Virginia Association of Health Plans (PAC-12-00623)

Donor Information Employer or Business (If Corporate/Company Donor: N/A)
Type of Business(If Corporate Donor Type of Business)
Business Location Schedule A: Direct Contributions Over \$100 Date Contribution Aggregate To Date Full Name of Contributor Received This Period Mailing Address of Contributor CareFirst 840 First Street N.E. 2.health plan 07/22/2024 \$12,000.00 \$0.00 Washington, DC 20065 3. Washington, DC

Reporting Period: 07/22/2024 Through: 07/22/2024

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No Schedule B results to display.		

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No Schedule E-1 results to display.		