

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 Ste 1200 Washington, DC 20065-0003	1. 2.Health Care 3.Washington DC	01/05/2022	\$1,000.00	\$1,000.00

No Schedule B results to display.

No Schedule E-1 results to display.