

| 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 |
|---|--|------------------|-----------------------------|----------------------|
| Joiner, Murray E PO Box 21435 Roanoke, VA 24018 | 1.Physical Medicine & Rehabilitation Sports Medicine 2.Physician 3.Roanoke, Virginia | 03/31/2018 | \$2,000.00 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.