

| 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 |
|---|--|---------------|--------------------------|-------------------|
| Argie, Leah 943 Preston Ave Charlottesville, VA 22903 | 1.Top Notch Family Pharmacy 2.Pharmacist 3.Charlottesville | 10/30/2025 | \$5,000.00 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.