

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
Medical Facilities of America 2917 Penn Forest Blvd PO Box 29600 Roanoke, VA 24018-4304	1. 2.Health Care Services 3.Roanoke VA	05/03/2019	\$10,000.00	\$10,000.00

No Schedule B results to display.

No Schedule E-1 results to display.