

**Eileen Filler-Corn for Delegate
(CC-12-01184)**

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 BlueChoice 840 1st St NE Ste 1200 Washington, DC 20065-0002	1. 2.Healthcare 3.Washington DC	11/01/2021	\$2,000.00	\$3,500.00

No Schedule B results to display.

No Schedule E-1 results to display.