

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
Armor Correctional Health Services, Inc. 4960 SW 72nd Ave Ste 400 Miami, FL 33155-5550	1. 2. Medical Services 3. Miami FL	05/24/2016	\$10,000.00	\$10,000.00

No Schedule B results to display.

No Schedule E-1 results to display.	
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