



**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) <b>Regional Alliance for Small Business Executives</b>	2. OCF Identification Number <b>IECNOF220016</b>
Address <b>100 M Street, S.E., Suite 600</b>	3. Is this report an Amendment? (Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State and Zip Code <b>Washington, DC 20003</b>	

4. TYPE OF REPORT: **July 31st Report**

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

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period <b>4/11/2025</b> through <b>7/31/2025</b>		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,718.46	
(c) Total Receipts [from Line (16)]	\$ 1,032.10	\$ 7,079.73
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 2,750.56	
7. Total Expenditures (from Line 22)	\$ 1,141.10	\$ 7,197.73
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 1,609.46	
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.

---

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.

(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.

**Damion Mouton**

---

TYPE OR PRINT FULL NAME OF TREASURER

**ELECTRONICALLY CERTIFIED**

07/31/2025

---

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.

(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) Regional Alliance for Small Business Executives	REPORT COVERING THE PERIOD FROM: <b>4/11/2025</b> TO: <b>7/31/2025</b>	
<b>I. RECEIPTS</b>	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE T0-DATE CUMULATIVE YEAR-TO-DATE
<b>11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:</b>		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 1,032.10	\$ 7,079.73 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)]	\$ 1,032.10	\$ 7,079.73 11(h)
<b>12. SALES AND COLLECTIONS (Schedule C)</b>	\$ 0.00	\$ 0.00 12
<b>13. LOANS</b>		
(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)
<b>14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5)</b>	\$ 0.00	\$ 0.00 14
<b>15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)</b>	\$ 0.00	\$ 0.00 15
<b>16. TOTAL RECEIPTS [add Lines 11(g), 12, 13(c), 14 and 15]</b>	\$ 1,032.10	\$ 7,079.73 16
<b>II. EXPENDITURES</b>		
<b>17. OPERATING EXPENDITURES (Schedule B)</b>	\$ 1,141.10	\$ 7,197.73 17
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)</b>	\$ 0.00	\$ 0.00 18
<b>19. LOAN REPAYMENTS:</b>		
(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)
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(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)
<b>21. OTHER EXPENDITURES</b>		
(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)
<b>22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]</b>	\$ 1,141.10	\$ 7,197.73 22
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	1,718.46
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$	1,032.10
<b>25. SUBTOTAL (add Lines 23 and 24)</b>	\$	2,750.56
<b>26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)</b>	\$	1,141.10
<b>27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)</b>	\$	1,609.46

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) <b>Regional Alliance for Small Business Executives</b>			
1. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	<b>Contribution Type</b> <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)      Legal and Compliance Services, Perkins Coie	Date (month, day, year) <b>04/16/2025</b>	Amount of Each Receipt This Period <b>\$ 251.04</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 6,298.67</b>
2. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	<b>Contribution Type</b> <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)      Virtual Office Services; Regus	Date (month, day, year) <b>04/19/2025</b>	Amount of Each Receipt This Period <b>\$ 82.44</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 6,381.11</b>
3. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	<b>Contribution Type</b> <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)      Phone Services; Ring Central	Date (month, day, year) <b>05/10/2025</b>	Amount of Each Receipt This Period <b>\$ 25.10</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 6,406.21</b>
4. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	<b>Contribution Type</b> <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)      Virtual Office Services; Regus	Date (month, day, year) <b>05/19/2025</b>	Amount of Each Receipt This Period <b>\$ 82.44</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		
Aggregate Year-To-date			<b>\$ 6,488.65</b>
5. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	<b>Contribution Type</b> <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)      Phone Services; Ring Central	Date (month, day, year) <b>06/10/2025</b>	Amount of Each Receipt This Period <b>\$ 25.10</b>
<b>Contributor Type</b> Business	<b>Occupation</b>		
<b>Business Type</b> Corporation	Name and Address of Employer		

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)

Regional Alliance for Small Business Executives

		Aggregate Year-To-date	\$ 6,513.75
6. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	<b>Contribution Type</b> <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)      Legal and Compliance Services - Perkins Coie	Date (month, day, year) 06/12/2025	Amount of Each Receipt This Period \$ 376.00
	<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer	
		Aggregate Year-To-date	\$ 6,889.75
7. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	<b>Contribution Type</b> <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)      Virtual Office Services; Regus	Date (month, day, year) 06/19/2025	Amount of Each Receipt This Period \$ 82.44
	<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer	
		Aggregate Year-To-date	\$ 6,972.19
8. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	<b>Contribution Type</b> <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)      Phone Services; Ring Central	Date (month, day, year) 07/10/2025	Amount of Each Receipt This Period \$ 25.10
	<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer	
		Aggregate Year-To-date	\$ 6,997.29
9. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	<b>Contribution Type</b> <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)      Virtual Office Services; Regus	Date (month, day, year) 07/22/2025	Amount of Each Receipt This Period \$ 82.44
	<b>Contributor Type</b> Business  <b>Business Type</b> Corporation	<b>Occupation</b> Name and Address of Employer	
		Aggregate Year-To-date	\$ 7,079.73
<b>TOTAL This Period (Aggregate of all Receipt pages)</b>			<b>\$ 1,032.10</b>

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)**

Regional Alliance for Small Business Executives

1. Full Name, Mailing Address and Zip Code <b>M&amp;T Bank</b> 495 Old Mill Rd Suite G, Millersville, MD 21108	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>04/11/2025</b>	Amount of Each Expenditure This Period <b>\$ 25.00</b>
<b>Occupation</b>	Name and Address of Employer		
2. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	Purpose of Expenditure <b>In-Kind</b>	Date (month, day, year) <b>04/16/2025</b>	Amount of Each Expenditure This Period <b>\$ 251.04</b>
<b>Occupation</b>	Name and Address of Employer		
3. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	Purpose of Expenditure <b>In-Kind</b>	Date (month, day, year) <b>04/19/2025</b>	Amount of Each Expenditure This Period <b>\$ 82.44</b>
<b>Occupation</b>	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code <b>M&amp;T Bank</b> 495 Old Mill Rd Suite G, Millersville, MD 21108	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>05/08/2025</b>	Amount of Each Expenditure This Period <b>\$ 28.00</b>
<b>Occupation</b>	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	Purpose of Expenditure <b>In-Kind</b>	Date (month, day, year) <b>05/10/2025</b>	Amount of Each Expenditure This Period <b>\$ 25.10</b>
<b>Occupation</b>	Name and Address of Employer		
6. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	Purpose of Expenditure <b>In-Kind</b>	Date (month, day, year) <b>05/19/2025</b>	Amount of Each Expenditure This Period <b>\$ 82.44</b>
<b>Occupation</b>	Name and Address of Employer		
7. Full Name, Mailing Address and Zip Code <b>M&amp;T Bank</b> 495 Old Mill Rd Suite G, Millersville, MD 21108	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>06/09/2025</b>	Amount of Each Expenditure This Period <b>\$ 28.00</b>
<b>Occupation</b>	Name and Address of Employer		

8. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	Purpose of Expenditure <b>In-Kind</b>	Date (month, day, year) <b>06/10/2025</b>	Amount of Each Expenditure This Period <b>\$ 25.10</b>
<b>Occupation</b>	Name and Address of Employer		
9. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	Purpose of Expenditure <b>In-Kind</b>	Date (month, day, year) <b>06/12/2025</b>	Amount of Each Expenditure This Period <b>\$ 376.00</b>
<b>Occupation</b>	Name and Address of Employer		
10. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	Purpose of Expenditure <b>In-Kind</b>	Date (month, day, year) <b>06/19/2025</b>	Amount of Each Expenditure This Period <b>\$ 82.44</b>
<b>Occupation</b>	Name and Address of Employer		
11. Full Name, Mailing Address and Zip Code <b>M&amp;T Bank</b> 495 Old Mill Rd Suite G, Millersville, MD 21108	Purpose of Expenditure <b>Bank Fees</b>	Date (month, day, year) <b>07/09/2025</b>	Amount of Each Expenditure This Period <b>\$ 28.00</b>
<b>Occupation</b>	Name and Address of Employer		
12. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	Purpose of Expenditure <b>In-Kind</b>	Date (month, day, year) <b>07/10/2025</b>	Amount of Each Expenditure This Period <b>\$ 25.10</b>
<b>Occupation</b>	Name and Address of Employer		
13. Full Name, Mailing Address and Zip Code <b>Vital Services Corporation</b> 55 M St SE # 510, Washington, DC 20003	Purpose of Expenditure <b>In-Kind</b>	Date (month, day, year) <b>07/22/2025</b>	Amount of Each Expenditure This Period <b>\$ 82.44</b>
<b>Occupation</b>	Name and Address of Employer		
<b>TOTAL This Period (Aggregate of all expenditure pages)</b>			<b>\$ 1,141.10</b>