

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
Spotsylvania Regional Medical Center 200 Wadsworth Dr North Chesterfield, VA 23236-4526	1. 2.Hospital 3.North Chesterfield, VA	07/22/2025	\$8,413.05	\$16,826.10

No Schedule B results to display.

No Schedule E-1 results to display.