

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
KNEPPER, KATHLEEN 10404 STRATHMORE PARK CT. #303 ROCKVILLE, MD 20852	1.NOT EMPLOYED 2.NOT EMPLOYED 3.ROCKVILLE, MD	10/17/2025	\$1,200.00	\$1,200.00

No Schedule B results to display.

No Schedule E-1 results to display.