Virginia Association of Health Plans (PAC-12-00623)

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
CareFirst BlueCross BlueShield 1440 G Street, NW Washington, DC 20005	1. 2.health plan 3.Washington, DC	01/07/2026	$12,000.00	$0.00

No Schedule B results to display.

No Schedule E-1 results to display.	