

Schedule A: Direct Contributions Over \$100	Donor Information	Date Received	Contribution This Period	Aggregate To Date
Full Name of Contributor	1. Employer or Business (If Corporate/Company Donor: N/A)			
Mailing Address of Contributor	2. Type of Business(If Corporate Donor Type of Business)			
	3. Business Location			
PhRMA	1.			
670 Maine Ave SW	2.Pharmaceuticals	12/15/2025	\$50,000.00	\$50,000.00
Ste 1000	3.Washington DC			
Washington, DC 20024-3556				

No Schedule B results to display.

No Schedule E-1 results to display.