

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
Reston Hospital Center 1850 Town Center Parkway Reston, VA 20190-3204	1. 2.Hospital 3.Reston, VA	05/27/2025	\$20,032.31	\$20,032.31

No Schedule B results to display.

No Schedule E-1 results to display.