

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
Burpee, Leslie 6107 30th St N Arlington, VA 22207-1157	1.The Center for Cognitive Therapy and Assessment 2.Licensed Professional Counselor 3.Falls Church VA	06/11/2025	\$5,250.00	\$5,250.00

No Schedule B results to display.

No Schedule E-1 results to display.