

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
Faw, R Scott 2018 Electric Road Roanoke, 24018	1.Lake Region Medical 2.Machine Operator 3.Salem, VA	05/10/2017	\$620.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.