

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
SHETH, SONAL 307 YOAKUM PKWY, #1805 ALEXANDRIA, VA 22304.0	1.THE JACKSON CLINICS 2.PHYSICAL THERAPIST 3.ALEXANDRIA, VA	10/16/2025	\$1,000.00	\$1,000.00

No Schedule B results to display.

No Schedule E-1 results to display.