

Sickles For Delegate (CC-12-01059)

Reporting Period: 10/31/2013 Through: 10/31/2013

Page: 1 of 3

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 Association of Health Plans 1111 East Main Street, Ste. 910 Richmond, VA 23219	1. 2.Health Insurance Organization 3.Richmond, VA	10/31/2013	\$1,000.00	\$4,000.00

No Schedule B results to display.

No Schedule E-1 results to display.