

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
GRAY, MONICA 15 CENTRAL PARK WEST #24F NEW YORK, NY 10016	1.NOT EMPLOYED 2.NOT EMPLOYED 3.NEW YORK, NY	10/21/2025	\$5,000.00	\$5,000.00

No Schedule B results to display.

No Schedule E-1 results to display.