

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
TriCities Hospital 411 W Randolph Rd Hopewell, VA 23860-2938	1. 2.Hospital 3.Hopewell, VA	07/22/2025	\$7,351.69	\$14,703.38

No Schedule B results to display.

No Schedule E-1 results to display.