Sickles For Delegate (CC-12-01059)

PO Box 673

Virginia Beach, VA 23451-0673

Page: Donor Information Schedule A: Direct Contributions Over \$100 Employer or Business (If Corporate/Company Donor: N/A)
Type of Business(If Corporate Donor Type of Business) Date Contribution Aggregate 3. Business Location This Period To Date Full Name of Contributor Received Mailing Address of Contributor Virginia Association of Community Based Providers

2. Health Provider Association

3. Virginia Beach VA

Reporting Period: 10/28/2025 Through: 10/28/2025

\$1,000.00

\$2,250.00

10/28/2025

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No Schedule B results to display.			

Sickles For Delegate (CC-12-01059)	Reporting Period: 10/28/2025 Through: Page:	10/28/2025 3 of 3
No Schedule E-1 results to display.		