

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
CJW Medical Center 7101 Jahnke Rd Richmond, VA 23225-4017	1. 2.Hospital 3.Richmond, VA	05/27/2025	\$49,600.26	\$49,600.26

No Schedule B results to display.

No Schedule E-1 results to display.