

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
MERRIAM, ERICA 703 E MARKS ST ORLANDO, FL 32803.0	1.MAILLER DERMATOLOGIC SURGICAL SERVICES, PLLC 2.PHYSICIAN 3.ORLANDO, FL	10/16/2025	\$1,000.00	\$1,000.00

No Schedule B results to display.

No Schedule E-1 results to display.