

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
Medical Facilities of America 2917 Penn Forest Blvd Roanoke, VA 24018-4374	1. 2. Medical Supplies 3. Roanoke VA	06/15/2015	\$25,000.00	\$25,000.00

No Schedule B results to display.

No Schedule E-1 results to display.	
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