

Kilgore for Delegate (CC-12-00170)

Reporting Period: 11/04/2019 Through: 11/04/2019

Page: 1 of 3

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.