

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
Sickles for Delegate PO Box 10628 Alexandria, VA 22310	1. 2. PAC 3. Alexandria 4. Mailer contribution 5. Actual Cost	10/30/2023	\$1,000.00	\$0.00
Total This Period				

No Schedule E-1 results to display.