

| 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 |
|---|--|------------------|-----------------------------|----------------------|
| Surovell for Delegate PO Box 289 Mount Vernon, 22121 | 1. 2.Member, House of Delegates 3.Mount Vernon, VA | 07/02/2013 | \$57,500.00 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.