No Schedule A results to display.

Schedule B: In-Kind 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 4. Service/Goods Received 5. Basis used to Determine Value	Date Received	Contribution This Period	Aggregate To Date
c & C Franchising inc 3290 airline blvd portsmouth, 23701	1. 2. franchise 3. portsmouth Virginia 4. advertisement 5. Actual Cost	11/04/2016	$721.00	$0.00
Total This Period				

No Schedule E-1 results to display.	