

Schedule A: Direct Contributions Over \$100	Donor Information	Date Received	Contribution This Period	Aggregate To Date
Full Name of Contributor	1. Employer or Business (If Corporate/Company Donor: N/A)			
Mailing Address of Contributor	2. Type of Business(If Corporate Donor Type of Business)			
	3. Business Location			
HCA	1.			
901 E. Cary St	2.Healthcare	06/10/2023	\$1,000.00	\$0.00
Suite 2100	3.Richmond, VA			
Richmond, VA 23219				

No Schedule B results to display.

No Schedule E-1 results to display.