

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
Lainoff, Mark 20 W Custis Ave Alexandria, VA 22301	1.Inova Health 2.Corporate Strategist 3.Alexandria VA	06/08/2024	\$500.00	\$1,500.00

No Schedule B results to display.

No Schedule E-1 results to display.