

| 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 |
|---|--|---------------|--------------------------|-------------------|
| Amin, P. C. 300 East Franklin Street Richmond, VA 23219 | 1.Shamin Hotels 2.Hotelier 3.Richmond,VA | 08/29/2023 | \$25,000.00 | \$25,000.00 |

No Schedule B results to display.

No Schedule E-1 results to display.