

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
MAO Pharmacy, Inc. T/A Westwod Pharmacy 5823 Patterson Ave Richmond, 23226	1. 2.Pharmacy 3.Richmond	06/10/2013	\$500.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.