

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
Consulate Health Care 1040 Crown Pointe Parkway Suite 600 Atlanta, GA 30338	1. 2.Nursing Facility 3.Atlanta	07/17/2025	\$11,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.