

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
Kelly, Tina 5013 24th St S Arlington, VA 22202	1.Nova Eye Care Center 2.attorney 3.Alexandria VA	05/14/2021	\$100.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.