

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
Ali, Mohsin 1850 Town Center Pkwy Suite 665 Reston, VA 20190	1.Retina Group of Washington 2.Eye Physician 3.Reston, VA	10/23/2025	\$1,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.