

No Schedule A results to display.

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|--|---|------------------|-----------------------------|----------------------|
| 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 |
| Mountcastle, Lisa 1711 Hollindale Dr Alexandria, VA 22306-2408 | 1. Retired 2. Retired 3. Alexandria VA 4. Catering for Fundraiser 5. ActualCost | 01/07/2024 | \$4,275.00 | \$4,275.00 |
| Total This Period | | | | |

No Schedule E-1 results to display.