

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
Cigna 1601 Chestnut St Ste 1 Philadelphia, PA 19192-0004	1. 2. Medical Insurance 3. Philadelphia PA	10/25/2021	\$1,500.00	\$2,000.00

No Schedule B results to display.

No Schedule E-1 results to display.