

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
Olds, Francine 3201 Nine Elms Virginia Beach, VA 23452-6164	1.Women's Health Choice 2.Obstetrician/Gynocologist 3.Virginia Beach VA	06/02/2015	\$1,250.00	\$1,250.00

No Schedule B results to display.

No Schedule E-1 results to display.