

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
Virginia Hospital & Healthcare Association PO Box 31394 Henrico, VA 23294-1394	1. 2.Hospital/Healthcare Association 3.Henrico VA	11/20/2019	\$10,000.00	\$10,000.00

No Schedule B results to display.

No Schedule E-1 results to display.