

| 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 | | | | |
| Anthem Blue Cross Blue Shield 3075 Vandercar Way AP OH3403-A300 Cincinnati, OH 45209 | 1. 2.Health Insurance Provider 3.Cincinnati, OH | 06/07/2021 | \$2,500.00 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.