

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
Lateef, Babur 13001 Chaddsford Ter Manassas, VA 20112-5573	1.Advanced Ophthalmology inc 2.Physician 3.Woodbridge VA	01/13/2021	\$1,000.00	\$1,000.00

No Schedule B results to display.

No Schedule E-1 results to display.