

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
StoneSprings Hospital 24570 Gum Spring Rd Sterling, VA 20166-2246	1. 2.Hospital 3.Sterling, VA	07/22/2025	\$5,364.70	\$10,729.40

No Schedule B results to display.

No Schedule E-1 results to display.