

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
Inmotion Physical Therapy, LLC 3001 Hungary Spring Road, Ste D Richmond, VA 23228	1. 2.Physical Therapy/Rehabilitation 3.Richmond, VA	10/31/2025	\$500.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.