

| 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 |
|---|--|------------------|-----------------------------|----------------------|
| Alaseer, Muna 3820 Bellewater Blvd Riverview, FL 33578-3100 | 1.Florida hospital 2.Occupational therapist 3.Riverview FL | 01/11/2021 | \$2,500.00 | \$3,000.00 |

No Schedule B results to display.

No Schedule E-1 results to display.