

| Schedule A: Direct Contributions Over \$100<br><br>Full Name of Contributor<br>Mailing Address of Contributor | Donor Information<br>1. Employer or Business (If Corporate/Company Donor: N/A)<br>2. Type of Business(If Corporate Donor Type of Business)<br>3. Business Location | Date Received | Contribution This Period | Aggregate To Date |
|---|--|---------------|--------------------------|-------------------|
| Sky Mall LLC<br>105 W Main Street<br>Suite 200<br>Charlottesville, VA 22902-5530                              | 1.<br>2.Social Lounge<br>3.Charlottesville, VA   | 01/10/2026    | \$2,000.00               | \$0.00            |

No Schedule B results to display.

No Schedule E-1 results to display.