

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
Aetna 151 Farmington Ave Hartford, CT 06156-0002	1. 2.Health Care 3.Hartford CT	11/03/2017	\$7,500.00	\$7,500.00

No Schedule B results to display.

No Schedule E-1 results to display.