

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
Eastern Healthcare Group 4 Brighton Road Suite 400 Clifton, NJ 07012	1. 2.Nursing Facility 3.Clifton, NJ	08/26/2024	\$16,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.