

**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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		14998.54
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	8233.54									
(c) Total Receipts (from Line 19)	21565.71	26800.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29799.25	41799.25								
7. Total Disbursements (from Line 31)	29200.00	41200.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	599.25	599.25								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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**

Write or Type Committee Name
MEDICAL FACILITIES OF AMERICA INC PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29200.00	41200.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29200.00	41200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29200.00	41200.00

DETAILED SUMMARY PAGE
of Disbursements

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A. Full Name (Last, First, Middle Initial)
Tony Abela

Mailing Address 2400 E. Parham Rd.

City Richmond State VA Zip Code 23228

FEC ID number of contributing federal political committee. **C**

Name of Employer Parham Health and Rehab Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 03 / 2008
Transaction ID: SA11AI.4773
Amount of Each Receipt this Period 300.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Emory Allen

Mailing Address 5527 Medmont Circle

City Roanoke State VA Zip Code 24018

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Facilities of America Occupation VP of Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 09 / 2008
Transaction ID: SA11AI.4810
Amount of Each Receipt this Period 300.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Greg Ashley

Mailing Address 907 East Princess Anne Rd

City Norfolk State VA Zip Code 23504

FEC ID number of contributing federal political committee. **C**

Name of Employer Norfolk Healthcare Center Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 12 / 2008
Transaction ID: SA11AI.4778
Amount of Each Receipt this Period 75.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ▶ 675.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.	Full Name (Last, First, Middle Initial) Greg Ashley		Date of Receipt
	Mailing Address 907 East Princess Anne Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Norfolk	VA	23504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4791
Name of Employer Norfolk Healthcare Center		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
			individual contribution

B.	Full Name (Last, First, Middle Initial) Greg Ashley		Date of Receipt
	Mailing Address 907 East Princess Anne Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Norfolk	VA	23504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4827
Name of Employer Norfolk Healthcare Center		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
			individual contribution

C.	Full Name (Last, First, Middle Initial) Kurt Dullnig		Date of Receipt
	Mailing Address 2917 Penn Forest Boulevard		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Roanoke	VA	24018
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4767
Name of Employer Medical Facilities of America		Occupation VP of Census Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00
			individual contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 675.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

<p>A. Full Name (Last, First, Middle Initial) Kurt Dullnig</p> <p>Mailing Address 2917 Penn Forest Boulevard</p> <p>City State Zip Code Roanoke VA 24018</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Medical Facilities of America Occupation: VP of Census Development</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 900.00</p>	<p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 5 / 1 2 / 2 0 0 8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.4782</p> <p>Amount of Each Receipt this Period 300.00 </p> <p>individual contribution</p>	M M / D D / Y Y Y Y	0 5 / 1 2 / 2 0 0 8
M M / D D / Y Y Y Y			
0 5 / 1 2 / 2 0 0 8			

<p>B. Full Name (Last, First, Middle Initial) Kurt Dullnig</p> <p>Mailing Address 2917 Penn Forest Boulevard</p> <p>City State Zip Code Roanoke VA 24018</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Medical Facilities of America Occupation: VP of Census Development</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 5 / 2 1 / 2 0 0 8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.4801</p> <p>Amount of Each Receipt this Period 100.00 </p> <p>individual contribution</p>	M M / D D / Y Y Y Y	0 5 / 2 1 / 2 0 0 8
M M / D D / Y Y Y Y			
0 5 / 2 1 / 2 0 0 8			

<p>C. Full Name (Last, First, Middle Initial) Kurt Dullnig</p> <p>Mailing Address 2917 Penn Forest Boulevard</p> <p>City State Zip Code Roanoke VA 24018</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Medical Facilities of America Occupation: VP of Census Development</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1200.00</p>	<p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 6 / 1 9 / 2 0 0 8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.4832</p> <p>Amount of Each Receipt this Period 200.00 </p> <p>individual contribution</p>	M M / D D / Y Y Y Y	0 6 / 1 9 / 2 0 0 8
M M / D D / Y Y Y Y			
0 6 / 1 9 / 2 0 0 8			

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A. Full Name (Last, First, Middle Initial)
Danni Gary

Mailing Address 8139 Lee Davis Rd.

City State Zip Code
Mechanicsville VA 23111

FEC ID number of contributing federal political committee. **C**

Name of Employer Hanover Healthcare Center Occupation Administrator

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.4823

Amount of Each Receipt this Period
300.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Keith Helmer

Mailing Address 242 Butler Court

City State Zip Code
Daleville VA 24083

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Facilities of America Occupation COO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.86

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.4766

Amount of Each Receipt this Period
1153.86

individual contribution

C. Full Name (Last, First, Middle Initial)
Keith Helmer

Mailing Address 242 Butler Court

City State Zip Code
Daleville VA 24083

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Facilities of America Occupation COO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.66

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.4781

Amount of Each Receipt this Period
1153.80

individual contribution

SUBTOTAL of Receipts This Page (optional) ► 2607.66

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.

Full Name (Last, First, Middle Initial)
Keith Helmer

Mailing Address 242 Butler Court

City State Zip Code
Daleville VA 24083

FEC ID number of contributing federal political committee. C

Name of Employer: Medical Facilities of America
Occupation: COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 29 / 2008
Transaction ID: SA11AI.4808

Amount of Each Receipt this Period 2692.34
 individual contribution

B.

Full Name (Last, First, Middle Initial)
Patsy Hobson

Mailing Address 131 Lowland Drive

City State Zip Code
Martinsville VA 24112

FEC ID number of contributing federal political committee. C

Name of Employer: Stanleytown Healthcare Center
Occupation: Adminrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2008
Transaction ID: SA11AI.4841

Amount of Each Receipt this Period 250.00
 individual contribution

C.

Full Name (Last, First, Middle Initial)
Cleopatra Kitt

Mailing Address 720 Orchard Ave.

City State Zip Code
Rocky Mount VA 24151

FEC ID number of contributing federal political committee. C

Name of Employer: Franklin Healthcare Center
Occupation: Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 12 / 2008
Transaction ID: SA11AI.4776

Amount of Each Receipt this Period 300.00
 individual contribution

SUBTOTAL of Receipts This Page (optional) 3242.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.	Full Name (Last, First, Middle Initial) Tim Marshall	Date of Receipt MM / DD / YYYY 06 / 19 / 2008
	Mailing Address 2917 Penn Forest Blvd	Transaction ID: SA11AI.4845
	City State Zip Code Roanoke VA 23228	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Medical Facilities of America Occupation: VP of Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Novel Martin	Date of Receipt MM / DD / YYYY 04 / 03 / 2008
	Mailing Address 6129 St. Ives Court	Transaction ID: SA11AI.4770
	City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 692.34
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Medical Facilities of America Occupation: CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 692.34	

C.	Full Name (Last, First, Middle Initial) Novel Martin	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 6129 St. Ives Court	Transaction ID: SA11AI.4785
	City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 346.17
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Medical Facilities of America Occupation: CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1038.51	

SUBTOTAL of Receipts This Page (optional)	1078.51
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.

Full Name (Last, First, Middle Initial) Novel Martin		Date of Receipt MM / DD / YYYY 05 / 21 / 2008
Mailing Address 6129 St. Ives Court		Transaction ID: SA11AI.4804
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.39
Name of Employer Medical Facilities of America	Occupation CFO	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.90	

B.

Full Name (Last, First, Middle Initial) Novel Martin		Date of Receipt MM / DD / YYYY 06 / 19 / 2008
Mailing Address 6129 St. Ives Court		Transaction ID: SA11AI.4840
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.64
Name of Employer Medical Facilities of America	Occupation CFO	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1384.54	

C.

Full Name (Last, First, Middle Initial) Brenda Moore		Date of Receipt MM / DD / YYYY 04 / 03 / 2008
Mailing Address 4241 Kings Court Drive		Transaction ID: SA11AI.4761
City Roanoke	State VA	Zip Code 24014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1153.86
Name of Employer Medical Facilities of America	Occupation EVP of IS	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.86	

SUBTOTAL of Receipts This Page (optional)	▶	1499.89
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A. Full Name (Last, First, Middle Initial)
Brenda Moore

Mailing Address 4241 Kings Court Drive

City State Zip Code
Roanoke VA 24014

FEC ID number of contributing federal political committee. **C**

Name of Employer: Medical Facilities of America
Occupation: EVP of IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.79

Date of Receipt: 05 / 12 / 2008
Transaction ID: SA11AI.4774
 Amount of Each Receipt this Period: 576.93
 individual contribution

B. Full Name (Last, First, Middle Initial)
Brenda Moore

Mailing Address 4241 Kings Court Drive

City State Zip Code
Roanoke VA 24014

FEC ID number of contributing federal political committee. **C**

Name of Employer: Medical Facilities of America
Occupation: EVP of IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.10

Date of Receipt: 05 / 21 / 2008
Transaction ID: SA11AI.4790
 Amount of Each Receipt this Period: 192.31
 individual contribution

C. Full Name (Last, First, Middle Initial)
Brenda Moore

Mailing Address 4241 Kings Court Drive

City State Zip Code
Roanoke VA 24014

FEC ID number of contributing federal political committee. **C**

Name of Employer: Medical Facilities of America
Occupation: EVP of IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.70

Date of Receipt: 06 / 19 / 2008
Transaction ID: SA11AI.4820
 Amount of Each Receipt this Period: 384.60
 individual contribution

SUBTOTAL of Receipts This Page (optional) ► **1153.84**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A. Full Name (Last, First, Middle Initial)
Andrew Munoz

Mailing Address 2917 Penn Forest Blvd.

City State Zip Code
Roanoke VA 24018

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Facilities of America
Occupation VP of Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.4814

Amount of Each Receipt this Period
350.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Chad Perkey

Mailing Address 602 Madison Road

City State Zip Code
Culpeper VA 22701

FEC ID number of contributing federal political committee. **C**

Name of Employer Culpeper Health & Rehab. Ctr.
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.4763

Amount of Each Receipt this Period
300.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Chad Perkey

Mailing Address 602 Madison Road

City State Zip Code
Culpeper VA 22701

FEC ID number of contributing federal political committee. **C**

Name of Employer Culpeper Health & Rehab. Ctr.
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.4775

Amount of Each Receipt this Period
50.00

individual contribution

SUBTOTAL of Receipts This Page (optional) ► **700.00**

TOTAL This Period (last page this line number only) ►

**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)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A. Full Name (Last, First, Middle Initial)
Chad Perkey
 Mailing Address 602 Madison Road
 City State Zip Code
 Culpeper VA 22701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Culpeper Health & Rehab. Administrator
 Ctr.
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 8
Transaction ID: SA11AI.4822
 Amount of Each Receipt this Period
 50.00
 individual contribution

B. Full Name (Last, First, Middle Initial)
Michael Perry
 Mailing Address 2917 Penn Forest Boulevard
 City State Zip Code
 Roanoke VA 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical Facilities of Ame- VP of Operations
 rica
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 484.62
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 8
Transaction ID: SA11AI.4769
 Amount of Each Receipt this Period
 484.62
 individual contribution

C. Full Name (Last, First, Middle Initial)
Michael Perry
 Mailing Address 2917 Penn Forest Boulevard
 City State Zip Code
 Roanoke VA 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical Facilities of Ame- VP of Operations
 rica
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 726.93
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 0 8
Transaction ID: SA11AI.4784
 Amount of Each Receipt this Period
 242.31
 individual contribution

SUBTOTAL of Receipts This Page (optional) ► **776.93**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A. Full Name (Last, First, Middle Initial)
Michael Perry

Mailing Address 2917 Penn Forest Boulevard

City State Zip Code
Roanoke VA 24018

FEC ID number of contributing federal political committee. **C**

Name of Employer: Medical Facilities of America
Occupation: VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
807.70

Date of Receipt: 05 / 21 / 2008
Transaction ID: SA11AI.4803
 Amount of Each Receipt this Period: 80.77
 individual contribution

B. Full Name (Last, First, Middle Initial)
Michael Perry

Mailing Address 2917 Penn Forest Boulevard

City State Zip Code
Roanoke VA 24018

FEC ID number of contributing federal political committee. **C**

Name of Employer: Medical Facilities of America
Occupation: VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
969.24

Date of Receipt: 06 / 19 / 2008
Transaction ID: SA11AI.4836
 Amount of Each Receipt this Period: 161.54
 individual contribution

C. Full Name (Last, First, Middle Initial)
Monique Scholes

Mailing Address PO Box 1310

City State Zip Code
Louisa VA 23093

FEC ID number of contributing federal political committee. **C**

Name of Employer: Louisa Healthcare Center
Occupation: Adminstrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt: 06 / 19 / 2008
Transaction ID: SA11AI.4838
 Amount of Each Receipt this Period: 400.00
 individual contribution

SUBTOTAL of Receipts This Page (optional) ► **642.31**

TOTAL This Period (last page this line number only) ►

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)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.

Full Name (Last, First, Middle Initial)
Karen H. Waldron

Mailing Address Walnut Grove
290 Boners Run Rd.

City State Zip Code
Shawsville VA 24162

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Facilities of America
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2008

Transaction ID: SA11AI.4809

Amount of Each Receipt this Period
5000.00

individual contribution

B.

Full Name (Last, First, Middle Initial)
Jackie Wood

Mailing Address 2917 Penn Forest Blvd.

City State Zip Code
Roanoke VA 24018

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Facilities of America
Occupation VP of Program Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2008

Transaction ID: SA11AI.4792

Amount of Each Receipt this Period
50.00

individual contribution

C.

Full Name (Last, First, Middle Initial)
Jackie Wood

Mailing Address 2917 Penn Forest Blvd.

City State Zip Code
Roanoke VA 24018

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Facilities of America
Occupation VP of Program Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: SA11AI.4828

Amount of Each Receipt this Period
100.00

individual contribution

SUBTOTAL of Receipts This Page (optional) ► **5150.00**

TOTAL This Period (last page this line number only) ►

**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)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A. Full Name (Last, First, Middle Initial)
Todd Yacovone

Mailing Address 5573 Richmond Road

City State Zip Code
Warsaw VA 22572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Warsaw Healthcare Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: SA11AI.4787

Amount of Each Receipt this Period
90.00

individual contribution

B. Full Name (Last, First, Middle Initial)
Todd Yacovone

Mailing Address 5573 Richmond Road

City State Zip Code
Warsaw VA 22572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Warsaw Healthcare Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2008

Transaction ID: SA11AI.4806

Amount of Each Receipt this Period
30.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Todd Yacovone

Mailing Address 5573 Richmond Road

City State Zip Code
Warsaw VA 22572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Warsaw Healthcare Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: SA11AI.4846

Amount of Each Receipt this Period
60.00

individual contribution

SUBTOTAL of Receipts This Page (optional) ► 180.00

TOTAL This Period (last page this line number only) ► 18981.48

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A. Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS <hr/> Mailing Address P.O. Box A <hr/> City Clarks Summit State PA Zip Code 18411 <hr/> Purpose of Disbursement political contribution Candidate Name CHRISTOPHER CARNEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4753 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08 <hr/> Mailing Address 7300 HUDSON BLVD SUITE 270A <hr/> City ST PAUL State MN Zip Code 55128 <hr/> Purpose of Disbursement political contribution Candidate Name NORM COLEMAN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4724 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR <hr/> Mailing Address PO BOX 1096 <hr/> City BANGOR State ME Zip Code 04402 <hr/> Purpose of Disbursement political contribution Candidate Name SUSAN M COLLINS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4750 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.

Full Name (Last, First, Middle Initial)
KLEIN FOR CONGRESS

Transaction ID: SB23.4758
Date of Disbursement

Mailing Address 21301 POWERLINE ROAD SUITE 204

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

City BOCA RATON State FL Zip Code 33433

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
political contribution

Category/ Type

Candidate Name
RON KLEIN

Office Sought: House Senate President
State: FL District: 22
Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
MCNERNEY FOR CONGRESS

Transaction ID: SB23.4745
Date of Disbursement

Mailing Address 6520 Village Parkway
Second Floor

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

City Dublin State CA Zip Code 94568

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
political contribution

Category/ Type

Candidate Name
JERRY MCNERNEY

Office Sought: House Senate President
State: CA District: 11
Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
MONTANA DEMOCRATIC PARTY

Transaction ID: SB23.4743
Date of Disbursement

Mailing Address PO Box 802

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

City Helena State MT Zip Code 59624

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
political contribution

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

TOTAL This Period (last page this line number only) ►

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

<p>A. Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS</p> <p>Mailing Address 235 Montgomery Street Suite 610</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name NANCY PELOSI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4729</p> <p>Date of Disbursement MM / DD / YYYY 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE</p> <p>Mailing Address 425 SECOND STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4726</p> <p>Date of Disbursement MM / DD / YYYY 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) PAT ROBERTS FOR U S SENATE INC</p> <p>Mailing Address PO BOX 433</p> <p>City GREAT BEND State KS Zip Code 67530</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name PAT ROBERTS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4721</p> <p>Date of Disbursement MM / DD / YYYY 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A. Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE <hr/> Mailing Address PO BOX 4945 <hr/> City EAST LANSING State MI Zip Code 48826 <hr/> Purpose of Disbursement political contribution Candidate Name DEBBIE STABENOW <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/>	Transaction ID: SB23.4740 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00	
	Category/Type <hr/>	
B. Full Name (Last, First, Middle Initial) TEAM SUNUNU <hr/> Mailing Address PO BOX 500 <hr/> City RYE State NH Zip Code 03870 <hr/> Purpose of Disbursement political contribution Candidate Name JOHN E SUNUNU <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/>	Transaction ID: SB23.4742 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 700.00	
	Category/Type <hr/>	

SUBTOTAL of Disbursements This Page (optional) ►

3200.00

TOTAL This Period (last page this line number only) ►

29200.00