

| Schedule A: Direct Contributions Over \$100<br>Full Name of Contributor<br>Mailing Address of Contributor | Donor Information<br>1. Employer or Business (If Corporate/Company Donor: N/A)<br>2. Type of Business(If Corporate Donor Type of Business)<br>3. Business Location | Date<br>Received | Contribution<br>This Period | Aggregate<br>To Date |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|----------------------|
| Delta Dental of Virginia<br>4818 Starkey Road<br>Roanoke, VA 24018                                        | 1.<br>2.Dental Insurance<br>3.Roanoke, VA                                                                                                                          | 11/08/2023       | \$1,000.00                  | \$0.00               |

No Schedule B results to display.

No Schedule E-1 results to display.