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 Hospital and Healthcare Association PO Box 31394 Henrico, VA 23294	1. 2.Medical 3.Richmond VA	06/20/2023	$25,000.00	$0.00

No Schedule B results to display.

No Schedule E-1 results to display.