

| Schedule A: Direct Contributions Over \$100<br><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 |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|----------------------|
| Medical Facilities of America<br>2917 Penn Forest Blvd<br>PO Box 29600<br>Roanoke, VA 24018-4304              | 1.<br>2.Health Care Services<br>3.Roanoke VA                                                                                                                       | 12/21/2018       | \$25,000.00                 | \$25,000.00          |

No Schedule B results to display.

No Schedule E-1 results to display.