

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
Kroll, Annette 3815 Belle Meade Dr Roanoke, VA 24018	1.Virginia Tech/Carilion School of Medicine 2.Standardized Patient 3.Roanoke Virginia	06/16/2023	\$500.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.