

| Schedule A: Direct Contributions Over \$100<br>Full Name of Contributor<br>Mailing Address of Contributor | Donor Information<br>1. Employer or Business (If Corporate/Company Donor: N/A)<br>2. Type of Business(If Corporate Donor Type of Business)<br>3. Business Location | Date<br>Received | Contribution<br>This Period | Aggregate<br>To Date |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|----------------------|
| Sickles for Delegate<br>PO Box 10628<br>Alexandria, VA 22310                                              | 1.<br>2.Member, House of Delegates<br>3.Alexandria, VA                                                                                                             | 10/23/2017       | \$10,000.00                 | \$0.00               |

No Schedule B results to display.

No Schedule E-1 results to display.