

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
NICHOLSON, DONNA 9645 N RANGE LINE RD MEQUON, WI 53092	1.NONE 2.HOMEMAKER 3.MEQUON, WI	10/30/2023	\$1,833.34	\$1,833.34

No Schedule B results to display.

No Schedule E-1 results to display.