate Year-To-date		\$ 2,000.00	
25. Full Name, Mailing Address and Zip Code Joseph J Magnolia Inc. 600 Gallatin St NE, Washington, DC 20017	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) 06/15/2022	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
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)

Mendelson for Chairman 2022

26. Full Name, Mailing Address and Zip Code Suzanne Sullivan 315 4th St 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) 06/15/2022	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Government and Industry Affairs Consultant Name and Address of Employer Sullivan Strategies 3800 Reservoir Rd NW, Washington, DC 20007		
Aggregate Year-To-date		\$ 100.00	
27. Full Name, Mailing Address and Zip Code Michael Sachtleben 1100 Mill Field Ct, Great Falls, VA 22066	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input 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) 06/15/2022	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Healthcare Administrator Name and Address of Employer MedStar Health 3800 Reservoir RD NW, Washington, DC 20007		
Aggregate Year-To-date		\$ 750.00	
28. 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 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) 06/15/2022	Amount of Each Receipt This Period \$ 750.00
Contributor Type Individual	Occupation Healthcare Executive Name and Address of Employer MedStar Health 4902 Rockmere CT, Bethesda, MD 20816		
Aggregate Year-To-date		\$ 750.00	
29. Full Name, Mailing Address and Zip Code Jackson Silvia 2000 N St NW Apt 328, Washington, DC 20036	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/15/2022	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Fine Art Appraiser Name and Address of Employer Bethesda Downsizing and Estate Sales 10980 Grantchester Way, Columbia, MD 21044		
Aggregate Year-To-date		\$ 100.00	
30. Full Name, Mailing Address and Zip Code Silverstone Investment Group LLC 1712 N St NW, 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) 06/16/2022	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
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)

Mendelson for Chairman 2022

31. Full Name, Mailing Address and Zip Code Thomas Gottschalk 2101 Connecticut Ave NW, Washington, DC 20008	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/16/2022	Amount of Each Receipt This Period \$ 300.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Kirkland & Ellis LLP 923 Haddonfield Rd Ste 300, Cherry Hill, NJ 08002		
Aggregate Year-To-date			\$ 300.00
32. Full Name, Mailing Address and Zip Code Quinton Robinson 923 Haddonfield Rd Ste 300, Cherry Hill, NJ 08002	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) 06/16/2022	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Self Employed 10980 Grantchester Way, Columbia, MD 21044		
Aggregate Year-To-date			\$ 100.00
33. Full Name, Mailing Address and Zip Code Mary Maxwell 20265 Water Mark Pl, Sterling, VA 20165	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) 06/16/2022	Amount of Each Receipt This Period \$ 750.00
Contributor Type Individual	Occupation Executive Staff Name and Address of Employer Medstar Health 1015 Half St SE, Washington, DC 20003		
Aggregate Year-To-date			\$ 750.00
34. Full Name, Mailing Address and Zip Code Timothy Bearese 3060 16th St NW Apt 213, 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) 06/16/2022	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer National Labor Relations Board PO Box 15288, Washington, DC 20003		
Aggregate Year-To-date			\$ 50.00
35. Full Name, Mailing Address and Zip Code William B Fitzgerald 1312 Somerset Pl 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) 06/17/2022	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation N/A Name and Address of Employer Retried		
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)

Mendelson for Chairman 2022

36. Full Name, Mailing Address and Zip Code Jeffrey Z Slavin 5706 Warwick PL, 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) 06/17/2022	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer Self-Employed		
Aggregate Year-To-date			\$ 500.00
37. 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) 06/17/2022	Amount of Each Receipt This Period \$ 250.00
Contributor Type Business Business Type Limited Liability Company	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 250.00
38. Full Name, Mailing Address and Zip Code Cary Devorsetz 4604 Harrison St, Chevy Chase, MD 20815	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) 06/17/2022	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Alderman Devorsetz & Hora PLLC 1025 Connecticut Ave NW, Washington, DC 20036		
Aggregate Year-To-date			\$ 500.00
39. Full Name, Mailing Address and Zip Code Cindy Athey 7800 Temple Hill Rd, Temple Hills, MD 20748	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) 06/17/2022	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation President Name and Address of Employer Precision Wall Tech 1428 U St NW Fl 2, Washington, DC 20009		
Aggregate Year-To-date			\$ 250.00
40. Full Name, Mailing Address and Zip Code Scott Burka 1428 U St NW Fl 2, 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) 06/17/2022	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer EJF Real Estate 1120 20th St NW Ste 1017, Washington, DC 20036		
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)

Mendelson for Chairman 2022

41. Full Name, Mailing Address and Zip Code Marc Blakeman 3050 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) 06/17/2022	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation President Mid-Atlantic States Name and Address of Employer AT&T 2020 Fairview Ave NE, Washington, DC 20002		
Aggregate Year-To-date		\$ 250.00	
42. Full Name, Mailing Address and Zip Code Breanna Bledsoe 7035 Blair 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) 06/17/2022	Amount of Each Receipt This Period \$ 150.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Spin 138 Seaton Pl NW, Washington, DC 20001		
Aggregate Year-To-date		\$ 150.00	
43. Full Name, Mailing Address and Zip Code Michael Schwartz 138 Seaton Pl 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) 06/17/2022	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Entrepreneur Name and Address of Employer Self Employed 1301 Pennsylvania Ave NW, Washington, DC 20004		
Aggregate Year-To-date		\$ 1,000.00	
44. Full Name, Mailing Address and Zip Code Lea Crusey 13 4th St 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) 06/18/2022	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation President& COO Name and Address of Employer Shur 605 Raleigh PL SE, Washington, DC 20032		
Aggregate Year-To-date		\$ 250.00	
45. Full Name, Mailing Address and Zip Code Harry Francis 5990 Richmond Hwy Apt 505, Alexandria, VA 22303	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) 06/20/2022	Amount of Each Receipt This Period \$ 25.00
Contributor Type Individual	Occupation N/A Name and Address of Employer N/A		
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)

Mendelson for Chairman 2022

46. Full Name, Mailing Address and Zip Code Gregg Edwards 1647 Lamont St NW # 201, 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) 06/20/2022	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation N/A Name and Address of Employer N/A		
Aggregate Year-To-date			\$ 50.00
47. Full Name, Mailing Address and Zip Code Pegeen Townsend 5 Park Pl Unit 609, 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) 06/20/2022	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation VP Government Affairs Name and Address of Employer MedStar Health 1272 5th St NE Ste 1000, Washington, DC 20002		
Aggregate Year-To-date			\$ 500.00
48. Full Name, Mailing Address and Zip Code Thomas Picarsic 751 10TH ST SE, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/20/2022	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer EDENS 13 4th St NE, Washington, DC 20002		
Aggregate Year-To-date			\$ 1,500.00
49. Full Name, Mailing Address and Zip Code James Pinto 366 Round Hill Rd, Greenwich, CT 06831	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) 06/22/2022	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Individual	Occupation President Name and Address of Employer PFG Corp 36 Primrose St, Chevy Chase, MD 20815		
Aggregate Year-To-date			\$ 1,500.00
50. Full Name, Mailing Address and Zip Code Bruce Baschuk 36 Primrose ST, Chevy Chase, MD 20815	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) 06/22/2022	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer J ST Companies 3000 K ST NW, Washington, DC 20007		
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)

Mendelson for Chairman 2022

51. Full Name, Mailing Address and Zip Code Dale Pinto 241 S Woods Rd, Palm Beach, FL 33480	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) 06/27/2022	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Individual	Occupation N/A Name and Address of Employer N/A 366 Round Hill Rd, Greenwich, CT 06831		
Aggregate Year-To-date			\$ 1,500.00
52. Full Name, Mailing Address and Zip Code Blaine Stum 1711 Massachusetts Ave NW, Washington, DC 20036	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/28/2022	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Policy Advisor Name and Address of Employer DC Council 1350 Pennsylvania AVE NW, Washington, DC 20004		
Aggregate Year-To-date			\$ 500.00
53. Full Name, Mailing Address and Zip Code Linwood Watson 1733 38th 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) 07/01/2022	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation N/A Name and Address of Employer N/A		
Aggregate Year-To-date			\$ 100.00
54. Full Name, Mailing Address and Zip Code AT&T 1010 Pine St, Saint Louis, MO 63101	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) 07/05/2022	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Business Business Type Corporation	Occupation Name and Address of Employer		
Aggregate Year-To-date			\$ 1,500.00
55. Full Name, Mailing Address and Zip Code Avram Fechter 24851 Quimby Oaks Pl, Aldie, VA 20105	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) 07/11/2022	Amount of Each Receipt This Period \$ 51.00
Contributor Type Individual	Occupation Investment Banking Name and Address of Employer EquityPlus 24851 Quimby Oaks Pl, Aldie, VA 20105		
Aggregate Year-To-date			\$ 408.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Mendelson for Chairman 2022

56. Full Name, Mailing Address and Zip Code Blaine Stum 1711 Massachusetts Ave NW, Washington, DC 20036	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 07/28/2022	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Policy Advisor		
	Name and Address of Employer DC Council 1350 Pennsylvania AVE NW, Washington, DC 20004		
Aggregate Year-To-date			\$ 550.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 29,662.00

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

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

Mendelson for Chairman 2022

1. Full Name, Mailing Address and Zip Code American Property Casualty Insurance 8750 Clybourn Ave, Chicago, IL 60631	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) 06/11/2022	Amount of Each Receipt This Period \$ 500.00
Contributor Type Corporate Sponsored PAC			
Aggregate Year-To-date			\$ 500.00
2. Full Name, Mailing Address and Zip Code NAIFA Greter Washington DC IFAPAC 600 State St Ste A, Cedar Falls, IA 50613	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) 06/11/2022	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Corporate Sponsored PAC			
Aggregate Year-To-date			\$ 1,000.00
3. Full Name, Mailing Address and Zip Code National Association of Mutual Insurance 2000 New York Ave, 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) 06/11/2022	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Corporate Sponsored PAC			
Aggregate Year-To-date			\$ 1,000.00
4. Full Name, Mailing Address and Zip Code DC Dental PAC 2001 K St NW, Washington, DC 20006	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/17/2022	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Corporate Sponsored PAC			
Aggregate Year-To-date			\$ 1,500.00
5. Full Name, Mailing Address and Zip Code Unite Here Tip State and Local Fund 275 7th Ave Fl 16, New York, NY 10001	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) 06/21/2022	Amount of Each Receipt This Period \$ 1,500.00
Contributor Type Labor Sponsored PAC			
Aggregate Year-To-date			\$ 1,500.00
6. Full Name, Mailing Address and Zip Code Eli Lilly and Company PAC 893 S Delaware St, Indianapolis, IN 46225	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) 07/11/2022	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Corporate Sponsored PAC			
Aggregate Year-To-date			\$ 1,500.00

TOTAL This Period (Aggregate of all Receipt pages)	\$ 6,500.00
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FULL Name of Committee (Name of Candidate, if Candidate is reporting)

Mendelson for Chairman 2022

1. Full Name, Mailing Address and Zip Code Declan Falls 1374 Fairmont St NW #703, Washington, DC 20009	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 06/16/2022	Amount of Each Expenditure This Period \$ 3,000.00
Occupation Campaign Manager	Name and Address of Employer Mendelson for Chairman 2022 1239 E Street SE, Washington, DC 20003		
2. Full Name, Mailing Address and Zip Code Declan Falls 1374 Fairmont St NW #703, Washington, DC 20009	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 06/16/2022	Amount of Each Expenditure This Period \$ 126.95
Occupation Campaign Manager	Name and Address of Employer Mendelson for Chairman 2022 1239 E Street SE, Washington, DC 20003		
3. Full Name, Mailing Address and Zip Code Robert Green LLC 1299 Pennsylvania Ave NW, Washington, DC 20004	Purpose of Expenditure Consultant	Date (month, day, year) 06/17/2022	Amount of Each Expenditure This Period \$ 1,120.00
Occupation	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code Winning Mark 2121 SE 7th Ave, Portland, OR 97214	Purpose of Expenditure Advertising	Date (month, day, year) 06/17/2022	Amount of Each Expenditure This Period \$ 261,645.67
Occupation	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code Phil Mendelson 1239 E St SE, Washington, DC 20003	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 06/18/2022	Amount of Each Expenditure This Period \$ 6,281.35
Occupation Chairman	Name and Address of Employer Council of the District of Columbia 1350 Pennsylvania Ave NW, Washington, DC 20004		
6. Full Name, Mailing Address and Zip Code Sudhouse 1340 U St NW, Washington, DC 20009	Purpose of Expenditure Catering/Refreshments	Date (month, day, year) 06/21/2022	Amount of Each Expenditure This Period \$ 4,484.57
Occupation	Name and Address of Employer		
7. Full Name, Mailing Address and Zip Code Nationbuilder 520 S Grand Ave 2nd Floor, Los Angeles, CA 90071	Purpose of Expenditure Bank Fees	Date (month, day, year) 06/30/2022	Amount of Each Expenditure This Period \$ 832.69
Occupation	Name and Address of Employer		

8. Full Name, Mailing Address and Zip Code Winning Mark 2121 SE 7th Ave, Portland, OR 97214	Purpose of Expenditure Advertising	Date (month, day, year) 07/03/2022	Amount of Each Expenditure This Period \$ 17,500.00
Occupation	Name and Address of Employer		
9. Full Name, Mailing Address and Zip Code Robert Green LLC 1299 Pennsylvania Ave NW, Washington, DC 20004	Purpose of Expenditure Advertising	Date (month, day, year) 07/03/2022	Amount of Each Expenditure This Period \$ 2,128.00
Occupation	Name and Address of Employer		
10. Full Name, Mailing Address and Zip Code KNi Inc. 1005 W Buena #3W, Chicago, IL 60613	Purpose of Expenditure Advertising	Date (month, day, year) 07/03/2022	Amount of Each Expenditure This Period \$ 2,408.52
Occupation	Name and Address of Employer		
11. Full Name, Mailing Address and Zip Code Declan Falls 1374 Fairmont St NW #703, Washington, DC 20009	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 07/03/2022	Amount of Each Expenditure This Period \$ 13,000.00
Occupation Campaign Manager	Name and Address of Employer Mendelson for Chairman 2022 1239 E Street SE, Washington, DC 20003		
12. Full Name, Mailing Address and Zip Code Phil Mendelson 1239 E St SE, Washington, DC 20003	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 07/03/2022	Amount of Each Expenditure This Period \$ 600.00
Occupation Chairman	Name and Address of Employer Council of the District of Columbia 1350 Pennsylvania Ave NW, Washington, DC 20004		
13. Full Name, Mailing Address and Zip Code Nationbuilder 520 S Grand Ave 2nd Floor, Los Angeles, CA 90071	Purpose of Expenditure Bank Fees	Date (month, day, year) 07/31/2022	Amount of Each Expenditure This Period \$ 96.50
Occupation	Name and Address of Employer		
14. Full Name, Mailing Address and Zip Code Declan Falls 1374 Fairmont St NW #703, Washington, DC 20009	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 08/09/2022	Amount of Each Expenditure This Period \$ 3,000.00
Occupation Campaign Manager	Name and Address of Employer Mendelson for Chairman 2022 1239 E Street SE, Washington, DC 20003		
15. Full Name, Mailing Address and Zip Code Phil Mendelson 1239 E St SE, Washington, DC 20003	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 08/09/2022	Amount of Each Expenditure This Period \$ 2,226.94
Occupation Chairman	Name and Address of Employer Council of the District of Columbia 1350 Pennsylvania Ave NW, Washington, DC 20004		

16. Full Name, Mailing Address and Zip Code Act Blue LLC PO Box 441146, Sommerville, MA 02144	Purpose of Expenditure Bank Fees	Date (month, day, year) 08/10/2022	Amount of Each Expenditure This Period \$ 24.78
Occupation	Name and Address of Employer		
17. Full Name, Mailing Address and Zip Code Industrial Bank 4812 Georgia Avenue NW, Washington, DC 20011	Purpose of Expenditure Bank Fees	Date (month, day, year) 08/10/2022	Amount of Each Expenditure This Period \$ 4.00
Occupation	Name and Address of Employer		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 318,479.97