Howell for Delegate (CC-12-00169)

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
ENT and Facial Plastic Surgery Center of Fredericksburg 1708 Fall Hill Ave Ste 100	1. 2.Medical 3.Fredericksburg VA	10/31/2013	$1,500.00	$0.00

No Schedule B results to display.

No Schedule E-1 results to display.	