

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
Fralin, W. Heywood PO Box 29600 Roanoke, 24018	1.Medical Facilities of America 2.Chairman 3.Roanoke VA	12/24/2015	\$25,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.