

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
Sentara Health Administration, Inc. P.O. Box 61739 Virginia Beach, VA 23466-1739	1. 2.Third-Party Administrator of Insurance 3.Virginia Beach, Virginia	08/21/2024	\$15,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.