

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
Elevance Health, Inc 3075 Vandercar Way Cincinnati, OH 45209-7542	1. 2.Health Insurance 3.Cincinnati OH	10/30/2025	\$3,000.00	\$6,000.00

No Schedule B results to display.

No Schedule E-1 results to display.