

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

No Schedule B results to display.

No Schedule E-1 results to display.