

Schedule A: Direct Contributions Over \$100	Donor Information	Date Received	Contribution This Period	Aggregate To Date
Full Name of Contributor Mailing Address of Contributor	1. Employer or Business (If Corporate/Company Donor: N/A) 2. Type of Business(If Corporate Donor Type of Business) 3. Business Location			
Virginia Association of Health Plans 1111 E. Main St. 910 Richmond, VA 23219	1. 2. Medical 3. Richmond	06/15/2023	\$1,500.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.