Virginia Association of Health Plans (PAC-12-00623)

Total This Period

Donor Information Employer or Business (If Corporate/Company Donor: N/A)
 Type of Business(If Corporate Donor Type of Business) Schedule A: Direct Contributions Over \$100 Contribution Aggregate Date 3. Business Location This Period To Date Full Name of Contributor Received Mailing Address of Contributor Anthem Blue Cross Blue Shield 2015 Staples Mill Road 2.Health Insurer 07/10/2017 \$11,000.00 \$11,000.00 Richmond, VA 23279 3.Richmond, VA CareFirst 2.health plan \$12,000.00 840 First Street N.E. 07/05/2017 \$12,000.00 Washington, DC 20065 3. Washington, DC

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\$23,000.00

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No Schedule B results to display.			

Virginia Association of Health Plans (PAC-12-00623)	Reporting Period: 07/01/2017 Through: 09/30/2017 Page: 3 of 10
No Schedule C results to display.	

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(PAC-12-00623)				
Schedule D: Expenditures Person or Company Paid and Address	Item or Service	Name of Person Authorizing Expenditure	Date of Expenditure	Amount Paid
Ruff, Frank P. O. Box 332 Clarksville, VA 23297	campaign expenditure	Doug Gray	08/21/2017	\$500.00
Villanueva, Friends of, Ron PO Box 61005 Virginia Beach, VA 23454	campaign expenditure	Doug Gray	08/21/2017	\$1,000.00
Bell, Rob 2309 Finch Court Charlottesville, VA 22911	campaign expenditure	Doug Gray	08/28/2017	\$500.00
Cline, Ben PO Box 817 Lexington, VA 24450	campaign expenditure	Doug Gray	08/28/2017	\$1,000.00
Garrett, Scott 2255 Langhorne Rd STE 4 Lynchburg, VA 24501	campaign expenditure	Doug Gray	08/28/2017	\$500.00
Greason for Delegate 19309 Winmeade Drive Lansdowne, VA 20176	campaign expenditure	Doug Gray	08/28/2017	\$1,000.00
Hayes for Delegate, Cliff PO Box 5142 Chesapeake, VA 23324	campaign expenditure	Doug Gray	08/28/2017	\$500.00
Kory for House of Delegates, Kaye 6505 Waterway Dr. Falls Church, VA 22044	campaign expenditure	Doug Gray	08/28/2017	\$250.00
Loupassi, Manoli PO Box 17384 Richmond, VA 23226	campaign expenditure	Doug Gray	08/28/2017	\$500.00
Marshall for Delegate, Danny P.O. Box 439 Danville, VA 24543	campaign expenditure	Doug Gray	08/28/2017	\$500.00
McClellan, Friends of Jennifer PO Box 47 Richmond, VA 23218	campaign expenditure	Doug Gray	08/28/2017	\$500.00
Petersen, Chap PO Box 1066 Fairfax, VA 22038	campaign expenditure	Doug Gray	08/28/2017	\$500.00
Ransone for Delegate PO Box 358 Kinsale, VA 22488	campaign expenditure	Doug Gray	08/28/2017	\$500.00

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Name of Schedule D: Expenditures Person Date of Amount Item or Service Paid Authorizing Expenditure Person or Company Paid and Address Expenditure Torian, Friends of Luke 4222 Fortuna Center Plaza Doug Gray 08/28/2017 \$500.00 campaign expenditure Suite 659 Dumfries, VA 22025 O'Bannon for Delegate, John PO Box 70365 campaign expenditure Doug Gray 09/14/2017 \$1,000.00 Henrico, VA 23255 Lingamfelter for Delegate 5420 Lomax Way campaign expenditure Doug Gray 09/15/2017 \$500.00 Woodbridge, VA 22193 Newman for Senate campaign expenditure PO Box 480 Doug Gray 09/20/2017 \$1,000.00 Forest, VA 24551 Sickles for Delegate PO Box 10628 Doug Gray 09/20/2017 \$500.00 campaign expenditure Alexandria, VA 22310 Ware, Friends of Lee PO Box 689 Doug Gray 09/26/2017 \$500.00 campaign expenditure Powhatan, VA 23139 Total This Period \$11,750.00

Virginia Association of Health Plans	Reporting Period: 07/01/2017 Through: (09/30/2017
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No Schedule E-1 results to display.		

Virginia Association of Health Plans (PAC-12-00623)	Reporting Period: 07/01/2017 Through: (Page:	09/30/2017 7 of 10
No Schedule E-2 results to display.		

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No Schedule F results to display.	

Virginia Association of Health Plans (PAC-12-00623)

15. Ending loan balance

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\$0.00

\$0.00

Number of Schedule G: Statement of Funds Amount **Contributions Contributions Received This Period** 2 1. Schedule A [Over \$100] \$23,000.00 2. Schedule B [Over \$100] 0 \$0.00 0 3. Un-itemized Cash Contributions [\$100 or less] \$0.00 0 4. Un-itemized In-Kind Contributions [\$100 or less] \$0.00 2 5. Total \$23,000.00 Bank Interest, Refunded Expenditures and Rebates \$0.00 6. Schedule C [also enter on Line 17b on Schedule H] **Expenditures Made This Period** 7. Schedule B [From line 2 Above] \$0.00 8. Un-itemized In-Kind contributions [From line 4 Above] \$0.00 9. Schedule D [Expenditures] \$11,750.00 10. Total [add lines 7, 8 and 9] \$11,750.00 **Reconciliation of Loan Account** 11. Beginning loan balance [from line 15 of last report] \$0.00 12. Loans received this period [from Schedule E-Part 1] \$0.00 13. Subtotal \$0.00 14. Subtract: Loans repaid this period [from Schedule E-Part2]

Virginia Association of Health Plans

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		- rage. 10 01 10
	\$30,978.02	
\$23,000.00		
\$0.00		
\$0.00		
	\$23,000.00	
		\$53,978.02
\$11,750.00		
	\$0.00	
	\$0.00	
		\$11,750.00
		\$42,228.02
\$0.00		
	\$49,478.02	
\$0.00		
\$23,000.00		
	\$23,000.00	
		\$72,478.02
\$18,500.00		
\$11,750.00		
		\$30,250.00
		\$42,228.02
	\$0.00 \$0.00 \$11,750.00 \$11,750.00 \$0.00 \$23,000.00 \$18,500.00	\$23,000.00 \$0.00 \$0.00 \$11,750.00 \$11,750.00 \$0.00 \$0.00 \$0.00 \$0.00 \$23,000.00 \$23,000.00 \$23,000.00