

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
JURVETSON, KARLA 350 SECOND ST, #4 LOS ALTOS, CA 94022	1.SELF 2.PHYSICIAN 3.LOS ALTOS,CA	06/07/2020	\$10,000.00	\$10,000.00

No Schedule B results to display.

No Schedule E-1 results to display.