

| 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 |
|---|--|------------------|-----------------------------|----------------------|
| RESTON HOSPITAL CENTER 1850 TOWN CENTER PARKWAY RESTON, 20190 | 1. 2.HEALTHCARE 3.RESTON, VA | 05/10/2016 | \$20,795.29 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.