

Schedule A: Direct Contributions Over \$100	Donor Information	Date Received	Contribution This Period	Aggregate To Date
Full Name of Contributor	1. Employer or Business (If Corporate/Company Donor: N/A)			
Mailing Address of Contributor	2. Type of Business(If Corporate Donor Type of Business)			
	3. Business Location			
Delta Dental of Virginia	1.			
4818 Starkey Road	2.Dental Insurance	10/20/2025	\$250.00	\$0.00
Roanoke, VA 24018	3.Roanoke, VA			

No Schedule B results to display.

No Schedule E-1 results to display.