

| Schedule A: Direct Contributions Over \$100 Full Name of Contributor Mailing Address of Contributor | Donor Information 1. Employer or Business (If Corporate/Company Donor: N/A) 2. Type of Business(If Corporate Donor Type of Business) 3. Business Location | Date Received | Contribution This Period | Aggregate To Date |
|---|--|------------------|-----------------------------|----------------------|
| SIMMONS, IAN 104 MT. AUBURN STREET CAMBRIDGE, MA 02138 | 1.SELF 2.INVESTOR 3.CAMBRIDGE,MA | 05/09/2017 | \$10,000.00 | \$10,000.00 |

No Schedule B results to display.

No Schedule E-1 results to display.