

| 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 |
|---|--|------------------|-----------------------------|----------------------|
| Fusion Therapeutics, LLC 1101 Executive Blvd Chesapeake, VA 23320-3634 | 1. 2. Medical 3. Chesapeake, VA | 06/12/2025 | \$5,000.00 | \$35,000.00 |

No Schedule B results to display.

No Schedule E-1 results to display.