

| 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 |
|---|--|------------------|-----------------------------|----------------------|
| LIVINGSTON, PHILIP 950 PARK AVENUE APT 8A NEW YORK, NY 10028 | 1.NOT EMPLOYED 2.NOT EMPLOYED 3.NEW YORK, NY | 10/20/2023 | \$2,000.00 | \$2,000.00 |

No Schedule B results to display.

No Schedule E-1 results to display.