

Schedule A: Direct Contributions Over \$100	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
Full Name of Contributor Mailing Address of Contributor				
Sentara Health Plans PO Box 66189 Virginia Beach, VA 23466-6189	1. 2.Health Care 3.Virginia Beach VA	12/01/2025	\$25,000.00	\$25,000.00

No Schedule B results to display.

No Schedule E-1 results to display.