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|---------------------------------------------|-----------------------------------------------------------|------------|--------------|-----------|
| Schedule A: Direct Contributions Over \$100 | Donor Information | | | |
| Full Name of Contributor | 1. Employer or Business (If Corporate/Company Donor: N/A) | Date | Contribution | Aggregate |
| Mailing Address of Contributor | 2. Type of Business(If Corporate Donor Type of Business) | Received | This Period | To Date |
| | 3. Business Location | | | |
| Lee, Keith William | 1.West Rock | | | |
| 2401 19th Street | 2.Crane Operator | 06/15/2023 | \$421.20 | \$0.00 |
| West Point, VA 23181 | 3.West Point | | | |

No Schedule B results to display.

No Schedule E-1 results to display.