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
Breseman, Jennifer 11157 Saffold Way Reston, VA 20191	1.Leesburg Sterling Family Practive 2.NP 3.Reston, VA	10/12/2024	$25.00	$200.00
Breseman, Jennifer 11157 Saffold Way Reston, VA 20191	1.Leesburg Sterling Family Practive 2.NP 3.Reston, VA	11/12/2024	$25.00	$225.00
Breseman, Jennifer 11157 Saffold Way Reston, VA 20191	1.Leesburg Sterling Family Practive 2.NP 3.Reston, VA	12/12/2024	$25.00	$250.00
Bruflat, Carola 9632 Podium Drive Vienna, VA 22182	1.Anderson & Maanavi 2.Women's Health NP 3.Fairfax, VA	10/08/2024	$25.00	$300.00
Bruflat, Carola 9632 Podium Drive Vienna, VA 22182	1.Anderson & Maanavi 2.Women's Health NP 3.Fairfax, VA	11/05/2024	$25.00	$325.00
Bruflat, Carola 9632 Podium Drive Vienna, VA 22182	1.Anderson & Maanavi 2.Women's Health NP 3.Fairfax, VA	12/05/2024	$25.00	$350.00
Buchwald, Laurie 18 Pineview Dr. Radford, VA 24141	1.NA 2.NP 3.Radford, VA	10/27/2024	$25.00	$275.00
Buchwald, Laurie 18 Pineview Dr. Radford, VA 24141	1.NA 2.NP 3.Radford, VA	11/27/2024	$25.00	$300.00
Capuno, Maribeth 2634 West Hampton Ave Roanoke, VA 24015	1.VAMC Salem 2.Adult NP 3.Salem, VA	10/12/2024	$50.00	$500.00
Capuno, Maribeth 2634 West Hampton Ave Roanoke, VA 24015	1.VAMC Salem 2.Adult NP 3.Salem, VA	11/12/2024	$50.00	$550.00
Capuno, Maribeth 2634 West Hampton Ave Roanoke, VA 24015	1.VAMC Salem 2.Adult NP 3.Salem, VA	12/12/2024	$50.00	$600.00
Carlison, Joshua 19 Millport Court Weyers Cave, VA 24486	1.Balint Pain Management 2.NP 3.Weyers Cave, VA	10/16/2024	$50.00	$275.00

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Carlison, Joshua 19 Millport Court Weyers Cave, VA 24486	1.Balint Pain Management 2.NP 3.Weyers Cave, VA	11/16/2024	$50.00	$325.00
Cox, Tricia 145 Sequoia Circle Christiansburg, VA 24068	1.Salem Veterans Hospital 2.NP 3.Salem, VA	12/31/2024	$25.00	$200.00
Everhart, Carole 1697 Parkview Drive Cana, VA 24317	1.Everhart Primary Health Care 2.NP 3.Cana, VA	10/08/2024	$25.00	$280.00
Everhart, Carole 1697 Parkview Drive Cana, VA 24317	1.Everhart Primary Health Care 2.NP 3.Cana, VA	11/01/2024	$25.00	$305.00
Kozak, Brenda 168 Waughs Ferry Rd Amhurst, VA 24521	1.Johnson Health Center 2.NP 3.Amherst, VA	10/16/2024	$50.00	$150.00
Kozak, Brenda 168 Waughs Ferry Rd Amhurst, VA 24521	1.Johnson Health Center 2.NP 3.Amherst, VA	11/16/2024	$50.00	$200.00
Pack, Alysia 505 Jordan Avenue Smithfiled, VA 23430	1.Select Medical 2.NP 3.Smithfield, Virginia	10/10/2024	$50.00	$500.00
Pack, Alysia 505 Jordan Avenue Smithfiled, VA 23430	1.Select Medical 2.NP 3.Smithfield, Virginia	11/10/2024	$50.00	$550.00
Shaw, Katherine 411 Chimney Rock Rd Earlysville, VA 22936	1.ACNP-Neurosurgery 2.NP 3.Charlottesville, VA	10/17/2024	$25.00	$250.00
Shaw, Katherine 411 Chimney Rock Rd Earlysville, VA 22936	1.ACNP-Neurosurgery 2.NP 3.Charlottesville, VA	11/17/2024	$25.00	$275.00
Shaw, Katherine 411 Chimney Rock Rd Earlysville, VA 22936	1.ACNP-Neurosurgery 2.NP 3.Charlottesville, VA	12/17/2024	$25.00	$300.00
Various contributions under $100 250 W Main Street, Suite 100 Suite 100 Charlottesville, VA 22902	1. 2.Medical/Nurse Practitioners 3.Charlottesville, Va	12/10/2024	$5.00	$135.00

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
Wrobel, Val 404 Johnson Street SW Vienna, VA 22180	1.Premise Health 2.nurse practioner 3.Vienna, VA	12/04/2024	$50.00	$120.00
Wrobel, Val 404 Johnson Street SW Vienna, VA 22180	1.Premise Health 2.nurse practioner 3.Vienna, VA	12/04/2024	$50.00	$170.00
Total This Period			$905.00	

No Schedule B results to display.

No Schedule C results to display.

Schedule D: Expenditures Person or Company Paid and Address	Item or Service	Name of Person Authorizing Expenditure	Date of Expenditure	Amount Paid
Truist 1652 State Farm Blvd Charlottesville, VA 22911	Bank Fee	Karen Budd	10/08/2024	$4.00
Truist 1652 State Farm Blvd Charlottesville, VA 22911	Bank Fee	Karen Budd	11/01/2024	$4.00
Easter Associates, Inc. 250 West Main Street Suite 100 Charlottesville, VA 22902	Debt Payment for: 12/01/2024 Administrative Services	Karen Budd	12/01/2024	$500.00
Truist 1652 State Farm Blvd Charlottesville, VA 22911	Bank Fee	Karen Budd	12/31/2024	$4.00
Total This Period				$512.00

No Schedule E-1 results to display.	

No Schedule E-2 results to display.

No Schedule F results to display.

Schedule G: Statement of Funds	**Number of Contributions**	**Amount**	
Contributions Received This Period			
1. Schedule A [Over $100]	26	$905.00	
2. Schedule B [Over $100]	0	$0.00	
3. Un-itemized Cash Contributions [$100 or less]	10	$235.00	
4. Un-itemized In-Kind Contributions [$100 or less]	0	$0.00	
5. Total	**36**		**$1,140.00**
Bank Interest, Refunded Expenditures and Rebates			
6. Schedule C [also enter on Line 17b on Schedule H]			**$0.00**
Expenditures Made This Period			
7. Schedule B [From line 2 Above]		$0.00	
8. Un-itemized In-Kind contributions [From line 4 Above]		$0.00	
9. Schedule D [Expenditures]		$512.00	
10. Total [add lines 7, 8 and 9]			**$512.00**
Reconciliation of Loan Account			
11. Beginning loan balance [from line 15 of last report]		$0.00	
12. Loans received this period [from Schedule E-Part 1]		$0.00	
13. Subtotal			**$0.00**
14. Subtract: Loans repaid this period [from Schedule E-Part2]		$0.00	
15. Ending loan balance			**$0.00**

Schedule H: Summary of Receipts and Disbursements			
16. Beginning Balance [Line 19 of last Report]		**$41,511.26**	
17. Receipts for Current Reporting Period:			
a. Contributions received this period [Line 5 of Schedule G]	$1,140.00		
b. Bank interest, refunded expenditures and rebates [Line 6 of Schedule G]	$0.00		
c. Loans received this period [Line 12 of Schedule G]	$0.00		
d. Subtotal: Contributions and Receipts received this period		$1,140.00	
e. Total Expendable Funds [Add Linds 16 and 17d]			**$42,651.26**
18. Disbursements for Current Reporting Period			
a. Expenditures made this reporting period [Line 10 of Schedule G]	$512.00		
b. Loans repaid this reporting period [Line 14 of Schedule G]		$0.00	
c. Other surplus funds paid out [from Schedule I]		$0.00	
d. Total Payments Made [Add lines 18a,18b, and 18c]			$512.00
19. Ending Balance [Subtract Line 18b from Line 17e]			**$42,139.26**
20. Total Unpaid Debts [from Schedule F of this report]	$0.00		
Committee's Receipts and Disbursements - Election Cycle			
21. Balance at Start of Election Cycle		$33,621.26	
22. Previous Receipts [Line 24 from last report]	$9,951.00		
23. Receipts from Current Reporting Previous [Line 17d above]	$1,140.00		
24. Total Receipts this Election Cycle [Add lines 22 and 23]		$11,091.00	
25. Total Funds Available [Add lines 21 and 24]			**$44,712.26**
26. Previous Disbursements [Line 28 from last report]	$2,061.00		
27. Disbursements from Current Reporting Period [Line 18d above]	$512.00		
28. Total Disbursements this Election Cycle			**$2,573.00**
29. Ending Balance			**$42,139.26**