

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			
CVS Health	1.			
1 CVS Dr	2.Healthcare	12/19/2025	\$50,000.00	\$50,000.00
Woonsocket, RI 02895-6146	3.Woonsocket RI			

No Schedule B results to display.

No Schedule E-1 results to display.