

| 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 | | | | |
| Simons, Barbara 301 Mission St San Francisco, CA 94105-2243 | 1.N/A 2.Retired 3.San Francisco CA | 06/07/2021 | \$1,000.00 | \$1,000.00 |

No Schedule B results to display.

No Schedule E-1 results to display.