Virginia Association of Health Plans (PAC-12-00623)

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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 | | |
| CareFirst 840 First Street N.E. Washington, DC 20065 | 1. 2.health plan 3.Washington, DC | 08/08/2022 | \$22,000.00 | \$0.00 | | |

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|---|--|--|--|
| No Schedule B results to display. | | | |

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|---|---|----------------------|
| No Schedule E-1 results to display. | | |