

| Schedule A: Direct Contributions Over \$100<br>Full Name of Contributor<br>Mailing Address of Contributor | Donor Information<br>1. Employer or Business (If Corporate/Company Donor: N/A)<br>2. Type of Business(If Corporate Donor Type of Business)<br>3. Business Location | Date<br>Received | Contribution<br>This Period | Aggregate<br>To Date |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|----------------------|
| Virginia Hospital and Health Care Association<br>P.O. Box 31394<br>Richmond, 23294                        | 1.<br>2.Health Care<br>3.Richmond, VA                                                                                                                              | 10/27/2015       | \$1,250.00                  | \$0.00               |

No Schedule B results to display.

No Schedule E-1 results to display.