

Schedule A: Direct Contributions Over \$100	Donor Information	Date Received	Contribution This Period	Aggregate To Date
Full Name of Contributor Mailing Address of Contributor	1. Employer or Business (If Corporate/Company Donor: N/A) 2. Type of Business(If Corporate Donor Type of Business) 3. Business Location			
EDMONDSON, FRANKLIN P. O. BOX 934 PORTSMOUTH, VA 23705	1.CITY OF PORTSMOUTH, VA 2.COMMISSIONER OF THE REVENUE 3.PORTSMOUTH, VA	11/03/2025	\$1,000.00	\$1,000.00

No Schedule B results to display.

No Schedule E-1 results to display.