

Schedule A: Direct Contributions Over \$100	Donor Information			
Full Name of Contributor	1. Employer or Business (If Corporate/Company Donor: N/A)	Date	Contribution	Aggregate
Mailing Address of Contributor	2. Type of Business(If Corporate Donor Type of Business)	Received	This Period	To Date
	3. Business Location			
GEICO	1.			
1 Geico Plz	2.Insurance	10/27/2025	\$2,000.00	\$2,000.00
Washington, DC 20076-0003	3.Washington DC			

No Schedule B results to display.

No Schedule E-1 results to display.