

| 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 |
|---|--|---------------|--------------------------|-------------------|
| Bonner, Tyrell 815 Roosevelt Street Hampton, VA 23669 | 1.Bonner Consulting Solutions 2.Owner 3.Hampton, VA | 07/16/2025 | \$1,500.00 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.