

| Schedule A: Direct Contributions Over \$100<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 |
|---|--|---------------|--------------------------|-------------------|
| Children's Heart Institute<br>19465 Deerfield Ave<br>Suite 310<br>Leesburg, 20176                         | 1.<br>2. Pediatric Cardiology<br>3. Leesburg, VA   | 04/22/2015    | \$2,000.00               | \$0.00            |

No Schedule B results to display.

No Schedule E-1 results to display.