

| Schedule A: Direct Contributions Over \$100 | Donor Information                                         | Date Received | Contribution This Period | Aggregate To Date |
|---------------------------------------------|-----------------------------------------------------------|---------------|--------------------------|-------------------|
| Full Name of Contributor                    | 1. Employer or Business (If Corporate/Company Donor: N/A) |               |                          |                   |
| Mailing Address of Contributor              | 2. Type of Business(If Corporate Donor Type of Business)  |               |                          |                   |
|                                             | 3. Business Location                                      |               |                          |                   |
| Mitnick, Blake                              | 1.DBA Commonwealth Eye Center                             | 08/01/2023    | \$4,000.00               | \$0.00            |
| 211 West Main Street                        | 2.Eye Doctor                                              |               |                          |                   |
| Floyd, VA 24091                             | 3.Floyd, Virginia                                         |               |                          |                   |

No Schedule B results to display.

No Schedule E-1 results to display.