

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
Anthem Blue Cross Blue Shield PO Box 27401 Richmond, VA 23279-7401	1. 2.HMOs & Medical Plans 3.Richmond VA	10/28/2015	\$1,000.00	\$1,000.00

No Schedule B results to display.

No Schedule E-1 results to display.