

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
Friends of Ballad Health PAC PO Box 3859 Johnson City, TN 37602-3859	1. 2.PAC 3.Johnson City TN	01/13/2026	\$2,500.00	\$2,500.00

No Schedule B results to display.

No Schedule E-1 results to display.