

| 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 |
|---|--|------------------|-----------------------------|----------------------|
| ElMallah, Mohammed 545 SE 131st St Ocala, FL 34480-8551 | 1.Ocala Eye 2.Ophthalmologist 3.Ocala FL | 01/10/2021 | \$1,000.00 | \$1,000.00 |

No Schedule B results to display.

No Schedule E-1 results to display.