

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
LewisGale Medical Center 1900 Electric Rd Salem, VA 24153-7474	1. 2.Hospital 3.Salem, VA	05/27/2025	\$23,201.86	\$23,201.86

No Schedule B results to display.

No Schedule E-1 results to display.