

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.