

Schedule A: Direct Contributions Over \$100	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
Full Name of Contributor Mailing Address of Contributor				
Phrma 950 F Street NW Suite 300 Washington, DC 20004	1. 2.Healthcare 3.Washington, DC	10/28/2023	\$1,500.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.