

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
Robinson, Michael g 193 Erin Drive Madison Heights, VA 24572	1. Medial Emergency Services 2. Sales Representative 3. 12 Turnberry Ln. Fl#2, Sandy Hook, CT 06482-1365	05/30/2023	\$100.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.