

| 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 | | | | |
| Irvin, Mary P. O. Box 8 Carson, 23830 | 1.DBHDS 2.nurse 3.Richmond VA | 02/24/2017 | \$1,000.00 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.