

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
GALARIA, IRFAN 24805 PINEBROOK RD #105 CHANTILLY, VA 20152	1.GALARIA PLASTIC SURGERY AND DERMATOLOGY 2.DOCTOR 3.CHANTILLY,VA	09/28/2020	\$10,000.00	\$10,000.00

No Schedule B results to display.

No Schedule E-1 results to display.