



**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) Make All Votes Count DC	2. OCF Identification Number INTOOO246636
Address 1205 33rd Place SE	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 20019	

4. TYPE OF REPORT: **Second Report**
This REPORT contains activity for: **General Election**

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 8/1/2024 through 9/10/2024		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 39,874.93	
(c) Total Receipts [from Line (16)]	\$ 8,789.87	\$ 463,002.07
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 48,664.80	
7. Total Expenditures (from Line 22)	\$ 33,406.82	\$ 491,980.98
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 15,257.98	
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. Philip E Pannell

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

09/13/2024

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) Make All Votes Count DC	REPORT COVERING THE PERIOD FROM: 8/1/2024 TO: 9/10/2024	
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)	\$ 8,789.87	\$ 463,002.07 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)	\$ 0.00	\$ 0.00 11(c)
(d) The Candidate (Schedule A-3)	\$ 0.00	\$ 0.00 11(d)
(e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4)	\$ 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)]	\$ 8,789.87	\$ 463,002.07 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]	\$ 8,789.87	\$ 463,002.07 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 33,406.82	\$ 491,980.98 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	\$ 0.00 20(a)
(b) Political Party Committees (Schedule B-3)	\$ 0.00	\$ 0.00 20(b)
(c) Other Political Committees and PACs (Schedule B-4)	\$ 0.00	\$ 0.00 20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]	\$ 0.00	\$ 0.00 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	\$ 0.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 0.00	\$ 0.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 33,406.82	\$ 491,980.98 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 39,874.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 8,789.87
25. SUBTOTAL (add Lines 23 and 24)		\$ 48,664.80
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)		\$ 33,406.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		\$ 15,257.98

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)

Make All Votes Count DC

1. Full Name, Mailing Address and Zip Code William Harper Scott Martin 554 Oklahoma 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) 08/02/2024	Amount of Each Receipt This Period \$ 51.00
Contributor Type Individual	Occupation Arborist Name and Address of Employer Architect of the Capitol 554 Oklahoma Ave NE, Washington, DC 20002		
Aggregate Year-To-date \$ 51.00			
2. Full Name, Mailing Address and Zip Code Jonathan Coopersmith 1808 24th 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) 08/03/2024	Amount of Each Receipt This Period \$ 151.51
Contributor Type Individual	Occupation Professor Name and Address of Employer Texas A and M TAMU, College Station, TX 77843		
Aggregate Year-To-date \$ 151.51			
3. Full Name, Mailing Address and Zip Code Christine Clough 422 Jefferson St NE, 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) 08/03/2024	Amount of Each Receipt This Period \$ 25.10
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date \$ 25.10			
4. Full Name, Mailing Address and Zip Code Frank Driscoll 8 Pomona Ave, El Cerrito, CA 94530	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) 08/03/2024	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Name and Address of Employer Safeway		
Aggregate Year-To-date \$ 10.00			
5. Full Name, Mailing Address and Zip Code Ryan Edwards 1230 New Hampshire Ave NW Apt 6K, 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) 08/04/2024	Amount of Each Receipt This Period \$ 100.51
Contributor Type Individual	Occupation Policy Advisor Name and Address of Employer Occidental 1230 New Hampshire Ave NW Apt 6k, Washington, DC 20036		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Make All Votes Count DC

		Aggregate Year-To-date	\$ 100.51
6. Full Name, Mailing Address and Zip Code Kathleen Chamberlain 2922 W St 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) 08/06/2024	Amount of Each Receipt This Period \$ 30.00
Contributor Type Individual	Occupation Name and Address of Employer Retired		
		Aggregate Year-To-date	\$ 30.00
7. Full Name, Mailing Address and Zip Code Adam Weers 2919 43rd 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) 08/08/2024	Amount of Each Receipt This Period \$ 500.51
Contributor Type Individual	Occupation Executive Name and Address of Employer CBRE 2919 43rd St NW, Washington, DC 20016		
		Aggregate Year-To-date	\$ 500.51
8. Full Name, Mailing Address and Zip Code Randolph Clark 2939 Van Ness St NW Apt 1118, 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) 08/11/2024	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Name and Address of Employer Not Employed		
		Aggregate Year-To-date	\$ 30.00
9. Full Name, Mailing Address and Zip Code Shane Wade 2433 18th ST NE, 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) 08/18/2024	Amount of Each Receipt This Period \$ 4.00
Contributor Type Individual	Occupation Digital Strategist Name and Address of Employer Democratic Governors Assoc. 1225 I St NW, Washington, DC 20005		
		Aggregate Year-To-date	\$ 30.20
10. Full Name, Mailing Address and Zip Code Edmond Frost 5810 Foote 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) 08/22/2024	Amount of Each Receipt This Period \$ 5.10
Contributor Type Individual	Occupation Environmental Services Name and Address of Employer Medstar WHC 110 Irving St NW, Washington, DC 20010		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Make All Votes Count DC

		Aggregate Year-To-date	\$ 5.10
11. Full Name, Mailing Address and Zip Code Scott Santens 730 Julia St Apt 316, New Orleans, LA 70130	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) 08/24/2024	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Writer Name and Address of Employer Self 79 Potomac Ave SE Apt 302, Washington, DC 20003		
		Aggregate Year-To-date	\$ 70.00
12. Full Name, Mailing Address and Zip Code Alexander J Busbee 2244 12th Pl NW, 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) 08/27/2024	Amount of Each Receipt This Period \$ 83.00
Contributor Type Individual	Occupation Staff member Name and Address of Employer American Physical Society 1 Physics Ellipse, College Park, MD 20740		
		Aggregate Year-To-date	\$ 236.00
13. Full Name, Mailing Address and Zip Code Walter Tersch 415 5th 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) 08/30/2024	Amount of Each Receipt This Period \$ 20.00
Contributor Type Individual	Occupation Manager Name and Address of Employer GSA 1800 F St NW, Washington, DC 20405		
		Aggregate Year-To-date	\$ 44.83
14. Full Name, Mailing Address and Zip Code Robert Erdman 7628 Laurel Leaf Dr, Potomac, MD 20854	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) 08/31/2024	Amount of Each Receipt This Period \$ 1,000.00
Contributor Type Individual	Occupation Name and Address of Employer Not Employed		
		Aggregate Year-To-date	\$ 1,000.00
15. Full Name, Mailing Address and Zip Code James McMahon 1821 S Lakeshore Dr, Chapel Hill, NC 27514	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) 09/03/2024	Amount of Each Receipt This Period \$ 25.51
Contributor Type Individual	Occupation Name and Address of Employer None		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Make All Votes Count DC

		Aggregate Year-To-date	\$ 25.51
16. Full Name, Mailing Address and Zip Code Warren Breisetch 614 Running Brook Dr, 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) 09/05/2024	Amount of Each Receipt This Period \$ 2.00
Contributor Type Individual	Occupation Campaign Manager Name and Address of Employer Favola for State Senate 2319 18th St N, Arlington, VA 22201		
		Aggregate Year-To-date	\$ 2.00
17. Full Name, Mailing Address and Zip Code Paul Coney 3313 Ephross Cir, Doylestown, PA 18902	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) 09/05/2024	Amount of Each Receipt This Period \$ 100.51
Contributor Type Individual	Occupation Name and Address of Employer None		
		Aggregate Year-To-date	\$ 100.51
18. Full Name, Mailing Address and Zip Code Thomas Maloney 1744 T St NW, 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) 09/05/2024	Amount of Each Receipt This Period \$ 100.51
Contributor Type Individual	Occupation Attorney Name and Address of Employer Greater Washington Partnership 1330 Connecticut Ave NW, Washington, DC 20036		
		Aggregate Year-To-date	\$ 100.51
19. Full Name, Mailing Address and Zip Code Vanessa Howells 1439 Kennedy 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) 09/06/2024	Amount of Each Receipt This Period \$ 5.10
Contributor Type Individual	Occupation Physician Name and Address of Employer JHU 5500 E Lombard St, Baltimore, MD 21224		
		Aggregate Year-To-date	\$ 5.10
20. Full Name, Mailing Address and Zip Code Grace White 12334 Macrina Ct, Woodbridge, VA 22192	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) 09/06/2024	Amount of Each Receipt This Period \$ 51.00
Contributor Type Individual	Occupation Name and Address of Employer Not Employed		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Make All Votes Count DC

		Aggregate Year-To-date	\$ 51.00
21. Full Name, Mailing Address and Zip Code Harpaul Alberto Kohl 1001 26th st NW Apt 605, 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) 09/06/2024	Amount of Each Receipt This Period \$ 4.00
Contributor Type Individual	Occupation Economist DJ CEO Name and Address of Employer Centenial Group International Abora Recordings LLC 2600 Virginia Ave NW Ste 201, Washington, DC 20037		
		Aggregate Year-To-date	\$ 4.00
22. Full Name, Mailing Address and Zip Code Georgianna Strege 692 Santa Maria Ln, Davidsonville, MD 21035	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) 09/07/2024	Amount of Each Receipt This Period \$ 250.51
Contributor Type Individual	Occupation Childcare Name and Address of Employer Self 2417 Macmullen Dr, Gambrills, MD 21054		
		Aggregate Year-To-date	\$ 250.51
23. Full Name, Mailing Address and Zip Code Fair Vote Action 8484 Georgia 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 type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Staff Time	Date (month, day, year) 09/10/2024	Amount of Each Receipt This Period \$ 6,250.00
Contributor Type Business Business Type Other-PAC	Occupation Name and Address of Employer		
		Aggregate Year-To-date	\$ 102,230.00
TOTAL This Period (Aggregate of all Receipt pages)			\$ 8,789.87

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

Make All Votes Count DC

1. Full Name, Mailing Address and Zip Code Convergence Targeted Communications 1250 Connecticut Avenue Northwest, Washington, DC 20036	Purpose of Expenditure Advertising	Date (month, day, year) 08/08/2024	Amount of Each Expenditure This Period \$ 7,233.62
Occupation	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code Alexander Busbee 2244 12th Place NW, Washington, DC 20009	Purpose of Expenditure Consultant	Date (month, day, year) 08/08/2024	Amount of Each Expenditure This Period \$ 1,000.00
Occupation Web Strategist	Name and Address of Employer American Physical Society 1 Physics Ellipse , College Park , MD 20740		
3. Full Name, Mailing Address and Zip Code One DC PO Box 26049, Washington, DC 20001	Purpose of Expenditure Advertising	Date (month, day, year) 08/08/2024	Amount of Each Expenditure This Period \$ 500.00
Occupation	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code Kenvatta Smith 40 Rhode Island Ave NE, Washington, DC 20001	Purpose of Expenditure Consultant	Date (month, day, year) 08/08/2024	Amount of Each Expenditure This Period \$ 4,800.00
Occupation Community Education and Organizi	Name and Address of Employer Self		
5. Full Name, Mailing Address and Zip Code Intuit Mailchimp 675 Ponce De Leon Ave NE, Atlanta, GA 30308	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 08/08/2024	Amount of Each Expenditure This Period \$ 48.76
Occupation	Name and Address of Employer		
6. Full Name, Mailing Address and Zip Code Ashley Chapin 628 Irving St NW, Washington, DC 20010	Purpose of Expenditure Consultant	Date (month, day, year) 08/12/2024	Amount of Each Expenditure This Period \$ 1,500.00
Occupation	Name and Address of Employer		
7. Full Name, Mailing Address and Zip Code Lowes Home Centers LLC 2438 Market Street NE, Washington, DC 20018	Purpose of Expenditure Supplies	Date (month, day, year) 08/15/2024	Amount of Each Expenditure This Period \$ 168.21
Occupation	Name and Address of Employer		

8. Full Name, Mailing Address and Zip Code Sky Group DC LLC 2614 28th St NE, Washington, DC 20018	Purpose of Expenditure Rental	Date (month, day, year) 08/20/2024	Amount of Each Expenditure This Period \$ 7,725.00
Occupation	Name and Address of Employer		
9. Full Name, Mailing Address and Zip Code Lowes Home Centers LLC 2438 Market Street NE, Washington, DC 20018	Purpose of Expenditure Supplies	Date (month, day, year) 08/20/2024	Amount of Each Expenditure This Period \$ 32.37
Occupation	Name and Address of Employer		
10. Full Name, Mailing Address and Zip Code John Pierce 360 H St NE Apt 207, Washington, DC 20002	Purpose of Expenditure Consultant	Date (month, day, year) 08/26/2024	Amount of Each Expenditure This Period \$ 2.00
Occupation	Name and Address of Employer		
11. Full Name, Mailing Address and Zip Code John Pierce 360 H St NE Apt 207, Washington, DC 20002	Purpose of Expenditure Consultant	Date (month, day, year) 08/26/2024	Amount of Each Expenditure This Period \$ 95.00
Occupation	Name and Address of Employer		
12. Full Name, Mailing Address and Zip Code Industrial Bank 4812 Georgia Ave NW, Washington, DC 20011	Purpose of Expenditure Bank Fees	Date (month, day, year) 08/31/2024	Amount of Each Expenditure This Period \$ 2.00
Occupation	Name and Address of Employer		
13. Full Name, Mailing Address and Zip Code Amazon.com 410 Terry Ave N, Seattle, WA 98109	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 08/31/2024	Amount of Each Expenditure This Period \$ 42.38
Occupation	Name and Address of Employer		
14. Full Name, Mailing Address and Zip Code Amazon.com 410 Terry Ave N, Seattle, WA 98109	Purpose of Expenditure Printing	Date (month, day, year) 09/03/2024	Amount of Each Expenditure This Period \$ 136.90
Occupation	Name and Address of Employer		
15. Full Name, Mailing Address and Zip Code Ashley Chapin 628 Irving St NW, Washington, DC 20010	Purpose of Expenditure Supplies	Date (month, day, year) 09/04/2024	Amount of Each Expenditure This Period \$ 210.80
Occupation	Name and Address of Employer		

16. Full Name, Mailing Address and Zip Code Ashley Chapin 628 Irving St NW, Washington, DC 20010	Purpose of Expenditure Consultant	Date (month, day, year) 09/04/2024	Amount of Each Expenditure This Period \$ 1,500.00
Occupation	Name and Address of Employer		
17. Full Name, Mailing Address and Zip Code Intuit Mailchimp 675 Ponce De Leon Ave NE, Atlanta, GA 30308	Purpose of Expenditure Computer and Web Expenses	Date (month, day, year) 09/09/2024	Amount of Each Expenditure This Period \$ 48.76
Occupation	Name and Address of Employer		
18. Full Name, Mailing Address and Zip Code Wesley Ahrens 3636 16th St NW Apt B447, Washington, DC 20010	Purpose of Expenditure Consultant	Date (month, day, year) 09/09/2024	Amount of Each Expenditure This Period \$ 5.00
Occupation	Name and Address of Employer		
19. Full Name, Mailing Address and Zip Code Wesley Ahrens 3636 16th St NW Apt B447, Washington, DC 20010	Purpose of Expenditure Consultant	Date (month, day, year) 09/09/2024	Amount of Each Expenditure This Period \$ 25.00
Occupation	Name and Address of Employer		
20. Full Name, Mailing Address and Zip Code 6515 DC PARK*METER SI 202-673-6 2448 Massachusetts Ave, Washington, DC 20008	Purpose of Expenditure Travel	Date (month, day, year) 09/10/2024	Amount of Each Expenditure This Period \$ 10.00
Occupation	Name and Address of Employer		
21. Full Name, Mailing Address and Zip Code Custom Ink 2910 District Ave , Fairfax, VA 22031	Purpose of Expenditure Printing	Date (month, day, year) 09/10/2024	Amount of Each Expenditure This Period \$ 1,014.94
Occupation	Name and Address of Employer		
22. Full Name, Mailing Address and Zip Code Custom Ink 2910 District Ave , Fairfax, VA 22031	Purpose of Expenditure Printing	Date (month, day, year) 09/10/2024	Amount of Each Expenditure This Period \$ 1,056.08
Occupation	Name and Address of Employer		
23. Full Name, Mailing Address and Zip Code Fair Vote Action 8484 Georgia Ave Suite 240, Silver Spring, MD 20910	Purpose of Expenditure Salary/Stipend	Date (month, day, year) 09/10/2024	Amount of Each Expenditure This Period \$ 6,250.00
Occupation	Name and Address of Employer		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 33,406.82