

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
Schroeder, Tracey 2041 Haycock Rd. Falls Church, VA 22043	1.Inova Health System 2.Chief Comms and External Affairs 3.VA	06/13/2025	\$2,000.00	\$2,000.00

No Schedule B results to display.

No Schedule E-1 results to display.