

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
SHAH, SSUNNY 179 SHERATON DR SALEM, VA 24153	1.SHIVA HOSPITALITY LLC 2.OWNER 3.SALEM, VA	07/26/2024	\$500.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.