

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
vann virginia center for orthopaedics 230 Clearfield ave 124 Virginia Beach, 23462	1. 2.medical 3.Virginia Beach, VA	07/05/2016	\$1,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.