

Schedule A: Direct Contributions Over \$100	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
Full Name of Contributor Mailing Address of Contributor				
Dawson, Shya Lea C 109 Willow Wood Ave Smithfield, VA 23430	1.Infinity Pediatric & Adolescent Medicine 2.Nurse 3.Smithfield, VA	04/28/2023	\$550.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.