

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
ENDERS, JILL 745 5TH AVE STE 1701 NEW YORK, NY 10151	1.COLUMBIA CARE 2.HEALTHCARE PROVIDER 3.NEW YORK,NY	01/05/2018	\$10,000.00	\$10,000.00

No Schedule B results to display.

No Schedule E-1 results to display.