

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				
Virginia association of Health Plans 1111 E Main St Ste 910 Richmond, 23219	1. 2.Health Plan Association 3.Richmond VA	10/26/2015	\$1,000.00	\$0.00

No Schedule B results to display.

No Schedule E-1 results to display.