

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				
Anthem Blue Cross Blue Shield PO Box 68086 Cincinnati, OH 45206	1. 2.Healthcare Insurance 3.Cincinnati, OH	11/02/2023	\$2,500.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.