

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
Testing Test Test, VA 23219	1. 2. Testing 3. Test	08/11/2022	\$500.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.