

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
WYATT-JONES, STEPHANIE 3725 FRQNKLIN RD, SW ROANOKE, VA 24014	1.ENVISON HEALTHCARE 2.ASST. DIRECTOR 3.ROANOKE, VA	08/21/2024	\$50.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.