

| Schedule A: Direct Contributions Over \$100<br><br>Full Name of Contributor<br>Mailing Address of Contributor | Donor Information<br>1. Employer or Business (If Corporate/Company Donor: N/A)<br>2. Type of Business(If Corporate Donor Type of Business)<br>3. Business Location | Date<br>Received | Contribution<br>This Period | Aggregate<br>To Date |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|----------------------|
| Virginia Hospital & Healthcare Assoc<br>PO Box 31394<br>Richmond, VA 23294                                    | 1.<br>2.PAC<br>3.Richmond, VA                                                                                                                                      | 11/01/2025       | \$1,500.00                  | \$3,000.00           |

No Schedule B results to display.

No Schedule E-1 results to display.