

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
BLACK, ED 11030 1ST ST. E TREASURE ISLAND, FL 33706	1.CCIA 2.CHAIRMAN 3.TREASURE ISLAND, FL	10/29/2025	\$2,500.00	\$2,500.00

No Schedule B results to display.

No Schedule E-1 results to display.