07/14/2008 17:42

Image# 28932161055

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| FURIW 3X | For Other Than An | Authorized Committee | Office | Use Only |
|---|---|---|-----------------|---|
| NAME OF COMMITTEE (in full) | USE FEC MAILING LAI OR TYPE OR PRINT ₩ | Example:If typing, type over the lines | | |
| MEDICAL FACILITIES O | F AMERICA INC PAC | | | |
| | | | | |
| ADDRESS (number and street) | 2917 PENN FOREST | FBOULEVARD STE 200 | | |
| Check if different than previously reported. (ACC) | ROANOKE | | VA L | 24018 |
| 2. FEC IDENTIFICATION N | IUMBER ₩ | CITY A | STATE | ZIPCODE 🛕 |
| C00405472 | | 3. IS THIS X NEW (N) | OR AMENDE (A) | D |
| 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report X July 15 Quarterly Report October 15 Quarterly Report January 31 Quarterly Report July 31 Mid-Yea Report(Non-ele Year Only) (MY Termination Re (TER) | (c) 12-Day PRE-Electic Report for t rt(Q3) rt(YE) ar ction) Post -Elect Report for t Report for t | he: Convention (12C) Election on General (30G) | (M6) Sep 20 (M9 | Year Only) Dec 20 (M12) (Non-Election Year Only) |
| 5. Covering Period | 04 01 200 | 8 through | 06 30 200 | 8 |
| Type or Print Name of Treasur | | my knowledge and belief it is true, co | | 14 2008 |
| | erroneous, or incomplete infor | mation may subject the person signi | | |
| Office Use | | | | C FORM 3X Rev. 12/2004) |

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MEDICAL FACILITIES OF AMERICA INC PAC [®] D ^UD 0.4 0 1 2008 0.6 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 14998.54 2008 January 1 (b) Cash on Hand at 8233.54 Begining of Reporting Period 21565.71 26800.71 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 29799.25 41799.25 6(a) and 6(c) for Column B) 29200.00 41200.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 599.25 599.25 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA INC PAC

| Report Covering the Period: From: | | |
|---|-------------------------------|-----------------------------------|
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| . Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 18981.48 | 23981.48 |
| (ii) Unitemized | 2584.23 | 2819.23 |
| (iii) TOTAL (add | | |
| Lines 11(a)(i) and (ii) | 21565.71 | 26800.71 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 0.00 | 0.00 |
| (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 |
| 11(a)(iii),(b) and (c)) (Carry | | |
| Totals to Line 33, page 5) | 21565.71 | 26800.71 |
| Transfers From Affiliated/Other | | |
| Party Committees | 0.00 | 0.00 |
| All Loans Received | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| Loan Repayments Received Offsets To Operating Expenditures | | |
| (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| Refunds of Contributions Made | | |
| to Federal candidates and Other | 0.00 | 0.00 |
| Political Committees | 0.00 | 0.00 |
| Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account | | |
| (from Schedule H3) | 0.00 | 0.00 |
| | | |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| Total Receipts (add Lines 11(d), | | 20000 =: |
| 12, 13, 14, 15, 16, 17, and 18(c)) | 21565.71 | 26800.71 |
| Total Federal Receipts | 6:555 | 2005 = 1 |
| (subtract Line 18(c) from Line 19) | 21565.71 | 26800.71 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 29200.00 41200.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 29200.00 41200.00 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 29200.00 41200.00 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| | III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|---|----------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3) | 21565.71 | 26800.71 |
| 34. | Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 21565.71 | 26800.71 |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

FE6AN026

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|--|---|
| Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERIC | nd Statements may not be sold or used by any perso the name and address of any political committee to CA INC PAC | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Tony Abela Mailing Address 2400 E. Parham Rocity Richmond FEC ID number of contributing federal political committee. Name of Employer Parham Health and Rehab Receipt For: Primary General Other (specify) | d. State Zip Code VA 23228 C Occupation Administrator Aggregate Year-to-Date ▼ 300.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Emory Allen Mailing Address 5527 Medmont Circ City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General | 0 0 0 0 0 0 0 0 | Date of Receipt M M M / D D / Y Y Y Y Y O 6 O 9 2 0 0 8 Transaction ID: SA11AI.4810 Amount of Each Receipt this Period 300.00 individual contribution |
| Full Name (Last, First, Middle Initial) Greg Ashley Mailing Address 907 East Princess City Norfolk FEC ID number of contributing federal political committee. Name of Employer Norfolk Healthcare Center Receipt For: Primary General Other (specify) ▼ | | Date of Receipt M M |
| SUBTOTAL of Receipts This Page (options | al) | 675.00 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 23 (check only one) X |
|---|---|---|
| Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full) | ts and Statements may not be sold or used by any persusing the name and address of any political committee to | |
| MEDICAL FACILITIES OF AMI | ERICA INC PAC | |
| Full Name (Last, First, Middle Initial) Greg Ashley | | Date of Receipt |
| Mailing Address 907 East Prince | | 05 21 2008 |
| City Norfolk | State Zip Code VA 23504 | Transaction ID: SA11AI.4791 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer Norfolk Healthcare Center | Occupation Administrator | individual contribution |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Greg Ashley | | Date of Receipt |
| Mailing Address 907 East Prince | ess Anne Rd | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11AI.4827 |
| Norfolk | VA 23504 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 individual contribution |
| Name of Employer Norfolk Healthcare Center | Occupation Administrator | mulvidual contribution |
| Receipt For: | Aggregate Year-to-Date ▼ | _ |
| Primary General Other (specify) ▼ | 300.00 | |
| Full Name (Last, First, Middle Initial) Kurt Dullnig | | Date of Receipt |
| Mailing Address 2917 Penn Ford | est Boulevard | 04 03 7 2008 |
| City | State Zip Code | Transaction ID: SA11AI.4767 |
| Roanoke | VA 24018 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 600.00 individual contribution |
| Name of Employer Medical Facilities of Ame- rica | Occupation VP of Census Development | - Harvidaai contribution |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |
| SURTOTAL of Receipts This Page (on | tional) | 675.00 |

| | HEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|------------|--|----------------------------------|---|---|
| or for | information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full) | Statements may e name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| 1 \ | MEDICAL FACILITIES OF AMERICA | INC PAC | | |
| K | ull Name (Last, First, Middle Initial) furt Dullnig | T I | | Date of Receipt |
| IVI | failing Address 2917 Penn Forest Bou | llevard | | 05 12 2008 |
| С | ity | State | Zip Code | Transaction ID: SA11AI.4782 |
| <u> </u> | Roanoke | VA | 24018 | Amount of Each Receipt this Period |
| | EC ID number of contributing ederal political committee. | C | | 300.00 |
| | lame of Employer fledical Facilities of Ame- ca | Occupatio VP of Ce | n ensus Development | individual contribution |
| | leceipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 900.00 | |
| | ull Name (Last, First, Middle Initial) urt Dullnig | | | Date of Receipt |
| M | failing Address 2917 Penn Forest Bou | 05 21 7 2008 | | |
| | ity | State | Zip Code | Transaction ID: SA11AI.4801 |
| | Roanoke | VA | 24018 | Amount of Each Receipt this Period |
| | EC ID number of contributing ederal political committee. | С | | 100.00 |
| | lame of Employer /ledical Facilities of Ame- ca | Occupatio VP of Ce | n ensus Development | individual contribution |
| R | eceipt For: | Aggregate | e Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | 0 0 | 1000.00 | |
| | ull Name (Last, First, Middle Initial) urt Dullnig | | | Date of Receipt |
| M | lailing Address 2917 Penn Forest Bou | ulevard | | 06 19 2008 |
| | ity | State | Zip Code | Transaction ID: SA11AI.4832 |
| | Roanoke | VA | 24018 | Amount of Each Receipt this Period |
| | EC ID number of contributing ederal political committee. | С | | 200.00 |
| <u>ric</u> | lame of Employer /ledical Facilities of Ame- ca | , ' | nsus Development | individual contribution |
| R | leceipt For: | Aggregate | e Year-to-Date ▼ | _ |
| | Primary ☐ General Other (specify) ▼ | | 1200.00 | |
| | BTOTAL of Receipts This Page (optional) | 1 | | 600.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|------|---|------------------------|---|---|
| or f | y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDICAL FACILITIES OF AMERICA | INC PAC | | |
| | Full Name (Last, First, Middle Initial) Danni Gary | | | Date of Receipt |
| | Mailing Address 8139 Lee Davis Rd. | | | 06 19 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.4823 |
| • | Mechanicsville | VA | 23111 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 300.00 |
| i | Name of Employer Hanover Healthcare Center | Occupation Administ | | individual contribution |
| Ī | Receipt For: | - ' | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 300.00 | |
| | Full Name (Last, First, Middle Initial) Keith Helmer | | | Date of Receipt |
| Ī | Mailing Address 242 Butler Court | | | 04 03 7 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.4766 |
| - | Daleville | VA | 24083 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1153.86 |
| | Name of Employer Medical Facilities of Ame- rica | Occupation COO | n | individual contribution |
| | Receipt For: | Aggregate | Year-to-Date V | |
| | Primary General Other (specify) ▼ | | 1153.86 | |
| | Full Name (Last, First, Middle Initial) Keith Helmer | | | Date of Receipt |
| - | Mailing Address 242 Butler Court | | | 05 12 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.4781 |
| • | Daleville | VA | 24083 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1153.80 |
| | Name of Employer Medical Facilities of Ame- rica | Occupation COO | n | individual contribution |
| ١ | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2307.66 | |
| | | | | 2607.66 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 23 (check only one) X 11a | |
|--------|---|--------------------------------|---|---|--|
| A 0 | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any personderss of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. | |
| | MEDICAL FACILITIES OF AMERICA | INC PAC | | | |
| | Full Name (Last, First, Middle Initial) Keith Helmer | | | Date of Receipt | |
| | Mailing Address 242 Butler Court | | | 05 29 2008 | |
| | City <u>Daleville</u> | State VA | Zip Code 24083 | Transaction ID: SA11AI.4808 Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 2692.34 | |
| | Name of Employer Medical Facilities of Ame- rica | Occupatio | n | individual contribution | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 5000.00 | | |
| _ | Full Name (Last, First, Middle Initial) Patsy Hobson | | | Date of Receipt | |
| | Mailing Address 131 Lowland Drive | | | 0 6 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| | City | State | Zip Code | Transaction ID: SA11AI.4841 | |
| | Martinsville FEC ID number of contributing federal political committee. | C | 24112 | Amount of Each Receipt this Period 250.00 | |
| | Name of Employer Stanleytown Healthcare Ce- nter | Occupatio Adminstr | | individual contribution | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | | |
| | Other (specify) | 0 0 | 250.00 | | |
| _ | Full Name (Last, First, Middle Initial) Cleopatra Kitt | | | Date of Receipt | |
| | Mailing Address 720 Orchard Ave. | | | 05 12 2008 | |
| | City Rocky Mount | State VA | Zip Code | Transaction ID: SA11AI.4776 | |
| | FEC ID number of contributing federal political committee. | C | 24151 | Amount of Each Receipt this Period 300.00 | |
| | Name of Employer Franklin Healthcare Center | Occupatio Administ | | individual contribution | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 300.00 | | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 3242.34 | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA | name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Tim Marshall Mailing Address 2917 Penn Forest Blvc City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify) | State Zip Code VA 23228 C Occupation VP of Finance Aggregate Year-to-Date 240.00 | Date of Receipt M M J D D J Z D O 8 Transaction ID: SA11AI.4845 Amount of Each Receipt this Period 40.00 individual contribution |
| Full Name (Last, First, Middle Initial) Novel Martin Mailing Address 6129 St. Ives Court City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify) | State Zip Code VA 24018 C Occupation CFO Aggregate Year-to-Date 692.34 | Date of Receipt M M O 3 2008 Transaction ID: SA11AI.4770 Amount of Each Receipt this Period 692.34 individual contribution |
| Full Name (Last, First, Middle Initial) Novel Martin Mailing Address 6129 St. Ives Court City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify) | State Zip Code VA 24018 C Occupation CFO Aggregate Year-to-Date 1038.51 | Date of Receipt M M M / D D / Y Y Y Y Y 2 0 0 8 Transaction ID: SA11AI.4785 Amount of Each Receipt this Period 346.17 individual contribution |
| SUBTOTAL of Receipts This Page (optional) | | 1078.51 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 23 (check only one) X |
|----|--|--------------------------------|---|---|
| An | y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDICAL FACILITIES OF AMERICA | INC PAC | | |
| _ | Full Name (Last, First, Middle Initial) Novel Martin | | | Date of Receipt |
| | Mailing Address 6129 St. Ives Court | | | 05 21 7 2008 |
| | City | State VA | Zip Code | Transaction ID: SA11AI.4804 |
| | Roanoke FEC ID number of contributing federal political committee. | C | 24018 | Amount of Each Receipt this Period 115.39 |
| | Name of Employer Medical Facilities of Ame- | Occupatio CFO | n | individual contribution |
| | rica Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 1153.90 | |
| | Full Name (Last, First, Middle Initial) Novel Martin | | | Date of Receipt |
| | Mailing Address 6129 St. Ives Court | | | 0 6 1 9 2 0 0 8 |
| | City | State | Zip Code | Transaction ID: SA11AI.4840 |
| | Roanoke | VA | 24018 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 230.64 |
| | Name of Employer Medical Facilities of America | Occupation CFO | n | individual contribution |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 1384.54 | |
| | Full Name (Last, First, Middle Initial) Brenda Moore | | | Date of Receipt |
| | Mailing Address 4241 Kings Court Driv | /e | | 04 03 2008 |
| | City | State | Zip Code | Transaction ID: SA11Al.4761 |
| | Roanoke FEC ID number of contributing | C | 24014 | Amount of Each Receipt this Period |
| | federal political committee. Name of Employer Medical Facilities of Ame- | Occupatio | | individual contribution |
| | rica Receipt For: | EVP of I | | _ |
| | Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1153.86 | |
| | UBTOTAL of Receipts This Page (optional) . | 1 | | 1499.89 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 23 (check only one) X |
|----|---|---------------------|--|---|
| 0 | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | ne name and ad | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | MEDICAL FACILITIES OF AMERICA | INC PAC | | |
| ۷. | Full Name (Last, First, Middle Initial) Brenda Moore | | | Date of Receipt |
| | Mailing Address 4241 Kings Court Dri | ve | | 05 12 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.4774 |
| | Roanoke | VA | 24014 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 576.93 |
| | Name of Employer Medical Facilities of Ame- rica | Occupation EVP of I | | individual contribution |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1730.79 | |
| | Full Name (Last, First, Middle Initial) Brenda Moore | | | Date of Receipt |
| | Mailing Address 4241 Kings Court Dri | ve | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA11AI.4790 |
| | Roanoke | VA | 24014 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 192.31 |
| | Name of Employer Medical Facilities of Ame- rica | Occupation EVP of I | | individual contribution |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1923.10 | |
| _ | Full Name (Last, First, Middle Initial) Brenda Moore | | | Date of Receipt |
| | Mailing Address 4241 Kings Court Dri | ve | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA11AI.4820 |
| | Roanoke | VA | 24014 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 384.60 |
| | Name of Employer Medical Facilities of Ame- rica | Occupation EVP of I | | individual contribution |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2307.70 | |
| Г | | | | |

| ITEMI | EDULE A (FEC Form 3X) ZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|----------------------|--|------------------------------------|--|---|
| or for co | rmation copied from such Reports and St mmercial purposes, other than using the E OF COMMITTEE (In Full) DICAL FACILITIES OF AMERICA II | name and ad | y not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Andre | Name (Last, First, Middle Initial) ew Munoz ng Address 2917 Penn Forest Blvd | | | Date of Receipt |
| City <u>Roa</u> | | State VA | Zip Code 24018 | Transaction ID: SA11AI.4814 Amount of Each Receipt this Period |
| feder | ID number of contributing al political committee. | C | n | 350.00 individual contribution |
| <u>rica</u> | e of Employer cal Facilities of Ame- ipt For: Primary General Other (specify) | VP of Pu | | |
| Chad | Name (Last, First, Middle Initial) Perkey ng Address 602 Madison Road | | | Date of Receipt 0 4 0 3 2 0 0 8 |
| City | | State | Zip Code | Transaction ID: SA11AI.4763 |
| FEC | peper ID number of contributing al political committee. | C | 22701 | Amount of Each Receipt this Period 300.00 |
| Culpe <u>Ctr.</u> | e of Employer eper Health & Rehab. ipt For: Primary General | Occupatio Administ Aggregate | | individual contribution |
| Chad | Other (specify) ▼ Name (Last, First, Middle Initial) Perkey | 0 0 | 300.00 | Date of Receipt |
| ivialiir —— | ng Address 602 Madison Road | | | 05 12 2008 |
| City <u>Culp</u> | nanar | State VA | Zip Code 22701 | Transaction ID: SA11AI.4775 Amount of Each Receipt this Period |
| FEC | ID number of contributing al political committee. | C | 22701 | 50.00 |
| Ctr. | e of Employer eper Health & Rehab. ipt For: | Occupatio Administ | rator | individual contribution |
| | Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 350.00 | |
| SUBTO | PTAL of Receipts This Page (optional) | | | 700.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 23 (check only one) X |
|---|------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERIC | the name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Chad Perkey Mailing Address 602 Madison Road | | | Date of Receipt |
| City Culpeper FEC ID number of contributing | State VA | Zip Code 22701 | Transaction ID: SA11AI.4822 Amount of Each Receipt this Period |
| Name of Employer Culpeper Health & Rehab. Ctr. Receipt For: Primary Other (specify) | Occupatio Administ Aggregate | | individual contribution |
| Full Name (Last, First, Middle Initial) Michael Perry Mailing Address 2917 Penn Forest E | Boulevard State | Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify) | Occupation VP of Op Aggregate | | Amount of Each Receipt this Period 484.62 individual contribution |
| Full Name (Last, First, Middle Initial) Michael Perry Mailing Address 2917 Penn Forest E | Boulevard | | Date of Receipt 0 5 1 2 2 0 0 8 |
| City Roanoke FEC ID number of contributing federal political committee. | State VA | Zip Code 24018 | Transaction ID: SA11AI.4784 Amount of Each Receipt this Period 242.31 |
| Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify) ▼ | Occupation VP of Op Aggregate | | individual contribution |
| SUBTOTAL of Receipts This Page (optiona | l) | _ | 776.93 |

| Ai or | | | for each category of the Detailed Summary Page | (check only one) X 11a |
|----------|--|----------------------------------|---|---|
| _ | ny information copied from such Reports and S for commercial purposes, other than using the | Statements may e name and add | not be sold or used by any persolress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA | INC PAC | | |
| | Full Name (Last, First, Middle Initial) Michael Perry | | | Date of Receipt |
| | Mailing Address 2917 Penn Forest Box | ulevard | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA11AI.4803 |
| | Roanoke | VA | 24018 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 80.77 |
| | Name of Employer Medical Facilities of Ame- rica | Occupation VP of Op | | individual contribution |
| | Receipt For: | - ' | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 807.70 | |
| _ | Full Name (Last, First, Middle Initial) Michael Perry | | | Date of Receipt |
| | Mailing Address 2917 Penn Forest Bou | ulevard | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA11AI.4836 |
| | Roanoke | VA | 24018 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 161.54 |
| | Name of Employer Medical Facilities of Ame- rica | Occupation VP of Op | | individual contribution |
| | Receipt For: | , ' | Year-to-Date ▼ | |
| | Primary ☐ General Other (specify) ▼ | | 969.24 | |
| _ | Full Name (Last, First, Middle Initial) Monique Scholes | | | Date of Receipt |
| • | Mailing Address PO Box 1310 | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA11AI.4838 |
| | Louisa | VA | 23093 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 400.00 |
| | Name of Employer Louisa Healthcare Center | Occupation Adminstra | | individual contribution |
| | Receipt For: | - ' | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 400.00 | |
| Γ. | SUBTOTAL of Receipts This Page (optional) | | | 642.31 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 23 (check only one) X |
|--|--|---|
| NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any per the name and address of any political committee | |
| MEDICAL FACILITIES OF AMERIC | A INC PAC | |
| Full Name (Last, First, Middle Initial) Karen H. Waldron | | Date of Receipt |
| Mailing Address Walnut Grove 290 Boners Run Rd | | 06 09 2008 |
| City <u>Shawsville</u> | State Zip Code VA 24162 | Transaction ID: SA11AI.4809 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 5000.00 |
| Name of Employer Medical Facilities of Ame- rica | Occupation Senior Vice President | individual contribution |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |
| Full Name (Last, First, Middle Initial) Jackie Wood | | Date of Receipt |
| Mailing Address 2917 Penn Forest B | lvd. | 05 21 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11AI.4792 |
| Roanoke | VA 24018 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 individual contribution |
| Name of Employer Medical Facilities of Ame- rica | Occupation VP of Program Development | Individual contribution |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Jackie Wood | 1 | Date of Receipt |
| Mailing Address 2917 Penn Forest B | lvd. | 0 6 1 9 2 0 0 8 |
| City | State Zip Code | Transaction ID: SA11AI.4828 |
| Roanoke FEC ID number of contributing | VA 24018 | Amount of Each Receipt this Period |
| federal political committee. | C | individual contribution |
| Name of Employer Medical Facilities of Ame- rica | Occupation VP of Program Development | Individual contribution |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | _ |
| Other (specify) ▼ | 350.00 | |
| SUBTOTAL of Receipts This Page (optional | | 5150.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 23 (check only one) |
|---|------------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements mage name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA | INC PAC | | |
| Full Name (Last, First, Middle Initial) Todd Yacovone | | | Date of Receipt |
| Mailing Address 5573 Richmond Road | | | M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O |
| City Warsaw | State VA | Zip Code | Transaction ID: SA11AI.4787 |
| FEC ID number of contributing federal political committee. | C | 22572 | Amount of Each Receipt this Period 90.00 |
| Name of Employer Warsaw Healthcare Center | Occupatio Administ | | individual contribution |
| Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 270.00 | |
| Full Name (Last, First, Middle Initial) Todd Yacovone | | | Date of Receipt |
| Mailing Address 5573 Richmond Road | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Warsaw | State VA | Zip Code 22572 | Transaction ID: SA11Al.4806 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 22372 | 30.00 |
| Name of Employer Warsaw Healthcare Center | Occupatio Administ | | individual contribution |
| Receipt For: Primary General Other (specify) | 1 ' | e Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) Todd Yacovone | | | Date of Receipt |
| Mailing Address 5573 Richmond Road | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Warsaw | State VA | Zip Code 22572 | Transaction ID: SA11AI.4846 |
| FEC ID number of contributing federal political committee. | C | 22312 | Amount of Each Receipt this Period 60.00 |
| Name of Employer Warsaw Healthcare Center | Occupatio Administ | | individual contribution |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | | e Year-to-Date ▼ 360.00 | |
| SUBTOTAL of Receipts This Page (optional) . | | \ | 180.00 |
| TOTAL This Period (last page this line number | | • | 18981.48 |

| SCHEDULE B (FEC FOIII 3X) | Use separate schedule | S) (check onl | E NUMBER: PAGE 19 / 23 |
|--|---|-------------------|---|
| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 X 23 24 25 28a 28b 28c 29 |
| Any Information copied from such Reports and State for commercial purposes, other than using the new NAME OF COMMITTEE (In Full) | ame and address of any politic | | |
| / MEDICAL FACILITIES OF AMERICA IN | C PAC | | |
| Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS | | | Transaction ID: SB23.4753 Date of Disbursement M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address P.O. Box A | | | 06 25 2008 |
| City Clarks Summit | State Zip Code PA 18411 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement political contribution | | | 1000.00 |
| Candidate Name CHRISTOPHER CARNEY | | Category/ Type | |
| Senate President | rsement For: 2008 Primary X Genera Other (specify) | ıl | |
| State: PA District: 10 Full Name (Last, First, Middle Initial) | | | Transaction ID: SB23.4724 |
| COLEMAN FOR SENATE 08 | | | Date of Disbursement |
| Mailing Address 7300 HUDSON BLVD | SUITE 270A | | 04 16 7 2008 |
| City ST PAUL | State Zip Code MN 55128 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement political contribution | | | 2500.00 |
| Candidate Name NORM COLEMAN | | Category/ Type | |
| Office Sought: House Disbute | x Primary General Other (specify) | 1 | |
| Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR | | | Transaction ID: SB23.4750 Date of Disbursement |
| Mailing Address PO BOX 1096 | | | 06 7 25 7 2008 |
| City BANGOR | State Zip Code ME 04402 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement political contribution | | | 2000.00 |
| Candidate Name SUSAN M COLLINS | | Category/ Type | |
| | rsement For: 2008 Primary X General Other (specify) | | |
| State: ME District: 00 | | | |
| | | | |

SCHEDIII E B (FEC Form 3Y)

| SCHEDULE B (FEC FOIIII 3X) | Use separate schedule(s) | FOR LINE (check only | |
|---|---|----------------------|--|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 X 23 24 25 26 28a 28b 28c 29 30l |
| Any Information copied from such Reports and State or for commercial purposes, other than using the n | | | |
| NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA IN | IC PAC | | |
| Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID | | | Transaction ID: SB23.4734 Date of Disbursement |
| Mailing Address P.O. BOX 19163 | | | $\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} & \begin{smallmatrix} M \\ D \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} Y \\ D \end{smallmatrix} & \begin{bmatrix} Y$ |
| City LAS VEGAS | State Zip Code NV 89132 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement political contribution | | | 2500.00 |
| Candidate Name HARRY REID | | Category/ Type | |
| X Senate President | rsement For: 2010 X Primary General Other (specify) ▼ | | |
| State: NV District: 00 Full Name (Last, First, Middle Initial) FRIENDS OF JOHN ROEHNER | | | Transaction ID: SB23.4748 |
| | | | Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 7908-I Cincinnati Day | | | |
| City West Chester | State Zip Code OH 45069 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement political contribution | | | 4000.00 |
| Candidate Name JOHN A BOEHNER | | Category/ Type | |
| Office Sought: X House Senate President State: OH District: 08 | rsement For: 2008 Primary X General Other (specify) | | |
| Full Name (Last, First, Middle Initial) FRIENDS OF MARK WARNER | | | Transaction ID: SB23.4737 Date of Disbursement |
| Mailing Address 1029 NORTH ROYAL | STREET 2ND FL | | $\begin{bmatrix}\begin{smallmatrix}\mathbf{M} & 5 & \mathbf{M} \\ 0 & 5 & \mathbf{M} \end{bmatrix} & \begin{bmatrix}\begin{bmatrix}\mathbf{D} & \mathbf{D} & \mathbf{D} \\ 0 & 0 & 9 \end{bmatrix} & \begin{bmatrix}\mathbf{Y} & \mathbf{Y} & \mathbf{Y} & 0 & 0 & 8 \end{bmatrix} & \mathbf{Y} & Y$ |
| City ALEXANDRIA | State Zip Code VA 22314 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement political contribution | | | 1000.00 |
| Candidate Name MARK R WARNER | | Category/ Type | |
| X Senate President | rrsement For: 2008 Primary X General Other (specify) ▼ | | |
| State: VA District: 00 | | | |
| SUBTOTAL of Disbursements This Page (option | al) |) | 7500.00 |
| TOTAL This Period (last page this line number of | nly) | | |

| Transaction ID: SB23.4745 Date of Disbursement The search category of the Detailed Summary Page 21b | SCHEDULE B (FEC Form 3X) | Use separate schedule(s | FOR LINE (check only | |
|---|---|-------------------------|----------------------|--|
| n/Amount of Each Disbursement for: State President President | TEMIZED DISBURSEMENTS | | 21b | 22 X 23 24 25 |
| NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC PAC Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS Mailing Address 21301 POWERLINE ROAD SUITE 204 City State Zip Code BOCA RATON FL 33433 Purpose of Disbursement political contribution Candidate Name RON KLEIN Office Sought: X House President State President State: FL District: 22 Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS Mailing Address 6520 Village Parkway Second Floor Category/ Type Office Sought: X House Senate President State: FL District: 22 Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS Mailing Address 6520 Village Parkway Second Floor Category/ Type Office Sought: X House Senate President State: CA District: 11 Full Name (Last, First, Middle Initial) MONTANAD DEMOCRATIC PARTY Melling Address PO Box 802 City State Zip Code Disbursement Office Sought: X House Senate President State: CA District: 11 Full Name (Last, First, Middle Initial) MONTANAD DEMOCRATIC PARTY Melling Address PO Box 802 City State Zip Code MT 59624 Purpose of Disbursement Office Sought: House President Disbursement For: Category/ Type Office Sought: House President Office Sought: House President Disbursement For: Category/ Type Office Sought: House President Office Sought: House President Disbursement For: Category/ Type Office Sought: House President Office Sought: House President Disbursement For: Category/ Type Office Sought: House President Office So | | | | |
| Mailing Address 21301 POWERLINE ROAD SUITE 204 City State Zip Code BOCA RATON FL 33433 Purpose of Disbursement political contribution Candidate Name President State: FL Disbursement For: 2008 Mailing Address 21301 POWERLINE ROAD SUITE 204 Amount of Each Disbursement this Peric Primary Category' Type Amount of Each Disbursement this Peric Primary Category' Type Transaction ID: SB23.4745 Date of Disbursement this Peric Primary Category' Type Transaction ID: SB23.4745 Date of Disbursement this Peric Primary Category' Type Transaction ID: SB23.4745 Date of Disbursement this Peric Primary Category' Type Transaction ID: SB23.4745 Date of Disbursement this Peric Primary Category' Type Transaction ID: SB23.4745 Date of Disbursement this Peric Primary Category' Type Transaction ID: SB23.4745 Date of Disbursement this Peric Primary Category' Type Transaction ID: SB23.4743 Date of Disbursement this Peric Primary Category' Type Transaction ID: SB23.4743 Date of Disbursement this Peric Primary Category' Type Transaction ID: SB23.4743 Date of Disbursement this Peric Primary Category' Type Transaction ID: SB23.4743 Date of Disbursement this Peric Primary Category' Type Transaction ID: SB23.4743 Date of Disbursement this Peric Primary Category' Type Office Sought: Not Primary Category' Type Office Sought: Not Primary Category' Type Office Sought: | NAME OF COMMITTEE (In Full) | | | |
| City State: FL District: 22 Full Name (Last, First, Middle Initial) MONTANA DEMOCRATIC PARTY Mailing Address President State: CA District: 11 Full Name (Last, First, Middle Initial) MONTANA DEMOCRATIC PARTY Mailing Address PO Box 802 City State Zip Code Primary X General Disbursement this Peric Transaction ID: SB23.4743 Date of Disbursement | | | | |
| BOCA RATON Purpose of Disbursement political contribution Candidate Name RON KLEIN Office Sought: | Mailing Address 21301 POWERLINE RO | DAD SUITE 204 | | $\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} D & 1 & 1 \\ & & 1 & 1 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ & 2 & 0 & 0 & 8 \end{bmatrix}$ |
| Disbursement For: 2008 Primary X General Primary X General Disbursement For: 2008 Primary X General Disbursement Di | | | | Amount of Each Disbursement this Period |
| RON KLEIN Office Sought: | political contribution | | | 1000.00 |
| Senate Priesident State: FL District: 22 Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS Mailing Address 6520 Village Parkway Second Floor City State Zip Code CA 94568 Purpose of Disbursement political contribution Candidate Name Jerical Primary X General Other (specify) ▼ Office Sought: X House Primary X General Other (specify) ▼ Office Sought: State Zip Code Category/ Type Disbursement For: 2008 Primary X General Other (specify) ▼ Transaction ID: SB23.4745 Date of Disbursement this Peric Category/ Type Category/ Type Transaction ID: SB23.4745 Date of Disbursement this Peric Category/ Type Transaction ID: SB23.4743 Date of Disbursement this Peric Category/ Type Transaction ID: SB23.4743 Date of Disbursement ID: S | RON KLEIN | 0000 | , , | |
| Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS Mailing Address 6520 Village Parkway Second Floor City State Zip Code Dublin CA 94568 Purpose of Disbursement District: 11 Full Name (Last, First, Middle Initial) MONTANA DEMOCRATIC PARTY Mailing Address PO Box 802 City State Zip Code Disbursement For: 2008 Senate Primary X General District: 11 Full Name (Last, First, Middle Initial) MONTANA DEMOCRATIC PARTY Mailing Address PO Box 802 City State Zip Code Helena Y 2 0 0 8 Category/ Type Amount of Each Disbursement this Peric Transaction ID: SB23.4743 Date of Disbursement M 5 M / D 2 D / Y 2 0 0 8 Amount of Each Disbursement this Peric Transaction ID: SB23.4743 Date of Disbursement Disbursement Amount of Each Disbursement Transaction ID: SB23.4743 Date of Disbursement Date of Disbursement Category/ Type Category/ Type Office Sought: House Senate Primary General Disbursement this Peric Category/ Type Office Sought: House Senate Primary General Ofther (specify) ▼ Other (specify) ▼ Category/ Type | Senate President | Primary X General | | |
| Second Floor City State Zip Code CA 94568 Purpose of Disbursement political contribution Candidate Name JERRY MCNERNEY Office Sought: X House Senate Primary General Other (specify) Mailing Address PO Box 802 City State Zip Code CA 94568 Transaction ID: SB23.4743 Date of Disbursement this Pericular Disbursement For: 2008 Transaction ID: SB23.4743 Date of Disbursement CA | Full Name (Last, First, Middle Initial) | | | Date of Disbursement |
| Dublin CA 94568 Purpose of Disbursement political contribution Candidate Name JERRY MCNERNEY Office Sought: X House Senate Primary X General Other (specify) ▼ State: CA District: 11 Full Name (Last, First, Middle Initial) MONTANA DEMOCRATIC PARTY Mailing Address PO Box 802 City State Zip Code Helena MT 59624 Purpose of Disbursement political contribution Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Peric Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ | | | | 06 25 7 2008 |
| political contribution Candidate Name JERRY MCNERNEY Office Sought: | | | | Amount of Each Disbursement this Perio |
| JERRY MCNERNEY Office Sought: | • | | | 1000.00 |
| Senate Primary X General Other (specify) ▼ State: CA District: 11 Full Name (Last, First, Middle Initial) MONTANA DEMOCRATIC PARTY Mailing Address PO Box 802 City State Zip Code Helena MT 59624 Purpose of Disbursement political contribution Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ State Zip Code Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ | JERRY MCNERNEY | | | |
| Full Name (Last, First, Middle Initial) MONTANA DEMOCRATIC PARTY Mailing Address PO Box 802 City State Zip Code Helena MT 59624 Purpose of Disbursement political contribution Candidate Name Disbursement For: Senate President Disbursement For: Senate Primary General Other (specify) Other (specify) | Senate President | Primary X General | | |
| City State Zip Code Helena MT 59624 Purpose of Disbursement political contribution Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) President Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Other (specify) Other (specify) | Full Name (Last, First, Middle Initial) | | | Date of Disbursement |
| Helena MT 59624 Purpose of Disbursement political contribution Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ | Mailing Address PO Box 802 | | | $\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & S \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & S \end{bmatrix} $ |
| political contribution Candidate Name Category/ Type Office Sought: Disbursement For: Senate Primary General President Other (specify) ▼ | | | | Amount of Each Disbursement this Perio |
| Office Sought: Disbursement For: Senate Primary Other (specify) | political contribution | | | 2500.00 |
| Senate Primary General President Other (specify) ▼ | | | | |
| | Senate | Primary General | | |
| | State: District: | | | |

| Transaction ID: SB23.4729 Date of Disbursement for: Category' Type Office Sought: Value: Amy Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting centributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAMC PELOSI FOR COMGRESS Mailing Address Mailing Address 235 Montgomery Street Suite 610 City Suite 610 Candidate Name NANCY PELOSI Office Sought: Sanate President State: City Category' NANCY PELOSI Office Sought: Suite Category Suite Category Typo Office Sought: Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE City Category MASHINGTON Disbursement political contribution Candidate Name Office Sought: Full Name (Last, First, Middle Initial) PAT ROBERTS FOR U S SENATE INC Mailing Address Possident State: District: Disbursement For: Senate President State: City Category Typo Transaction ID: SB23.4726 Date of Disbursement Disburseme | | Use separate schedul | e(s) (check on | E NUMBER: PAGE 22 / 23 |
|---|---|----------------------|------------------|---|
| NAME OF COMMITTEE (In Full) NAME (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS Mailing Address 235 Montgomery Street Suite 610 City State Zip Code CA 94104 Purpose of Disbursement political contribution Candidate Name NANCY PELOSI State: CA District: 08 Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE City MSHINGTON DC 20002 Purpose of Disbursement political contribution Candidate Name Condidate Name Primary Condidate Name Primary Condidate Name Condidate Name Primary Condidate Name Condidate N | TEMIZED DISBURSEMENTS | | ge 21b | 22 X 23 24 25 |
| MEDICAL FACILITIES OF AMERICA INC PAC | | | | |
| Mailing Address 235 Montgomery Street Suite 610 City San Francisco CA 94104 Purpose of Disbursement political contribution Candidate Name Mailing Address 235 Montgomery Street Suite 610 City San Francisco CA 94104 Purpose of Disbursement political contribution Candidate Name Disbursement For: 2008 Primary X General Other (specify) ▼ Type Transaction ID: SB23.4726 Date of Disbursement this Peric South 8 Amount of Each Disbursement this Peric South 8 Amount of Each Disbursement this Peric South 9 Amount of Each Disbursement 1 | ` ' | IC PAC | | |
| Suite 610 City State Zip Code San Francisco CA 94104 Purpose of Disbursement political contribution Candidate Name NANCY PELOS! Office Sought: X House Senate Primary X General President State: CA District: 08 Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE Mailing Address 425 SECOND STREET NE City State Zip Code WASHINGTON DC 20002 Purpose of Disbursement political contribution Candidate Name Office Sought: House President Senate Primary General Disbursement this Peric Senate President State: District: Full Name (Last, First, Middle Initial) PAT ROBERTS FOR U S SENATE INC Mailing Address PO BOX 433 City State Zip Code Category/ Type Office Sought: House President Senate President State: District: Full Name (Last, First, Middle Initial) PAT ROBERTS FOR U S SENATE INC Mailing Address PO BOX 433 City State Zip Code KS 67530 Amount of Each Disbursement this Peric Senate Primary Category/ Type Transaction ID: SB23.4721 Date of Disbursement Disbursement Disbursement For: 2008 Amount of Each Disbursement this Peric Senate Primary Category/ Type Transaction ID: SB23.4721 Date of Disbursement Disbursement Disbursement Por: 2008 Amount of Each Disbursement this Peric Senate Primary X General Primary X General Senate President Disbursement this Peric Senate Primary X General Primary X General Senate Primary X General Senate Primary X General Primary X General Senate Primary | , | | | Date of Disbursement |
| San Francisco CA 94104 Purpose of Disbursement political contribution Candidate Name NANCY PELOSI Office Sought: X House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE Mailing Address 425 SECOND STREET NE City State Zip Code WASHINGTON DC 20002 Purpose of Disbursement political contribution Candidate Name Office Sought: House Primary General Other (specify) ▼ Office Sought: Primary General Disbursement this Peric Senate President State: District: Full Name (Last, First, Middle Initial) PAT ROBERTS FOR U S SENATE INC Mailing Address PO BOX 433 City State Zip Code G7530 City State Zip Code G7530 City State Zip Code G7530 City GREAT BEND KS 67530 Purpose of Disbursement political contribution Candidate Name Other (specify) ▼ Transaction ID: SB23.4726 Date of Disbursement this Peric Date of Disbursement this Peric Date of Disbursement this Peric Date of Disbursement Date of Dat | | et | | 04 16 7 2008 |
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| City WASHINGTON DC 20002 Purpose of Disbursement political contribution Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) PAT ROBERTS FOR USSENATE INC Mailing Address PO BOX 433 City State Zip Code KS 67530 City State Zip Code KS 67530 Purpose of Disbursement political contribution Candidate Name PAT ROBERTS Office Sought: House KS 67530 Category/ Type Category/ Type Category/ Type Category/ Type Other (specify) ▼ Amount of Each Disbursement this Peric Category/ Type Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ | Full Name (Last, First, Middle Initial) | L COMMITTEE | | Date of Disbursement |
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| Transaction ID: SB23.4721 Date of Disbursement Mailing Address PO BOX 433 City State Zip Code GREAT BEND KS 67530 Purpose of Disbursement political contribution Candidate Name Primary General Other (specify) ▼ Transaction ID: SB23.4721 Date of Disbursement Mailing Address PO BOX 433 City State Zip Code KS 67530 Purpose of Disbursement political contribution Candidate Name PAT ROBERTS Office Sought: House X Senate Primary X General Other (specify) ▼ Office Sought: House X Senate Primary X General Other (specify) ▼ | | | | Amount of Each Disbursement this Period |
| Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) PAT ROBERTS FOR USSENATE INC Mailing Address PO BOX 433 City GREAT BEND KS 67530 Purpose of Disbursement political contribution Candidate Name PAT ROBERTS Office Sought: House X Senate Primary X General Other (specify) ▼ Other (specify) ▼ Transaction ID: SB23.4721 Date of Disbursement M 4 M / D 1 D / Y 2 0 0 8 Y Amount of Each Disbursement this Period Category/ Type Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ | political contribution | | | 2500.00 |
| Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) PAT ROBERTS FOR U S SENATE INC Mailing Address PO BOX 433 City State Zip Code KS 67530 Purpose of Disbursement political contribution Candidate Name PAT ROBERTS Office Sought: House X Senate Primary X General Primary X General Other (specify) ▼ | | | | |
| Full Name (Last, First, Middle Initial) PAT ROBERTS FOR U S SENATE INC Mailing Address PO BOX 433 City State Zip Code GREAT BEND KS 67530 Purpose of Disbursement political contribution Candidate Name PAT ROBERTS Office Sought: House X Senate Primary X General President Transaction ID: SB23.4721 Date of Disbursement Amount of Each Disbursement this Period Category/ Type Category/ Type Other (specify) Other (specify) | Senate President | Primary Gene | ral | |
| City State Zip Code KS 67530 Purpose of Disbursement political contribution Candidate Name PAT ROBERTS Office Sought: House X Senate Primary X General President Other (specify) T | , | <u> </u> | | Date of Disbursement |
| GREAT BEND Rurpose of Disbursement political contribution Candidate Name PAT ROBERTS Office Sought: House X Senate President President KS 67530 1000.00 1000.00 Category/ Type Category/ Type Other (specify) Other (specify) Total | Mailing Address PO BOX 433 | | | 04 11 2008 |
| political contribution Candidate Name PAT ROBERTS Office Sought: House X Senate President Disbursement For: 2008 Primary X General Other (specify) | | | | |
| PAT ROBERTS Office Sought: Whouse X Senate Primary X General President President Disbursement For: 2008 Primary X General Other (specify) Other (specify) Other (specify) | political contribution | | | 1000.00 |
| X Senate Primary X General President Other (specify) ▼ | PAT ROBERTS | | | |
| State: KS District: 00 | x Senate | Primary X Gene | ral | |
| | | | | |

В.

President

District: 00

| age# 289321610// | | | | |
|---|--|-------------------|-------------------------------------|------------------------|
| SCHEDULE B (FEC Form 3X) | Use separate schedule(s | FOR LINE | : NUMBER: | PAGE 23 / 23 |
| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 X 23 28a 28b | 24 25 26 28c 29 30k |
| Any Information copied from such Reports and State or for commercial purposes, other than using the nar | | | | |
| NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC | PAC | | | |
| Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE Mailing Address PO BOX 4945 | | | Transaction ID: 3 Date of Disbursem | ent |
| City EAST LANSING | State Zip Code MI 48826 | | Amount of Each Di | sbursement this Period |
| Purpose of Disbursement political contribution | | | | 2500.00 |
| Candidate Name DEBBIE STABENOW | | Category/ Type | | |
| | sement For: 2012 K Primary General Other (specify) | | | |
| Full Name (Last, First, Middle Initial) TEAM SUNUNU | | | Transaction ID: | ent |
| Mailing Address PO BOX 500 | | | 05 / 21 | |
| City RYE | State Zip Code NH 03870 | | Amount of Each Di | sbursement this Period |
| Purpose of Disbursement political contribution | | | L | 700.00 |
| Candidate Name JOHN E SUNUNU | | Category/ Type | | |
| Office Sought: House Disburs | sement For: 2008 Primary X General | | | |

| SUBTOTAL of Disbursements This Page (optional) | • | 3200.00 |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | • | 29200.00 |

Other (specify)

State: NH