

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
CALHOUN, STAIR 3539 HALF MOON CIRCLE FALLS CHURCH, VA 22044-1311	1.NONE 2.NOT EMPLOYED 3.NONE	06/02/2024	\$250.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.