

Schedule A: Direct Contributions Over \$100	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
Full Name of Contributor Mailing Address of Contributor				
Virginia Hospital & Healthcare Association PAC PO Box 31394 Richmond, VA 23294	1. 2.Healthcare 3.Richmond, VA	10/23/2023	\$1,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.