

No Schedule A results to display.

Schedule B: In-Kind 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 4. Service/Goods Received 5. Basis used to Determine Value	Date Received	Contribution This Period	Aggregate To Date
Whitesell, David C 15 Traveler Circle Lexington, VA 24450	1. Rockbridge Co 2. Commissioner of Revenue 3. Lexington VA 4. Labels and Cards 5. Actual Cost	07/21/2023	\$532.12	\$0.00
Total This Period				

No Schedule E-1 results to display.