

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
Twin Lakes Rehabilitation & Nursing 125 Buena Vista Circle South Hill, VA 23970	1. 2.Nursing Facility 3.South Hill, VA	10/09/2025	\$1,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.