

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
Sentara Health Plans PO Box 66189 Virginia Beach, VA 23466-6189	1. 2.Health Insurance 3.Virginia Beach VA	10/28/2025	\$2,500.00	\$2,500.00

No Schedule B results to display.

No Schedule E-1 results to display.