

Schedule A: Direct Contributions Over \$100	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
Full Name of Contributor Mailing Address of Contributor				
Arlington Professional Firefighters & Paramedics Assn. PO Box 101150 Arlington, 22201	1. 2.Associaton 3.Arlington, VA	04/14/2017	\$2,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.