

| 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 |
|---|--|------------------|-----------------------------|----------------------|
| VIRGINIA HOSPITAL AND HEALTHCARE ASSOCIATION PAC P O BOX 31394 RICHMOND, 23294 | 1. 2.POLITICAL ACTION COMMITTEE 3.RICHMOND VA | 10/23/2015 | \$1,000.00 | \$0.00 |

No Schedule B results to display.

No Schedule E-1 results to display.