

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
VA Association of Health Plans 1111 E Main St Ste 910 Richmond, VA 23219-3520	1. 2.Health Insurance 3.Richmond VA	10/26/2015	\$1,000.00	\$2,000.00

No Schedule B results to display.

No Schedule E-1 results to display.	
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