

Sickles For Delegate (CC-12-01059)

Reporting Period: 01/12/2021 Through: 01/12/2021

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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
VA Pharmacists Assn 2530 Professional Rd North Chesterfield, VA 23235-3217	1. 2.Pharmaceutical 3.North Chesterfield VA	01/12/2021	\$1,500.00	\$1,500.00

No Schedule B results to display.

No Schedule E-1 results to display.