

| 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 |
|---|--|---------------|--------------------------|-------------------|
| CHAPMAN, TIM 440 MAPLE AVE EAST, 2ND FLOOR VIENNA, VA 22180 | 1.NOT EMPLOYED 2.NOT EMPLOYED 3.VIENNA,VA | 05/28/2021 | \$10,000.00 | \$17,500.00 |

No Schedule B results to display.

No Schedule E-1 results to display.