

| 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 |
|---|--|---------------|--------------------------|-------------------|
| CareFirst Blue Cross Blue Shield 840 First St NE Washington, DC 20065 | 1. 2.Medical 3.Washington DC | 11/04/2019 | \$1,500.00 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.