

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 Cir Falls Church, VA 22044-1311	1.N/A 2.Not Employed 3.Falls Church VA	12/29/2024	\$500.00	\$500.00

No Schedule B results to display.

No Schedule E-1 results to display.