

Schedule A: Direct Contributions Over \$100	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
Full Name of Contributor Mailing Address of Contributor				
Virginia Hospital and Healthcare Assoc P.O. Box 31394 Richmond, VA 23294	1. 2.Association of Hospitals 3.Richmond VA	11/02/2017	\$1,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.