

| Schedule A: Direct Contributions Over \$100<br>Full Name of Contributor<br>Mailing Address of Contributor | Donor Information<br>1. Employer or Business (If Corporate/Company Donor: N/A)<br>2. Type of Business(If Corporate Donor Type of Business)<br>3. Business Location | Date<br>Received | Contribution<br>This Period | Aggregate<br>To Date |
|---|--|------------------|-----------------------------|----------------------|
| CASAGRANDE, ZACH<br>21751 LAUREL WOOD COURT<br>LEESBURG, VA 20175   | 1.SELF<br>2.ORTHODONTIST<br>3.LEESBURG,VA  | 03/30/2021       | \$10,000.00                 | \$10,000.00          |

No Schedule B results to display.

No Schedule E-1 results to display.