

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
Gordon, Chris 204 N 15th Ave Hopewell, VA 23860-2322	1.Virginia Medicaid 2.CFO 3.Hopewell VA	10/30/2025	\$5,000.00	\$8,919.24

No Schedule B results to display.

No Schedule E-1 results to display.