

| 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 |
|---|--|------------------|-----------------------------|----------------------|
| DICKASON, DOROTHY 717 CRYSTAL DR SALEM, VA 24153 | 1.RETIRED 2.RETIRED 3.SALEM,VA | 08/03/2024 | \$10.00 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.