

| 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 |
|---|--|---------------|--------------------------|-------------------|
| Geico One Geico Plaza Washington, DC 20076 | 1. 2. Insurance 3. Washington, DC | 01/07/2025 | \$1,000.00 | \$0.00 |

No Schedule B results to display.

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| No Schedule E-1 results to display. | |
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