

| 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 | | | | |
| Virginia Dental Association 3460 Mayland Court #110 Richmond, VA 23233 | 1. 2.Dentist Association 3.Richmond VA | 11/02/2017 | \$2,500.00 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.