

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
Columbia Care 321 Billerica Rd Ste 204 Chelmsford, MA 01824-4100	1. 2. Corporate Services 3. Chelmsford MA	10/25/2021	\$1,500.00	\$2,500.00

No Schedule B results to display.

No Schedule E-1 results to display.