

Schedule A: Direct Contributions Over \$100	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
Full Name of Contributor Mailing Address of Contributor				
Zaman, Rizwan 400 E Colonial Dr Apt 603 Orlando, FL 32803-4530	1.EvolvMD 2.Self employed 3.Orlando FL	01/10/2021	\$1,000.00	\$1,000.00

No Schedule B results to display.

No Schedule E-1 results to display.