

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
Commonwealth Care of Roanoke 5372 Fallowater Lane Suite 200 Roanoke, VA 24018	1. 2.Rehabilitation nursing services 3.Roanoke, VA	10/28/2019	\$1,500.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.