

| Schedule A: Direct Contributions Over \$100<br>Full Name of Contributor<br>Mailing Address of Contributor | Donor Information<br>1. Employer or Business (If Corporate/Company Donor: N/A)<br>2. Type of Business(If Corporate Donor Type of Business)<br>3. Business Location | Date<br>Received | Contribution<br>This Period | Aggregate<br>To Date |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|----------------------|
| Sentara Health Plans<br>PO Box 61739<br>Virginia Beach, VA 23466                                          | 1.<br>2.Health plans<br>3.Virginia Beach, VA                                                                                                                       | 01/07/2025       | \$1,000.00                  | \$0.00               |

No Schedule B results to display.

No Schedule E-1 results to display.