

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
Carefirst BlueCross BlueShield 840 1st St NE Washington, DC 20065-0002	1. 2. Health Insurance 3. Washington DC	11/01/2021	\$1,500.00	\$2,500.00

No Schedule B results to display.

No Schedule E-1 results to display.	
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