

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
PhRMA 919 E Main St Ste 1000 Richmond, VA 23219-4623	1. 2.Pharmaceutical Industry Trade Association 3.Richmond VA	10/26/2021	\$3,000.00	\$3,000.00

No Schedule B results to display.

No Schedule E-1 results to display.