

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
Fakhoury, Manal PO Box 4428 Ocala, FL 34478-4428	1.Self 2.Pharmacist 3.Ocala FL	01/11/2021	\$20,000.00	\$20,000.00

No Schedule B results to display.

No Schedule E-1 results to display.