

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
Fresenius Medical Care 920 Winter St Waltham, MA 02451-1521	1. 2. Healthcare 3. Waltham MA	10/28/2025	\$2,000.00	\$4,000.00

No Schedule B results to display.

No Schedule E-1 results to display.