

Schedule A: Direct Contributions Over \$100	Donor Information	Date Received	Contribution This Period	Aggregate To Date
Full Name of Contributor	1. Employer or Business (If Corporate/Company Donor: N/A)			
Mailing Address of Contributor	2. Type of Business(If Corporate Donor Type of Business)			
	3. Business Location			
Brown, Bob	1.Self	01/28/2025	\$10,000.00	\$0.00
12170 Holly Knoll Circle	2.Veterinarian			
Great Falls, VA 22066	3.Arlington, VA			

No Schedule B results to display.

No Schedule E-1 results to display.