

No Schedule A results to display.

Schedule B: In-Kind 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 4. Service/Goods Received 5. Basis used to Determine Value	Date Received	Contribution This Period	Aggregate To Date
Chaudhry, Maqsood 1712 Briar Ridge McLean, VA 22101	1. Grove Dental Clinic 2. Dentist 3. Falls Church, VA 4. fundraiser, house party facility, and dinner purchase 5. Fair Market Value	02/18/2023	\$2,000.00	\$0.00
Total This Period				

No Schedule E-1 results to display.