

Schedule A: Direct Contributions Over \$100	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
Full Name of Contributor Mailing Address of Contributor				
Vision Management Services 325 W Huron St Ste 700 Chicago, IL 60654-3638	1. 2.Marijuana Sales 3.Chicago IL	10/21/2025	\$10,000.00	\$10,000.00

No Schedule B results to display.

No Schedule E-1 results to display.