

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
Shah, Sonya 6565 Arlington Blvd # 250 Arlington, VA 22042	1.Northern Virginia Ophthalmology Associates 2.Eye Physician 3.Falls Church, VA	10/12/2025	\$1,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.