Sickles For Delegate (CC-12-01059)

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
CVS/Caremark PO Box 287 Lincoln, RI 02865-0393	1. 2.Pharmaceutical 3.Scottsdale AZ	01/05/2021	\$1,500.00	\$1,500.00

No Schedule B results to display.

No Schedule E-1 results to display.	