

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
Virginia Optometric Association 4461 Cox Rd Suite 110 Glen Allen, VA 23060	1. 2.Optometric care and advocacy 3.Glen Allen VA	10/29/2021	\$1,500.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.