

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
BROWN, CHRISTINA 427 W. MUHAMMAD ALI SUITE 801 LOUISVILLE, KY 40202-1297	1.NOT EMPLOYED 2.NOT EMPLOYED 3.LOUISVILLE,KY	05/22/2025	\$10,000.00	\$10,000.00

No Schedule B results to display.

No Schedule E-1 results to display.