

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 Mutual Insurance Companies VAMIC 4001 Fitzhugh Ave P.O. Box 6927	1. 2.insurance 3.Richmond, Va	11/06/2023	\$2,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.