

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 Do Something Constituents Fund Address (Number and Street) 1109 Wahler PL, SE City, State and Zip Code Washington, DC 20032	2. OCF Identification Number CSSCC8166839 3. Is this report an Amendment? (Yes ☐ Yes ☑ No	or No)
1109 Wahler PL, SE City, State and Zip Code		or No)
=		
4. TYPE OF REPORT: October 1st Report		
CONSTITUENT-SERVICE PROGRAM SUMMARY	COLUMN A	COLUMN B
5. Covering Period 7/2/2024 through 10/1/2024	THIS PERIOD	CUMULATIVE YEAR- TO-DATE
6. (a) Cash on Hand January 1		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 4,510.09	
(c) Total Receipts (from Line (16))	\$ 2,250.00	\$ 8,295.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6 (c) for Column B)	\$ 6,760.09	
7. Total Expenditures (from Line 24)	\$ 1,355.25	\$ 4,563.90
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 5,404.84	
9. Debts and Obligations Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed BY the Constituent-Service Program and/or Elected Official (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) All Other Loans (itemize all on Schedule-E1)	\$ 0.00	\$ 0.00
CERTIFICATIONS/OATHS AND AFFIRMATIONS OF FILERS OF REPORTS OF R PROGRAM	RECEIPTS AND EXPENDITURES	FOR A CONSTITUENT-SERVI
(1) OATH OR AFFIRMATION OF ELECTED OFFICIAL IF FILING		
I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY, THE PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND FURTHER SWEAR OR AFFIRM THAT I USED ALL REASONABLE CONSTITUENT-SERVICE PROGRAM ESTABLISHED BY ME IS IN COMPLED DISTRICT OF COLUMBIA CAMPAIGN FINANCE ACT OF 2011, AND HAVE IMPOSED ON CONTRIBUTORS BY THE CAMPAIGN FINANCE ACT.	D BELIEF, THE REPORT IS TRI DUE DILIGENCE TO ENS LIANCE WITH THE REPORTIN	UE AND COMPLETE; AND I URE THAT I AND THE G REQUIREMENTS OF THE
TYPE OR PRINT FULL NAME OF ELECTED OFFICIAL		
SIGNATURE OF ELECTED OFFICIAL	DATE	

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE ______DAY____OF____,20

NOTARY PUBLIC	
NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAPENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.	Y SUBJECT THE PERSON TO THE
(2) OATH OR AFFIRMATION OF PROGRAM TREASURER	
I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED A PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE, COF	
Mr. Darryl Ross TYPE OR PRINT FULL NAME OF TREASURER	
ELECTRONICALLY CERTIFIED	10/01/2024
SIGNATURE OF TREASURER	DATE
SUBSCRIBED AND SWORN TO BEFORE ME THIS THEDAYOF,20	
NOTARY PUBLIC	

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

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

Full Name of Constituent-Service Program Do Something Constituents Fund		COVERING THE PERIO		2024		
I. RECEIPTS		FROM: 7/2/2024 TO COLUMN A THIS PERIOD		COLUMN B CUMULATIVE YEAR-TO-DATE		
11. CONTRIBUTIONS (EXCLUDING LOANS) FROM:						
(a) Itemized monetary contributions from other than the elected official (Schedule A)	\$	2,250.00	\$	8,150.00	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	\$	0.00	s	0.00	11(f)	
with the Elected Official or CSP (Schedule A-7) (g) TOTAL Contributions- Excluding Loans (add lines 11(a) (b), (c), (d), (e) and (f)	\$	2,250.00	\$	8,150.00	11(g)	
12. SALES AND COLLECTIONS (Schedule C)	s	0.00	\$	0.00	12	
13. LOANS RECEIVED						
(a) Made or guaranteed by the elected Official and or CSP (Schedule E)	\$	0.00	\$	0.00	13(a)	
(b) All other Loans (Schedule E-1)	\$	0.00	\$	0.00	13(b)	
(c) TOTAL Loans (add Lines 13(a), and 13(b))	\$	0.00	s	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	\$	145.17	15	
	\$	2,250.00	\$	8,295.17	16	
16. TOTAL RECEIPTS (add Lines 11(f), 12, 13(c), 14 and 15)						
II. EXPENDITURES 17. OPERATING EXPENDITURES (Schedule B)	s	59.25	\$	2,394.74	17	
				-		
18. ALL OTHER EXPENDITURES (Schedule B-1)	\$	1,296.00	\$	2,169.16	18	
19. LOAN REPAYMENTS:	6	0.00	\$	0.00	10(-)	
(a) Loans made or guaranteed by the elected Official and/or Constituent Service Program (Schedule E)	\$	0.00		0.00	19(a)	
(b) All other Loans (Schedule E-1)	\$	0.00	\$	0.00	19(b)	
(c) TOTAL Loan Repayments (add Lines 19(a) and 19(b))	\$	0.00	\$	0.00	19(c)	
20. TOTAL EXPENDITURES (add Lines 17, 18, and 19(c))	\$	1,355.25	\$	4,563.90	20	
III. CASH SUMMARY			-			
21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$			4,510.09)	
22. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$			2,250.00)	
23. SUBTOTAL (add Lines 21 and 22)	\$			6,760.09)	
24. TOTAL EXPENDITURES THIS PERIOD (from Line 20)	\$			1,355.25	5	
25. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 24 from Line 23)	\$			5,404.84		

OCF FORM 10 SCHEDULE A Page 1 of 2 for Line Number 11a

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

Any information copied from such Reports or Statem contributions, or for commercial purposes.	ents may not be sold or used by any person for the pu	rpose of soliciting	
Full Name of Constituent-Service Program Do Something Constituents Fund			
Full Name, Mailing Address and Zip Code Terrence White 700 Constitution Ave NE, Washington, DC 20002	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 07/30/2024	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Self Employed Name and Address of Employer Gas Monkey DC LLC 700 Constitution Ave NE, Washington, DC 20002		
	Aggregate Year-To-date		\$ 500.00
Full Name, Mailing Address and Zip Code Nastasha Mosley 3401 8th St NE, Washington, DC 20017 Contributor Type	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Director	Date (month, day, year) 07/30/2024	Amount of Each Receipt This Period \$ 500.00
Individual	Name and Address of Employer Menkiti Group 3401 8th St NE, Washington, DC 20017		
	Aggregate Year-To-date		\$ 500.00
3. Full Name, Mailing Address and Zip Code Ibrahim Elrayah 2807 Mayfly Dr, Odenton, MD 21113	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 08/20/2024	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation IT Project Manager Name and Address of Employer Evolver 11800 Sunrise Valley Dr, Reston, VA 20191		
	Aggregate Year-To-date		\$ 500.00
4. Full Name, Mailing Address and Zip Code W Eric Magwood 217 P St NW, Washington, DC 20001	Contribution Type ☐ Cash ☐ Money Order ☑ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 08/29/2024	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Self Employed Name and Address of Employer W Eric Magwood 217 P St NW, Washington, DC 20001		
	Aggregate Year-To-date		\$ 250.00
5. Full Name, Mailing Address and Zip Code National Service Contractors Inc 2007 Martin Luther King Jr Ave SE, Washington, DC 20020 Contributor Type Business Business Type Corporation	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Name and Address of Employer	Date (month, day, year) 08/29/2024	Amount of Each Receipt This Period \$ 500.00
	I	ı	1

OCF FORM 10 SCHEDULE A Page 2 of 2 for Line Number 11a

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE ELECTED OFFICIAL

	nts may not be sold or used by any person for the purpose of soliciting	
Full Name of Constituent-Service Program		
Do Something Constituents Fund		
	Aggregate Year-To-date	\$ 500.00
TOTAL This Period (Aggregate of all Receipt pages)		\$ 2,250.00

OCF FORM 10	SCHEDULE B OPERATING EXPENDITURES	Page 1 of 1	for Line Number 17
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Full Name of Constituent-Service Program			
Do Something Constituents Fund			
1. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date	Amount of Each
Act Blue	Bank Fees	(month, day,	Expenditure This Period
366 Summer St, Somerville, MA 02144		year)	
		07/30/2024	\$ 39.50
2. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date	Amount of Each
Act Blue	Bank Fees	(month, day,	Expenditure This Period
366 Summer St, Somerville, MA 02144		year)	
		08/20/2024	\$ 19.75

	ALL OTHER EXPENDITURES		
Any information copied from such Reports or S contributions, or for commercial purposes.	Statements may not be sold or used by any person	for the purpose of solicitin	g
Full Name of Constituent-Service Program			
Do Something Constituents Fund			
Full Name, Mailing Address and Zip Code STE15 LLC	Purpose of Expenditure	Date (month, day,	Amount of Each Expenditure This Period
3215 Martin Luther King Jr Ave SE, Washington, DC 20032	Unity Breakfast - Support Services	year)	
		07/12/2024	\$ 196.00
2. Full Name, Mailing Address and Zip Code DTR Enterprises Corporation 8457 57th Place SE, Washington, DC	Purpose of Expenditure	Date (month, day,	Amount of Each Expenditure This Period
20019	Unity Breakfast - Catering/Food	year) 07/23/2024	\$ 1,100.00