

| 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 |
|---|--|---------------|--------------------------|-------------------|
| Owens, Donald 847 Station St Herndon, VA 20170-4609 | 1.Griffin Owens Insurance 2.Insurance 3.Herndon VA | 06/12/2023 | \$1,000.00 | \$1,000.00 |

No Schedule B results to display.

No Schedule E-1 results to display.