

| 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 |
|---|--|------------------|-----------------------------|----------------------|
| Cigna 1601 Chestnut St # TL16B Philadelphia, PA 19192-0003 | 1. 2. Insurance carrier 3. Philadelphia PA | 10/31/2019 | \$1,000.00 | \$3,000.00 |

No Schedule B results to display.

No Schedule E-1 results to display.