

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
Galaria, Irfan 3104 Pine Oaks Way Herndon, VA 20171-1604	1.Galaria Plastic Surgery 2.Physician 3.Chantilly VA	12/16/2018	\$10,000.00	\$10,000.00

No Schedule B results to display.

No Schedule E-1 results to display.