



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) Ward 1 Residents for Brianne | 2. OCF Identification Number RECOTH246677 |
| Address 619 Lamont Street, NW | 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 20010 | |

4. TYPE OF REPORT: **January 31st report**

This REPORT contains activity for: **Not Applicable**

| SUMMARY | COLUMN A THIS PERIOD | COLUMN B CUMULATIVE TO-DATE |
|---|-------------------------|-----------------------------------|
| 5. Covering Period 8/1/2024 through 1/31/2025 | | |
| 6. (a) Cash on Hand (January 31 Year End Report Only) | | \$ 0.00 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 41,138.00 | |
| (c) Total Receipts [from Line (16)] | \$ 4,407.00 | \$ 97,169.00 |
| (d) Subtotal [add Lines 6(b) and 6(c) for Column A] | \$ 45,545.00 | |
| 7. Total Expenditures (from Line 22) | \$ 28,029.04 | \$ 75,834.43 |
| 8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)] | \$ 17,515.96 | |
| 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.

Kathryn B Tilley

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

03/26/2025

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) Ward 1 Residents for Brianne | REPORT COVERING THE PERIOD FROM: 8/1/2024 TO: 1/31/2025 | |
| 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) | \$ 4,407.00 | \$ 93,919.00 11(a) |
| (b) Political Party Committees (Schedule A-1) | \$ 0.00 | \$ 3,250.00 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)] | \$ 4,407.00 | \$ 97,169.00 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] | \$ 4,407.00 | \$ 97,169.00 16 |
| II. EXPENDITURES | | |
| 17. OPERATING EXPENDITURES (Schedule B) | \$ 27,929.04 | \$ 74,834.43 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) | \$ 100.00 | \$ 1,000.00 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)] | \$ 100.00 | \$ 1,000.00 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)] | \$ 28,029.04 | \$ 75,834.43 22 |
| III. CASH SUMMARY | | |
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | \$ | 41,138.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) | \$ | 4,407.00 |
| 25. SUBTOTAL (add Lines 23 and 24) | \$ | 45,545.00 |
| 26. TOTAL EXPENDITURES THIS PERIOD (from Line 22) | \$ | 28,029.04 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | \$ | 17,515.96 |

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)

Ward 1 Residents for Brianne

| | | | |
|--|---|--|--|
| 1. Full Name, Mailing Address and Zip Code Michael Tacelosky 105 Thornton Gap Church Rd, Sperryville, VA 22740 | 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) 08/01/2024 | Amount of Each Receipt This Period \$ 180.00 |
| Contributor Type Individual | Occupation Not Employed Name and Address of Employer Not Employed 105 Thornton Gap Church Rd, Sperryville, VA 22740 | | |
| Aggregate Year-To-date | | | \$ 180.00 |
| 2. Full Name, Mailing Address and Zip Code Bernard Demczuk 918 French St 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) 08/01/2024 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation Retired Name and Address of Employer Retired | | |
| Aggregate Year-To-date | | | \$ 200.00 |
| 3. Full Name, Mailing Address and Zip Code Henry Krokosky 3524 W Grand Meadows Dr, Appleton, WI 54914 | 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) 08/01/2024 | Amount of Each Receipt This Period \$ 25.00 |
| Contributor Type Individual | Occupation Not Employed Name and Address of Employer Not Employed 3524 W Grand Meadows Dr, Appleton, WI 54914 | | |
| Aggregate Year-To-date | | | \$ 125.00 |
| 4. Full Name, Mailing Address and Zip Code Alexander Hogan 229 Quackenbos 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) 08/01/2024 | Amount of Each Receipt This Period \$ 35.00 |
| Contributor Type Individual | Occupation IBEW Name and Address of Employer IBEW 229 Quackenbos St NW, Washington, DC 20011 | | |
| Aggregate Year-To-date | | | \$ 35.00 |

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

Ward 1 Residents for Brianne

| | | | |
|---|---|--|--|
| 5. Full Name, Mailing Address and Zip Code Warner Session 1811 12th 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) 08/01/2024 | Amount of Each Receipt This Period \$ 150.00 |
| Contributor Type Individual | Occupation Attorney Name and Address of Employer Session Law Firm 1200 New Hampshire Ave NW, Washington, DC 20036 | | |
| Aggregate Year-To-date | | \$ 500.00 | |
| 6. Full Name, Mailing Address and Zip Code Albers & Company 1101 Wilson Blvd, Arlington, VA 22209 | 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) 08/01/2024 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Business | Occupation | | |
| Business Type Corporation | Name and Address of Employer | | |
| Aggregate Year-To-date | | \$ 500.00 | |
| 7. Full Name, Mailing Address and Zip Code Geoffrey Landers-Nolan 311 Chadham Ct, Bellefonte, PA 16823 | 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 \$ 10.00 |
| Contributor Type Individual | Occupation Counselor | | |
| | Name and Address of Employer Forward Path Counseling 253 Easterly Pkwy, State College, PA 16801 | | |
| Aggregate Year-To-date | | \$ 60.00 | |
| 8. Full Name, Mailing Address and Zip Code Jessica Champagne 1303 Allison 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) 08/02/2024 | Amount of Each Receipt This Period \$ 50.00 |
| Contributor Type Individual | Occupation Nonprofit Manager | | |
| | Name and Address of Employer Worker Rights Consortium 1990 K St NW, Washington, DC 20006 | | |
| Aggregate Year-To-date | | \$ 50.00 | |
| 9. Full Name, Mailing Address and Zip Code James Hudson 2200 20th 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) 08/02/2024 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Individual | Occupation Not Employed | | |
| | Name and Address of Employer Not Employed 2200 20th St NW, Washington, DC 20009 | | |

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Ward 1 Residents for Brianne

| | | | |
|---|---|--|--|
| | Aggregate Year-To-date | | \$ 500.00 |
| 10. Full Name, Mailing Address and Zip Code Max Broad 1128 Park Rd NW, 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) 08/02/2024 | Amount of Each Receipt This Period \$ 150.00 |
| Contributor Type Individual | Occupation NonProfit Name and Address of Employer DC Voters for Animals 6218 Georgia Ave NW, Washington, DC 20011 | | |
| | Aggregate Year-To-date | | \$ 150.00 |
| 11. Full Name, Mailing Address and Zip Code Annette Lerner 7700 Rocton Ave, 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) 08/03/2024 | Amount of Each Receipt This Period \$ 250.00 |
| Contributor Type Individual | Occupation Owner Name and Address of Employer Washington Nationals 2000 Tower Oaks Blvd, Rockville, MD 20852 | | |
| | Aggregate Year-To-date | | \$ 250.00 |
| 12. Full Name, Mailing Address and Zip Code Mark Lerner 3030 N 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) 08/03/2024 | Amount of Each Receipt This Period \$ 250.00 |
| Contributor Type Individual | Occupation Owner Name and Address of Employer Washington Nationals 2000 Tower Oaks Blvd, Rockville, MD 20852 | | |
| | Aggregate Year-To-date | | \$ 250.00 |
| 13. Full Name, Mailing Address and Zip Code Edward Cohen 4915 Indian Ln NW, Washington, DC 20016 | Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify) | Date (month, day, year) 08/03/2024 | Amount of Each Receipt This Period \$ 250.00 |
| Contributor Type Individual | Occupation Owner Name and Address of Employer Washington Nationals 2000 Tower Oaks Blvd, Rockville, MD 20852 | | |
| | Aggregate Year-To-date | | \$ 250.00 |
| 14. Full Name, Mailing Address and Zip Code Aaron Myers 3349 18th St NW, 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) 08/03/2024 | Amount of Each Receipt This Period \$ 50.00 |
| Contributor Type Individual | Occupation Artist Name and Address of Employer Self 3349 18th 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)

Ward 1 Residents for Brianne

| | | | | |
|---|---|--|--|------------------|
| | | Aggregate Year-To-date | | \$ 300.00 |
| 15. Full Name, Mailing Address and Zip Code Tania Jackson 3128 Sherman Ave NW Apt 8, 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) 08/03/2024 | Amount of Each Receipt This Period \$ 50.00 | |
| Contributor Type Individual | Occupation Consultant Name and Address of Employer Self 3128 Sherman Ave NW, Washington, DC 20010 | | | |
| | | Aggregate Year-To-date | | \$ 400.00 |
| 16. Full Name, Mailing Address and Zip Code Nancy Leeds 915 12th 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) 08/05/2024 | Amount of Each Receipt This Period \$ 25.00 | |
| Contributor Type Individual | Occupation VP Name and Address of Employer VPC 1707 L St NE, Washington, DC 20002 | | | |
| | | Aggregate Year-To-date | | \$ 25.00 |
| 17. Full Name, Mailing Address and Zip Code Lillian Perdomo 1820 Ingleside Ter NW, 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) 08/06/2024 | Amount of Each Receipt This Period \$ 50.00 | |
| Contributor Type Individual | Occupation Educator Name and Address of Employer DCPS 1200 1st St NE, Washington, DC 20002 | | | |
| | | Aggregate Year-To-date | | \$ 50.00 |
| 18. Full Name, Mailing Address and Zip Code Ilene Rosenthal 3125 Cathedral 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) 08/07/2024 | Amount of Each Receipt This Period \$ 100.00 | |
| Contributor Type Individual | Occupation CEO Name and Address of Employer Footsteps2Brilliance Inc. 3125 Cathedral Ave NW, Washington, DC 20008 | | | |
| | | Aggregate Year-To-date | | \$ 100.00 |
| 19. Full Name, Mailing Address and Zip Code Yael Krigman 3883 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) 08/07/2024 | Amount of Each Receipt This Period \$ 50.00 | |
| Contributor Type Individual | Occupation Bakery Owner Name and Address of Employer Self Employed 3883 Connecticut Ave NW, Washington, DC 20008 | | | |

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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

Ward 1 Residents for Brianne

| | | | |
|--|---|--|--|
| | Aggregate Year-To-date | | \$ 50.00 |
| 20. Full Name, Mailing Address and Zip Code Thorn Pozin 3014 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) 08/07/2024 | Amount of Each Receipt This Period \$ 500.00 |
| Contributor Type Individual | Occupation ATTNY | | |
| | Name and Address of Employer GMB LLP 3014 P St NW, Washington, DC 20007 | | |
| | Aggregate Year-To-date | | \$ 750.00 |
| 21. Full Name, Mailing Address and Zip Code Fivesquares Development 1377 R 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) 08/08/2024 | Amount of Each Receipt This Period \$ 300.00 |
| Contributor Type Business | Occupation | | |
| Business Type Corporation | Name and Address of Employer | | |
| | Aggregate Year-To-date | | \$ 300.00 |
| 22. Full Name, Mailing Address and Zip Code Noah Mamber 3131 Walnut St, Philadelphia, PA 19104 | 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) 08/09/2024 | Amount of Each Receipt This Period \$ 72.00 |
| Contributor Type Individual | Occupation Regulatory Office | | |
| | Name and Address of Employer NJ Cannabis Regulatory Commison 3131 Walnut St, Philadelphia, PA 19104 | | |
| | Aggregate Year-To-date | | \$ 72.00 |
| 23. Full Name, Mailing Address and Zip Code Sharis Pozen 3014 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) 08/13/2024 | Amount of Each Receipt This Period \$ 250.00 |
| Contributor Type Individual | Occupation Attorney | | |
| | Name and Address of Employer Clifford Chance 2001 K St NW, Washington, DC 20006 | | |
| | Aggregate Year-To-date | | \$ 250.00 |
| 24. Full Name, Mailing Address and Zip Code Sheila Reid 1203 Columbia Rd 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) 08/17/2024 | Amount of Each Receipt This Period \$ 50.00 |
| Contributor Type Individual | Occupation Real Estate Broker | | |
| | Name and Address of Employer Avanti Real Estate Services 3421 14th 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)

Ward 1 Residents for Brianne

| | | | |
|---|---|--|--|
| | Aggregate Year-To-date | | \$ 200.00 |
| 25. Full Name, Mailing Address and Zip Code Geoffrey Landers-Nolan 311 Chadham Ct, Bellefonte, PA 16823 | 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) 09/02/2024 | Amount of Each Receipt This Period \$ 10.00 |
| Contributor Type Individual | Occupation Counselor Name and Address of Employer Forward Path Counseling 253 Easterly Pkwy, State College, PA 16801 | | |
| | Aggregate Year-To-date | | \$ 70.00 |
| 26. Full Name, Mailing Address and Zip Code Aaron Myers 3349 18th St NW, 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) 09/03/2024 | Amount of Each Receipt This Period \$ 50.00 |
| Contributor Type Individual | Occupation Artist Name and Address of Employer Self 3349 18th St NW, Washington, DC 20010 | | |
| | Aggregate Year-To-date | | \$ 350.00 |
| 27. Full Name, Mailing Address and Zip Code Anne Dammarell 2853 Ontario Rd NW, Washington, DC 20009 | Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify) | Date (month, day, year) 09/11/2024 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation Retired Name and Address of Employer Retired 2853 Ontario Rd NW, Washington, DC 20009 | | |
| | Aggregate Year-To-date | | \$ 150.00 |
| 28. Full Name, Mailing Address and Zip Code James Bride 29 Teele Ave, Somerville, MA 02144 | 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) 09/15/2024 | Amount of Each Receipt This Period \$ 50.00 |
| Contributor Type Individual | Occupation Artist Name and Address of Employer Self 29 Teele Ave, Somerville, MA 02144 | | |
| | Aggregate Year-To-date | | \$ 50.00 |
| 29. Full Name, Mailing Address and Zip Code Sheila Reid 1203 Columbia Rd 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) 09/17/2024 | Amount of Each Receipt This Period \$ 50.00 |
| Contributor Type Individual | Occupation Real Estate Broker Name and Address of Employer Avanti Real Estate Services 3421 14th 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)

Ward 1 Residents for Brianne

| | | | |
|--|---|--|--|
| | Aggregate Year-To-date | \$ 250.00 | |
| 30. Full Name, Mailing Address and Zip Code Scott Reiter 640 John Carlyle St, Alexandria, VA 22314 | 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) 09/26/2024 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation CEO Name and Address of Employer DCAR 1615 New Hampshire Ave NW, Washington, DC 20009 | | |
| | Aggregate Year-To-date | \$ 100.00 | |
| 31. Full Name, Mailing Address and Zip Code Bonnie Roberts-Burke 1756 Lanier 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) 09/26/2024 | Amount of Each Receipt This Period \$ 100.00 |
| Contributor Type Individual | Occupation Realtor Name and Address of Employer RLAH 1756 Lanier Pl NW, Washington, DC 20009 | | |
| | Aggregate Year-To-date | \$ 100.00 | |
| | | | |
| TOTAL This Period (Aggregate of all Receipt pages) | | | \$ 4,407.00 |

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

Ward 1 Residents for Brianne

| | | | |
|--|--|--|--|
| 1. Full Name, Mailing Address and Zip Code ActBlue 366 Summer Street, somerville, MA 02144 | Purpose of Expenditure Bank Fees | Date (month, day, year) 08/04/2024 | Amount of Each Expenditure This Period \$ 463.27 |
| Occupation | Name and Address of Employer | | |
| 2. Full Name, Mailing Address and Zip Code USPS 3321 Georgia Ave NW, Washington, DC 20010 | Purpose of Expenditure Postage | Date (month, day, year) 08/07/2024 | Amount of Each Expenditure This Period \$ 224.00 |
| Occupation | Name and Address of Employer | | |
| 3. Full Name, Mailing Address and Zip Code Ravenna Strategies 1473 NW 83rd St, Seattle, WA 98117 | Purpose of Expenditure Advertising | Date (month, day, year) 08/07/2024 | Amount of Each Expenditure This Period \$ 7,000.00 |
| Occupation | Name and Address of Employer | | |
| 4. Full Name, Mailing Address and Zip Code Ravenna Strategies 1473 NW 83rd St, Seattle, WA 98117 | Purpose of Expenditure Advertising | Date (month, day, year) 09/12/2024 | Amount of Each Expenditure This Period \$ 4,000.00 |
| Occupation | Name and Address of Employer | | |
| 5. Full Name, Mailing Address and Zip Code Ravenna Strategies 1473 NW 83rd St, Seattle, WA 98117 | Purpose of Expenditure Advertising | Date (month, day, year) 09/12/2024 | Amount of Each Expenditure This Period \$ 6,000.00 |
| Occupation | Name and Address of Employer | | |
| 6. Full Name, Mailing Address and Zip Code SquareSpace 225 Varick St , Pasadena, CA 10014 | Purpose of Expenditure Computer and Web Expenses | Date (month, day, year) 09/20/2024 | Amount of Each Expenditure This Period \$ 203.52 |
| Occupation | Name and Address of Employer | | |
| 7. Full Name, Mailing Address and Zip Code Verdugo Strategies LLC PO Box 15084, Washington, DC 20003 | Purpose of Expenditure Consultant | Date (month, day, year) 09/27/2024 | Amount of Each Expenditure This Period \$ 10,000.00 |
| Occupation | Name and Address of Employer | | |

| | | | |
|--|--|--|--|
| 8. Full Name, Mailing Address and Zip Code ActBlue 366 Summer Street, somerville, MA 02144 | Purpose of Expenditure Bank Fees | Date (month, day, year) 09/29/2024 | Amount of Each Expenditure This Period \$ 13.25 |
| Occupation | Name and Address of Employer | | |
| 9. Full Name, Mailing Address and Zip Code Industrial Bank 2000 11th St NW, Washington, DC 20001 | Purpose of Expenditure Bank Fees | Date (month, day, year) 12/18/2024 | Amount of Each Expenditure This Period \$ 25.00 |
| Occupation | Name and Address of Employer | | |
| | | | |
| TOTAL This Period (Aggregate of all expenditure pages) | | | \$ 27,929.04 |

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FULL Name of Committee (Name of Candidate, if Candidate is reporting)
Ward 1 Residents for Brianne

| | | | |
|--|------------------------|--|--|
| 1. Full Name, Mailing Address and Zip Code Bonnie Roberts-Burke 1756 Lanier Pl NW, Washington, DC 20009 | Purpose of Expenditure | Date (month, day, year) 09/26/2024 | Amount of Each Expenditure This Period \$ 100.00 |
| Contributor Type Individual | | | |
| | | | |

TOTAL This Period (Aggregate of all expenditure pages)\$ 100.00