

No Schedule A results to display.

Schedule B: In-Kind 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 4. Service/Goods Received 5. Basis used to Determine Value	Date Received	Contribution This Period	Aggregate To Date
Virginia Hospital & Healthcare Association-HosPAC P. O. Box 31394 Richmond, VA 23294	1. 2. Hosptial and healthcare providers 3. Richmond, VA 4. Mail campaign brochures 5. Actual Cost	10/29/2019	\$5,229.75	\$0.00
Total This Period				

No Schedule E-1 results to display.