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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines MEDICAL FACILITIES OF AMERICA INC PAC 2917 PENN FOREST BOULEVARD STE 200 ADDRESS (number and street) PO BOX 29600 Check if different than previously **ROANOKE** ٧A 24018 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00405472 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 12 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. **Novel Martin** Type or Print Name of Treasurer Electronically Filed by Novel Martin 0 1 30 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

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 " D 0.7 12 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 3199.61 Ž007 January 1 (b) Cash on Hand at 2902.97 Begining of Reporting Period 25645.57 48098.93 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 28548.54 51298.54 6(a) and 6(c) for Column B) 13550.00 36300.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 14998.54 14998.54 (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

0 1 3^D1 м м 0 7 м м 1 2 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 42678.18 23000.57 (i) Itemized (use Schedule A) 2645.00 5420.75 (ii) Unitemized (iii) TOTAL (add 25645.57 48098.93 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 25645.57 48098.93 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 25645.57 48098.93 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 25645.57 48098.93

(subtract Line 18(c) from Line 19)

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	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	0.00	0.00
((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))	0.00	0.00
	Transfers to Affiliated/Other Party	0.00	0.00
3. (Committees	0.00	0.00
F	Federal Candidates/Committeesand Other Political Committees	13550.00	36300.00
	Independent Expenditure	0.00	0.00
i. ((use Schedule E)	0.00	
(Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
5. L	Loan Repayments Made	0.00	0.00
		0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
((a) Individuals/Persons Other Than Political Committees	0.00	0.00
((b) Political Party Committees	0.00	0.00
((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
). (Other Disbursements	0.00	0.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,	10550.00	20000 20
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13550.00	36300.00
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	13550.00	36300.00
	from Line 31)	13330.00	30300.00

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)	25645.57	48098.93
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	25645.57	48098.93
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 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	e name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Tony Abela Mailing Address 2400 E. Parham Rd. City Richmond FEC ID number of contributing federal political committee. Name of Employer Parham Health and Rehab Receipt For: Primary General Other (specify)	State Zip Code VA 23228 C Occupation Administrator Aggregate Year-to-Date 620.00	Date of Receipt M M D D 7 2 0 0 7
Full Name (Last, First, Middle Initial) Tony Abela Mailing Address 2400 E. Parham Rd. City Richmond FEC ID number of contributing federal political committee. Name of Employer Parham Health and Rehab Receipt For: Primary General Other (specify)	State Zip Code VA 23228 C Occupation Administrator Aggregate Year-to-Date 770.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tony Abela Mailing Address 2400 E. Parham Rd. City Richmond FEC ID number of contributing federal political committee. Name of Employer Parham Health and Rehab Receipt For: Primary General Other (specify)	State Zip Code VA 23228 C Occupation Administrator Aggregate Year-to-Date 1270.00	Date of Receipt M M D D 2 0 0 7 Transaction ID: SA11AI.4655 Amount of Each Receipt this Period 500.00 PAC contribution 500.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X)

I7	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS any information copied from such Reports and S	fc D	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 7 / 30 (check only one) X
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA I	name and address	of any political committee to	o solicit contributions from such committee.
∠ .	Full Name (Last, First, Middle Initial) Tony Abela Mailing Address 2400 E. Parham Rd. City	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
	Richmond FEC ID number of contributing federal political committee.	VA	23228	Amount of Each Receipt this Period 150.00
	Name of Employer Parham Health and Rehab Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year		PAC contribution
 3.	Full Name (Last, First, Middle Initial) Tony Abela Mailing Address 2400 E. Parham Rd.			Date of Receipt 1 2 2 8 2 0 0 7
	City State Zip Code			Transaction ID: SA11AI.4686
	Richmond FEC ID number of contributing federal political committee.	C	23228	Amount of Each Receipt this Period 200.00
	Name of Employer Parham Health and Rehab Receipt For: Primary General Other (specify)	Occupation Administrator Aggregate Year		PAC contribution
_ :.	Full Name (Last, First, Middle Initial) Greg Ashley Mailing Address 907 East Princess Anne Rd			Date of Receipt
	City	State	Zip Code	1 2 2 8 2 0 0 7 Transaction ID: SA11AI.4683
	Norfolk FEC ID number of contributing federal political committee.	VA	23504	Amount of Each Receipt this Period 100.00
	Name of Employer Norfolk Healthcare Center Administrator			PAC contribution
	Receipt For: Primary General Other (specify)	Aggregate Year		
ſ,	SUBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 30 (check only one) X 11a		
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 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) Cindy Barnette			Date of Receipt		
	Mailing Address 2917 Penn Forest Blvd.				
City Roanoke	State VA	Zip Code 24018	Transaction ID: SA11AI.4590 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		600.00		
Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify) ▼		n sident of Clinical Services • Year-to-Date ▼ 600.00	PAC contribution		
Full Name (Last, First, Middle Initial) Cindy Barnette Mailing Address 2917 Penn Forest Blvd	I.		Date of Receipt 1 0 0 9 7 2 0 0 7		
City	State	Zip Code	Transaction ID: SA11AI.4648		
Roanoke FEC ID number of contributing federal political committee.	C	24018	Amount of Each Receipt this Period 400.00		
Name of Employer Medical Facilities of Ame- rica	Occupation Vice Pres	n sident of Clinical Services	PAC contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Lakesha Davis			Date of Receipt		
Mailing Address P.O. Box 68039			10 26 7 2007		
City Virginia Beach	State VA	Zip Code 23455	Transaction ID: SA11AI.4666 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		75.00		
Name of Employer Bayside Healthcare Center	Occupation Administ		PAC contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00			
SUBTOTAL of Receipts This Page (optional)	I		1075.00		
TOTAL This Period (last page this line number	only)				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 30 (check only one) X
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA II	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
∠ A .	Full Name (Last, First, Middle Initial) Lakesha Davis Mailing Address P.O. Box 68039 City Virginia Beach FEC ID number of contributing	State VA	Zip Code 23455	Date of Receipt 1 2 2 6 2 0 0 7 Transaction ID: SA11AI.4678 Amount of Each Receipt this Period
	federal political committee. Name of Employer Bayside Healthcare Center Receipt For: Primary General Other (specify)	Occupatio Administ Aggregate		PAC contribution
3.	Full Name (Last, First, Middle Initial) Cassandra Dority Mailing Address 5615 Seminole Ave City Lynchburg FEC ID number of contributing federal political committee. Name of Employer Lynchburg Health and Rehab	State VA C		Date of Receipt M
- C.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Kurt Dullnig Mailing Address 2917 Penn Forest Boul		rator • Year-to-Date ▼ 270.00	Date of Receipt 0 8 0 7 2 0 0 7
	City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)		Zip Code 24018 n ensus Development e Year-to-Date 1080.00	Transaction ID: SA11AI.4600 Amount of Each Receipt this Period 300.00 PAC contribution
	SUBTOTAL of Receipts This Page (optional)		>	480.00
	TOTAL This Period (last page this line number of	only))	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (ITEMIZED REC	EIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 30 (check only one) X
or for commercial purpo NAME OF COMMIT	ses, other than using the name and	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First Kurt Dullnig Mailing Address 29	t, Middle Initial) 917 Penn Forest Boulevard		Date of Receipt
City Roanoke	State VA	Zip Code 24018	Transaction ID: SA11AI.4650 Amount of Each Receipt this Period
FEC ID number of confederal political comm	nittee.		500.00 PAC contribution
Name of Employer Medical Facilities of rica Receipt For: Primary Other (specify)	Aggree General	ation Census Development gate Year-to-Date ▼ 1580.00	- PAC CONTIDUTION
Full Name (Last, First Kurt Dullnig Mailing Address 29	t, Middle Initial) 917 Penn Forest Boulevard		Date of Receipt 1 2 3 1 2 0 0 7
City	State	Transaction ID: SA11AI.4692	
Roanoke FEC ID number of confederal political communications		24018	Amount of Each Receipt this Period 600.00
Name of Employer Medical Facilities of rica Receipt For: Primary Other (specify)	Aggree General	ation Census Development gate Year-to-Date ▼ 2180.00	PAC contribution
Full Name (Last, First Kay Leigh Ferguson Mailing Address 8:	t, Middle Initial) 36 Broomley Road		Date of Receipt 1 0 2 6 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.4664
Charlottesville FEC ID number of confederal political communications		22901	Amount of Each Receipt this Period 5000.00
Name of Employer Medical Facilities of rica	Parine	er	PAC contribution
Receipt For: Primary Other (specify)	General	gate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receip	s This Page (optional)		6100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 30 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	Statements may not be sold or used by any personal ename and address of any political committee to INC PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jessica Hefner Mailing Address 200 Hioaks Rd. City Richmond FEC ID number of contributing federal political committee. Name of Employer Beaufont Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code VA 23225 C Occupation Administrator Aggregate Year-to-Date 250.00	Date of Receipt 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) Jessica Hefner Mailing Address 200 Hioaks Rd. City Richmond FEC ID number of contributing federal political committee. Name of Employer Beaufont Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code VA 23225 C Occupation Administrator Aggregate Year-to-Date 400.00	Date of Receipt M M M / 26 / 2007 Transaction ID: SA11AI.4662 Amount of Each Receipt this Period 150.00 PAC contribution
Full Name (Last, First, Middle Initial) Jessica Hefner Mailing Address 200 Hioaks Rd. City Richmond FEC ID number of contributing federal political committee. Name of Employer Beaufont Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code VA 23225 C Occupation Administrator Aggregate Year-to-Date 600.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 30 (check only one) X
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 o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Keith Helmer Mailing Address 242 Butler Court City Daleville 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 24083 C Occupation COO Aggregate Year-to-Date 3076.90	Date of Receipt M M M O 7 2 0 0 7 Transaction ID: SA11AI.4599 Amount of Each Receipt this Period 576.93 PAC contribution
Full Name (Last, First, Middle Initial) Keith Helmer Mailing Address 242 Butler Court City Daleville 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 24083 C Occupation COO Aggregate Year-to-Date 4038.45	Date of Receipt M M M O 9 2007 Transaction ID: SA11AI.4649 Amount of Each Receipt this Period 961.55 PAC contribution
Full Name (Last, First, Middle Initial) Keith Helmer Mailing Address 242 Butler Court City Daleville 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 24083 C Occupation COO Aggregate Year-to-Date ▼	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		2500.03

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 30 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any peen ame and address of any political committee	
NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	INC PAC	
Full Name (Last, First, Middle Initial) Michelle Hinners		Date of Receipt
Mailing Address 1801 Camelot Drive	State 7 in Code	0 8 0 7 2 0 0 7 2 0 0 7
City Virginia Beach	State Zip Code VA 23454	Transaction ID: SA11AI.4606 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer Virginia Beach Health & Rehab	Occupation Administrator	PAC contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Michelle Hinners		Date of Receipt
Mailing Address 1801 Camelot Drive		09 14 2007
City	State Zip Code	Transaction ID: SA11Al.4633
Virginia Beach	VA 23454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	PAC contribution
Name of Employer Virginia Beach Health & Rehab	Occupation Administrator	PAC contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	400.00	
Full Name (Last, First, Middle Initial) Patsy Hobson		Date of Receipt
Mailing Address 131 Lowland Drive		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: SA11Al.4616
Martinsville	VA 24112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	PAC contribution
Name of Employer Stanleytown Healthcare Ce- nter	Occupation Adminstrator	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Galler (opposity) 🔻	0 0 0 0 0 0 0	
CURTOTAL of Descints This Desc (entional)		600.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/30 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	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.
NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	A INC PAC		
Full Name (Last, First, Middle Initial) Loren Kessinger			Date of Receipt
Mailing Address 2344 Riverside Drive	e		0 9 1 4 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.4631
Danville FEC ID number of contributing federal political committee.	C	24540	Amount of Each Receipt this Period 150.00
Name of Employer Riverside Healthcare Cent-	Occupation Administ		PAC contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Loren Kessinger			Date of Receipt
Mailing Address 2344 Riverside Drive			10 26 2007
City Danville	State VA	Zip Code 24540	Transaction ID: SA11AI.4669 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2.1010	150.00
Name of Employer Riverside Healthcare Cent-	Occupation Administ		PAC contribution
er Receipt For: Primary General Other (specify) ▼	-, '	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Loren Kessinger			Date of Receipt
Mailing Address 2344 Riverside Drive	e		1 2 2 6 2 0 0 7
City Danville	State VA	Zip Code 24540	Transaction ID: SA11AI.4680
FEC ID number of contributing federal political committee.	C	24340	Amount of Each Receipt this Period 100.00
Name of Employer Riverside Healthcare Cent- er	Occupation Administ		PAC contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	_	400.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/30 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may	not be sold or used by any persoress 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 AMER		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Carol Kroboth			Date of Receipt
Mailing Address 2917 Penn Forest	1 2 3 1 2 0 0 7		
City	State	Zip Code	Transaction ID: SA11AI.4688
Roanoke FEC ID number of contributing federal political committee.	C	24018	Amount of Each Receipt this Period 150.00
Name of Employer Medical Facilities of Ame- rica	Occupation VP of Rei	mbursement	PAC contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Tim Marshall			Date of Receipt
Mailing Address 2917 Penn Forest Blvd			1 2 3 1 2 0 0 7
City Roanoke	State VA	Zip Code 23228	Transaction ID: SA11AI.4696
FEC ID number of contributing federal political committee.	C	23220	Amount of Each Receipt this Period 120.00
Name of Employer Medical Facilities of Ame-			PAC contribution
rica Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Novel Martin			Date of Receipt
Mailing Address 6129 St. Ives Cou	rt		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.4608
Roanoke FEC ID number of contributing federal political committee.	C	24018	Amount of Each Receipt this Period 346.17
Name of Employer Medical Facilities of Ame- rica	Occupation CFO		PAC contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 866.17	
SUBTOTAL of Receipts This Page (option			616.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 30 (check only one) X 11a
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	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
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 1443.12	Date of Receipt M M M O 9 1 0 9 2 0 0 7 Transaction ID: SA11AI.4652 Amount of Each Receipt this Period 576.95 PAC 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 2135.46	Date of Receipt M M 2 0 0 7
Full Name (Last, First, Middle Initial) Brenda Moore Mailing Address 4241 Kings Court Driv City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	e State Zip Code VA 24014 C Occupation EVP of IS Aggregate Year-to-Date ▼ 1076.91	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		1846.22

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 30 (check only one) X 11a
or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address 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 AMERIC	A INC PAC	
Full Name (Last, First, Middle Initial) Brenda Moore Mailing Address 4241 Kings Court Di	rive	Date of Receipt
City	State Zip Code	1 0 0 9 2 0 0 7 Transaction ID: SA11AI.4646
Roanoke	VA 24014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	961.55
Name of Employer Medical Facilities of Ame- rica	Occupation EVP of IS	PAC contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2038.46	
Full Name (Last, First, Middle Initial) Brenda Moore		Date of Receipt
Mailing Address 4241 Kings Court Di	rive	12 31 2007
City	State Zip Code	Transaction ID: SA11AI.4687
Roanoke	VA 24014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1153.86 PAC contribution
Name of Employer Medical Facilities of Ame- rica	Occupation EVP of IS	PAC contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3192.32	
Full Name (Last, First, Middle Initial) Chad Perkey		Date of Receipt
Mailing Address 602 Madison Road		09 / 14 / 2007
City	State Zip Code	Transaction ID: SA11AI.4619
Culpeper	VA 22701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	PAC contribution
Name of Employer Culpeper Health & Rehab. Ctr.	Occupation Administrator	1 7.0 CONTINUITOR
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
SUBTOTAL of Receipts This Page (optional)	2265.41
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/30 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERI	<u> </u>	· · ·	
Full Name (Last, First, Middle Initial) Chad Perkey			Date of Receipt
Mailing Address 602 Madison Road	İ		M M / D D / Y Y Y Y Y Y 1 1 0 2 6 2 0 0 7
City	State VA	Zip Code	Transaction ID: SA11AI.4658
Culpeper FEC ID number of contributing federal political committee.	C	22701	Amount of Each Receipt this Period 150.00
Name of Employer Culpeper Health & Rehab. Ctr.	Occupation Administ		PAC contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Chad Perkey	I		Date of Receipt
Mailing Address 602 Madison Road	I		12 26 2007
City Culpeper	State VA	Zip Code 22701	Transaction ID: SA11AI.4676
FEC ID number of contributing federal political committee.	C	22701	Amount of Each Receipt this Period 200.00
Name of Employer Culpeper Health & Rehab.	Occupation Administ		PAC contribution
Ctr. Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Michael Perry			Date of Receipt
Mailing Address 2917 Penn Forest	Boulevard		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.4605
Roanoke FEC ID number of contributing federal political committee.	C	24018	Amount of Each Receipt this Period 242.31
Name of Employer Medical Facilities of Ame- rica	Occupation VP of Op	erations	PAC contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1242.27	
SUBTOTAL of Receipts This Page (option	al)		592.31

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 30 (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 address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Perry Mailing Address 2917 Penn Forest B City 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 Operations Aggregate Year-to-Date 1646.12	Date of Receipt M M O D D C 2007 Transaction ID: SA11AI.4651 Amount of Each Receipt this Period 403.85 PAC contribution
Full Name (Last, First, Middle Initial) Michael Perry Mailing Address 2917 Penn Forest B City 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 Operations Aggregate Year-to-Date 2130.74	Date of Receipt M M
Full Name (Last, First, Middle Initial) Jennifer Pressman Mailing Address 2401 Lee Highway City Pulaski FEC ID number of contributing federal political committee. Name of Employer Pulaski Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code VA 24301 C Occupation Administrator Aggregate Year-to-Date 326.91	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	946.16

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	rm 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 30 (check only one) X
	eports and Statements may not be sold or used by any pe an using the name and address of any political committe	
NAME OF COMMITTEE (In Full MEDICAL FACILITIES OF A		
Full Name (Last, First, Middle Init Jennifer Pressman	·	Date of Receipt
Mailing Address 2401 Lee Hi		09 14 2007
City Pulaski	State Zip Code VA 24301	Transaction ID: SA11AI.4625 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.25
Name of Employer Pulaski Healthcare Center	Occupation Administrator	PAC contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 346.16	
Full Name (Last, First, Middle Init Sean Pressman	ial)	Date of Receipt
Mailing Address 1945 Roand	ke Blvd	09 06 7 2007
City	State Zip Code	Transaction ID: SA11AI.4617
<u>Salem</u>	VA 24153	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Salem Health and Rehab	Occupation Administrator	PAC contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Init Sean Pressman	ial)	Date of Receipt
Mailing Address 1945 Roand	ke Blvd	09 / 14 / 2007
City	State Zip Code	Transaction ID: SA11AI.4635
Salem	VA 24153	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Salem Health and Rehab	Occupation Administrator	PAC contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
CUPTOTAL of Descipts This Desc	· (optional)	394.25

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 30 (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 o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sean Pressman Mailing Address 1945 Roanoke Blvd			Date of Receipt
City Salem FEC ID number of contributing	State VA	Zip Code 24153	Transaction ID: SA11AI.4673 Amount of Each Receipt this Period
Name of Employer Salem Health and Rehab	Occupation Administ	rator	PAC contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Monique Scholes Mailing Address PO Box 1310			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4607
Louisa FEC ID number of contributing federal political committee.	C	23093	Amount of Each Receipt this Period 300.00
Name of Employer Louisa Healthcare Center	Occupation Adminstr		PAC contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Cynthia Smith			Date of Receipt
Mailing Address 3560 Old Evergreer	n Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Appomattox	State VA	Zip Code 24522	Transaction ID: SA11AI.4640
FEC ID number of contributing federal political committee.	C	24322	Amount of Each Receipt this Period 300.00
Name of Employer Appomattox Healthcare Cen- ter Receipt For:	Occupation Administ Aggregates		PAC contribution
Primary General Other (specify) ▼	- igg. gate	300.00]
SUBTOTAL of Receipts This Page (optional	· I)		825.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 30 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICAN AND AMERICAN AN	and Statements may not be sold or used by any pers ng the name and address of any political committee to ICA INC PAC	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kristina Sprague Mailing Address 3433 Springtree E City Roanoke FEC ID number of contributing federal political committee. Name of Employer Springtree Health & Rehab Ctr. Receipt For: Primary General	Orive State Zip Code VA 24012 C Occupation Administrator Aggregate Year-to-Date ▼	Date of Receipt 0 9 1 4 2 0 0 7 Transaction ID: SA11AI.4628 Amount of Each Receipt this Period 225.00 PAC contribution
Full Name (Last, First, Middle Initial) Kristina Sprague Mailing Address 3433 Springtree E City Roanoke FEC ID number of contributing federal political committee. Name of Employer Springtree Health & Rehab Ctr. Receipt For: Primary General Other (specify)		Date of Receipt M M M
Full Name (Last, First, Middle Initial) Scoot Stovall Mailing Address 2917 Penn Forest 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 VP of Operations Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D 7 2007 Transaction ID: SA11AI.4610 Amount of Each Receipt this Period 150.00 PAC contribution
SUBTOTAL of Receipts This Page (option	nal)	450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per- ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	A INC PAC	
Full Name (Last, First, Middle Initial) Scoot Stovall		Date of Receipt
Mailing Address 2917 Penn Forest Bl	vd.	10 09 2007
City	State Zip Code	Transaction ID: SA11AI.4653
Roanoke	VA 24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Medical Facilities of Ame-	Occupation VP of Operations	PAC contribution
<u>rica</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) Scoot Stovall		Date of Receipt
Mailing Address 2917 Penn Forest Bl	vd.	12 31 2007
City	State Zip Code	Transaction ID: SA11AI.4695
Roanoke	VA 24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Medical Facilities of Ame- rica	Occupation VP of Operations	PAC contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Sabrina Vaughn		Date of Receipt
Mailing Address PO Box 577		09 14 2007
City	State Zip Code	Transaction ID: SA11AI.4634
Gretna	VA 24557	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Gretna Healthcare Center	Occupation Administrator	PAC contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
CURTOTAL of Persists This Pers (see 1)		600.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		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 24 / 30 (check only one) X
_	y information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	
\rangle	NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	A INC PAC		
·	Full Name (Last, First, Middle Initial) Sabrina Vaughn			Date of Receipt
	Mailing Address PO Box 577		7:0	10 16 2007
	City Gretna	State VA	Zip Code 24557	Transaction ID: SA11AI.4657 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2.00	200.00
	Name of Employer Gretna Healthcare Center	Occupation Administ		PAC contribution
	Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Alan Vierling			Date of Receipt
	Mailing Address 2917 Penn Forest Blv	vd		12 / 31 / 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.4697
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00 PAC contribution
	Name of Employer Medical Facilities of Ame- rica	Occupation VP of Re	n habilitation	— PAC CONTIDUCTION
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Jackie Wood			Date of Receipt
	Mailing Address 2917 Penn Forest Blv	vd.		1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4689
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.02
	Name of Employer Medical Facilities of Ame- rica		ogram Development	PAC contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.01]
	UBTOTAL of Receipts This Page (optional)	1		950.02

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 30 (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	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Todd Yacovone			Date of Receipt
Mailing Address 5573 Richmond Ro		7:s Oada	08 07 2007
City <u>Warsaw</u>	State VA	Zip Code 22572	Transaction ID: SA11AI.4612 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer Warsaw Healthcare Center	Occupation Administr		PAC contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) Todd Yacovone	 		Date of Receipt
Mailing Address 5573 Richmond Ro	ad		09 14 2007
City	State	Zip Code	Transaction ID: SA11AI.4636
Warsaw	VA	22572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer Warsaw Healthcare Center	Occupation Administr		PAC contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 430.00	
Full Name (Last, First, Middle Initial) Todd Yacovone			Date of Receipt
Mailing Address 5573 Richmond Ro	ad		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.4674
Warsaw	VA	22572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	c		90.00 PAC contribution
Name of Employer Warsaw Healthcare Center	Occupation Administr	ator	PAC CONTIDUCTOR
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	
SUBTOTAL of Receipts This Page (optiona			240.00

A.

PAGE 26/30 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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 Full Name (Last, First, Middle Initial) Date of Receipt Todd Yacovone Mailing Address 5573 Richmond Road 26 12 2007 City State Zip Code Transaction ID: SA11AI.4681 Warsaw VA 22572 Amount of Each Receipt this Period FEC ID number of contributing 120.00 C federal political committee. PAC contribution Name of Employer Warsaw Healthcare Center Occupation Administrator Receipt For: Aggregate Year-to-Date General Primary 640.00 Other (specify) Full Name (Last, First, Middle Initial) В. Greg Yanta Date of Receipt Mailing Address 688 Kingsborough Square 26 2007 City State Zip Code Transaction ID: SA11AI.4660 Chesapeake V٨ 23320 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. PAC contribution Name of Employer Chesapeake Healthcare Cen-Occupation Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General

SUBTOTAL of Receipts This Page (optional)	•	420.00
TOTAL This Period (last page this line number only)	•	23000.57

300.00

Other (specify)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 27/30	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30	
Any Information copied from such Reports and Staten					
or for commercial purposes, other than using the name	e and address of any political cor	mmittee to so	icit contributions fro	om such committee	
NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC	PAC				
Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS			Transaction ID: Date of Disburse	ement	
Mailing Address P.O. Box 261060			12 D	3 7 2007	
City Los Angeles	State Zip Code CA 90026		Amount of Each	Disbursement this Period	
Purpose of Disbursement	00020			1500.00	
political contribution Candidate Name					
XAVIER BECERRA		Category/ Type			
	ement For: 2008 Primary General Other (specify)				
Full Name (Last, First, Middle Initial) DASKAS FOR CONGRESS			Transaction ID:		
Mailing Address PO BOX 91528				3 2007	
	State Zip Code		Amount of Each	Disbursement this Period	
HENDERSON	NV 89009			1000.00	
Purpose of Disbursement political contribution				1000.00	
Candidate Name ROBERT JAMES DASKAS	C	Category/ Type			
X X	ement For: 2008 Primary General Other (specify)				
Full Name (Last, First, Middle Initial) FRIENDS OF JAY ROCKEFELLER			Transaction ID:		
Mailing Address PO BOX 1909			08 1	6 Y 2007Y	
City CHARLESTON	State Zip Code WV 25327		Amount of Each	Disbursement this Period	
Purpose of Disbursement political contribution	1002			1000.00	
Candidate Name JOHN DAVISON IV ROCKEFELLER	C	Category/ Type			
	ement For: 2008 Primary General Other (specify)				
SUBTOTAL of Disbursements This Page (optional)		▶		3500.00	
TOTAL This Period (last page this line number only)					
E6AN026		····· •	FEC Schedul	le B (Form 3X) (Revised 02	

SCHEDULE B (FEC Form 3X)

		Use separate schedule(s)		R LINE I		• • •				<u> </u>	28 / 3	
IT 	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	$\boldsymbol{\sqcup}$	24 28c	\vdash	25 29	20
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC	e and address of any politica											
	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 7905 MALCOLM ROAD	PUITE 100				Trans Date of		sburs	emen	-		0 ŏ 7	Y
		State Zip Code				Amou	nt of	Fach		urser			
	CLINTON	MD 20735				Amou	TIL OI	Laci	DISD	uisci	-		-
	Purpose of Disbursement political contribution Candidate Name		Ca	itego	ory/						ð	00.00)
	X	ment For: 2008 Primary General Other (specify)	-	Гуре	9								
	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS					Trans Date of		sburs				0 ŏ 7	Y
	Mailing Address 303 Peachtree Street NE Suite 5300					1 2			, 3			0 0 7	
	Atlanta	State Zip Code GA 30308				Amou	nt of	Each	Disb	urser		this P	
	Purpose of Disbursement political contribution Candidate Name JOHN MR. LEWIS				ory/		•				,13	00.00	,
		ment For: 2008 Primary General Other (specify)	!	Туре									
	Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE					Trans Date	of Di	sburs	emen				
	Mailing Address 205 South 5th Ave Suite 428					0 ^M 7	M		23	/ L	Ž (0 ŏ 7	Y
	City La Crosse	State Zip Code WI 54601				Amou	nt of	Each	Disb	urser	nent	this P	eriod
	Purpose of Disbursement political contribution					<u>L.</u>	-				10	00.00)
	Candidate Name RON KIND				ory/								
		ment For: 2008 Primary General Other (specify)	•										
	1							-				00.00	

SCHEDULE B (FEC Form 3X)

	Use separate schedule(s)	(check	NE NUMBE only one)				/ 30
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	<u> </u>	X 23 28b	24 28c	25 29	26
Any Information copied from such Reports and State or for commercial purposes, other than using the notation NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA IN	ame and address of any political c						
Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS Mailing Address 29 RUFF CIRCLE				action ID: of Disburso		1573 ° 200	7 Y
City GLASTONBURY	Amou	Amount of Each Disbursement this Period					
Purpose of Disbursement political contribution Candidate Name		Category/				1000.	00
JOHN B LARSON Office Sought: X House Senate President State: CT District: 01	rsement For: 2008 X Primary General Other (specify)	Type					
Full Name (Last, First, Middle Initial) ORRINPAC Mailing Address 175 S. WEST TEMPL	Date	action ID: of Disburse	ement	1554 ° 200	7 Y		
City SALT LAKE CITY Purpose of Disbursement political contribution Candidate Name	State Zip Code UT 84101	Catagory	Amou	nt of Each	Disburse	ement this	
ORRIN G HATCH	rsement For: 2012 X Primary General Other (specify)	Category/ Type					
Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Date of	action ID: of Disburse	ement				
Mailing Address PO BOX 3176			0 7	M / D C	6 /	žoŏ	7
City LONG BRANCH	State Zip Code NJ 07740		Amou	nt of Each	Disburse		
Purpose of Disbursement political contribution Candidate Name FRANK JR. PALLONE		Category/ Type]			750.	00
	rsement For: 2008 X Primary General Other (specify)	. , , , ,					
5.6							00

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check onl	NUMBER: PAGE 30/30	
ITEMIZED 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 or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.4560	
SALAZAR FOR SENATE		Date of Disbursement		
Mailing Address PO BOX 600			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City DENVER	State Zip Code CO 80201		Amount of Each Disbursement this Perio	
Purpose of Disbursement political contribution			3000.00	
Candidate Name KEN SALAZAR		Category/ Type		
X Senate President	ement For: 2010 Primary General Other (specify)			
State: CO District: 00 Full Name (Last, First, Middle Initial)				
STEPHANIE TUBBS JONES FOR US CO		Transaction ID: SB23.4566 Date of Disbursement		
Mailing Address 3729 SILSBY RD		12 03 7 2007		
City UNIVERSITY HEIGHTS	State Zip Code OH 44118		Amount of Each Disbursement this Perio	
Purpose of Disbursement political contribution			500.00	
Candidate Name STEPHANIE TUBBS JONES		Category/ Type		
	ement For: 2008 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) TEAM SUNUNU	Transaction ID: SB23.4543 Date of Disbursement			
Mailing Address PO BOX 500	$ \begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 3 \\ 0 & 1 & 3 \end{bmatrix} / \begin{bmatrix} 0 & 2 & 0 & 0 & 7 \\ 0 & 2 & 0 & 0 & 7 \end{bmatrix} $			
City RYE	State Zip Code NH 03870		Amount of Each Disbursement this Perio	
Purpose of Disbursement political contribution			500.00	
Candidate Name JOHN E SUNUNU				
X Senate >	ement For: 2008 Primary General Other (specify)	Туре		
State: NH District: 00				
SUBTOTAL of Disbursements This Page (optional)		>	4000.00	
)		13550.00	