

| 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 |
|---|--|------------------|-----------------------------|----------------------|
| BOYD, CHRISTINE C. 1516 MOORMAN AVE., NW ROANOKE, VA 24017 | 1.TAP BHS HEADSTART CTR 2.SUB. TEACHER 3.ROANOKE,VA | 08/03/2024 | \$100.00 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.