

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
Southampton Memorial Hospital 100 Fairview Dr Franklin, VA 23851	1. 2.Hospitals/Health Systems 3.Franklin, VA	11/03/2017	\$1,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.	
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