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|---|--|------------------|-----------------------------|----------------------|
| 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 |
| POWERS, THOMAS 329 DARWIN RD ROANOKE, VA 24014 | 1.RETIRED 2.RETIRED 3.ROANOKE, VA | 09/17/2024 | \$20.00 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.