

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 Health Care Association 2112 West Laburnum Avenue Suite 206 Richmond, VA 23227	1. 2.Nursing homes, assisted living, long term care fac 3.Richmond, VA	11/04/2019	\$2,500.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.