

| 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 |
|---|--|---------------|--------------------------|-------------------|
| Delta Dental 4818 Starkey Rd Roanoke, VA 24018-8510 | 1. 2.Dental insurance 3.Roanoke VA | 01/06/2023 | \$500.00 | \$2,500.00 |

No Schedule B results to display.

No Schedule E-1 results to display.