

| 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 |
|---|--|---------------|--------------------------|-------------------|
| LewisGale Medical Center 1900 Electric Road Salem, 24153 | 1. 2.Hospital 3.Richmond, VA | 08/04/2017 | \$22,139.87 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.