

| Schedule A: Direct Contributions Over \$100<br><br>Full Name of Contributor<br>Mailing Address of Contributor | Donor Information<br>1. Employer or Business (If Corporate/Company Donor: N/A)<br>2. Type of Business(If Corporate Donor Type of Business)<br>3. Business Location | Date<br>Received | Contribution<br>This Period | Aggregate<br>To Date |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|----------------------|
| SPRINGER, ANGELIKA<br>10 FAIR HARBOR<br>NEWPORT COAST, CA 92657                                               | 1.RTCP<br>2.PHYSICIAN<br>3.RESTON, VA                                                                                                                              | 11/01/2025       | \$1,000.00                  | \$1,000.00           |

No Schedule B results to display.

No Schedule E-1 results to display.