

| 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 |
|---|--|------------------|-----------------------------|----------------------|
| CROWE, KATHLEEN 5934 COVE LANDING RD, UNIT 203 BURKE, VA 22015 | 1.FAIRFAX COUNTY PUBLIC SCHOOLS 2.LIBRARIAN 3.ALEXANDRIA, VA | 10/31/2023 | \$1,200.00 | \$1,200.00 |

No Schedule B results to display.

No Schedule E-1 results to display.