

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
Deegan, William F 4660 Kenmore Ave Suite 204 Alexandria, VA 22304	1.self 2.opththalmologist 3.Alexandria	10/23/2025	\$1,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.