

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
PhRMA 950 F St NW Ste 300 Washington, DC 20004-1492	1. 2.Healthcare 3.Washington DC	03/30/2018	\$25,000.00	\$25,000.00

No Schedule B results to display.

No Schedule E-1 results to display.