

XXX_CAB-1528 Test COMET Error Handling
for LCRs Local CC XXX (CC-23-00105)

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
Left Empty for LName Left out Street Number Empty Field for City, PA No Zipcode	1. 2.Left Empty for Occupation 3.	01/25/2023	\$3,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.