

| 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 |
|---|--|------------------|-----------------------------|----------------------|
| Bates, Michael D 3916 Suffolk St. Charolotte, NC 28211 | 1.OrthoCarolina 2.Surgeon 3.Charlotte, NC | 09/28/2021 | \$500.00 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.