

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
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.