

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			
Virginia Association of Mutual Insurance Companies (VAMICPAC)	1.			
PO Box 6927	2. Insurance	10/30/2023	\$2,000.00	\$0.00
Richmond, VA 23230	3. Richmond VA			

No Schedule B results to display.

No Schedule E-1 results to display.