

| 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 |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|----------------------|
| STRAND, JOY 10276 STEWART NECK ROAD, APT/SUITE PRINCESS ANNE, MD 21853 | 1.GREEN LEAF MEDICAL OF VIRGINIA, LLC 2.EXECUTIVE 3.RICHMOND,VA | 03/30/2021 | \$10,000.00 | \$12,500.00 |

No Schedule B results to display.

No Schedule E-1 results to display.