

| 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 |
|---|--|------------------|-----------------------------|----------------------|
| Reston Hospital Center 1850 Town Center Parkway Reston, VA 20190-3204 | 1. 2. 3.Reston, VA | 05/09/2023 | \$20,032.31 | \$20,032.31 |

No Schedule B results to display.

No Schedule E-1 results to display.