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
Elevance Health Inc. 3075 Vandercar Way Cincinnati, OH 45209	1. 2.Medical insurance 3.Richmond VA	10/20/2025	$10,000.00	$0.00

No Schedule B results to display.

No Schedule E-1 results to display.	