

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MEDICAL FACILITIES OF AMERICA INC PAC

ADDRESS (number and street) 2917 PENN FOREST BOULEVARD STE 200
PO BOX 29600
 Check if different than previously reported. (ACC)
ROANOKE VA 24018

2. **FEC IDENTIFICATION NUMBER** C00405472
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Novel Martin

Signature of Treasurer Electronically Filed by Novel Martin Date 01 30 2008

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 Use Only								
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FEC FORM 3X
(Rev. 12/2004)

**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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		3199.61
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	2902.97									
(c) Total Receipts (from Line 19)	25645.57	48098.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28548.54	51298.54								
7. Total Disbursements (from Line 31)	13550.00	36300.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14998.54	14998.54								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	23000.57	42678.18
(i) Itemized (use Schedule A)	2645.00	5420.75
(ii) Unitemized	25645.57	48098.93
(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)	25645.57	48098.93
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))	25645.57	48098.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25645.57	48098.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	13550.00	36300.00
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))..	13550.00	36300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13550.00	36300.00

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)	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

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

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

FOR LINE NUMBER: PAGE 6 / 30
(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 ▼ 620.00

Date of Receipt 08 / 07 / 2007

Transaction ID: SA11AI.4613

Amount of Each Receipt this Period 100.00

PAC contribution

B. 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 ▼ 770.00

Date of Receipt 09 / 14 / 2007

Transaction ID: SA11AI.4637

Amount of Each Receipt this Period 150.00

PAC contribution

C. 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 ▼ 1270.00

Date of Receipt 10 / 09 / 2007

Transaction ID: SA11AI.4655

Amount of Each Receipt this Period 500.00

PAC contribution

SUBTOTAL of Receipts This Page (optional) 750.00

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 / 30
	<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) Tony Abela		Date of Receipt
	Mailing Address 2400 E. Parham Rd.		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Richmond	VA	23228
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4670
Name of Employer Parham Health and Rehab		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" value="150.00"/>
		<input type="text" value="1420.00"/>	PAC contribution

B.	Full Name (Last, First, Middle Initial) Tony Abela		Date of Receipt
	Mailing Address 2400 E. Parham Rd.		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Richmond	VA	23228
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4686
Name of Employer Parham Health and Rehab		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" value="200.00"/>
		<input type="text" value="1620.00"/>	PAC contribution

C.	Full Name (Last, First, Middle Initial) Greg Ashley		Date of Receipt
	Mailing Address 907 East Princess Anne Rd		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Norfolk	VA	23504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4683
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" value="100.00"/>
		<input type="text" value="300.00"/>	PAC contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="450.00"/>
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 / 30

(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) Cindy Barnette		Date of Receipt MM / DD / YYYY 08 / 07 / 2007		
	Mailing Address 2917 Penn Forest Blvd.		Transaction ID: SA11AI.4590		
	City Roanoke	State VA	Zip Code 24018	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C		PAC contribution		
	Name of Employer Medical Facilities of America	Occupation Vice President of Clinical Services	Aggregate Year-to-Date 600.00		

B.	Full Name (Last, First, Middle Initial) Cindy Barnette		Date of Receipt MM / DD / YYYY 10 / 09 / 2007		
	Mailing Address 2917 Penn Forest Blvd.		Transaction ID: SA11AI.4648		
	City Roanoke	State VA	Zip Code 24018	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C		PAC contribution		
	Name of Employer Medical Facilities of America	Occupation Vice President of Clinical Services	Aggregate Year-to-Date 1000.00		

C.	Full Name (Last, First, Middle Initial) Lakesha Davis		Date of Receipt MM / DD / YYYY 10 / 26 / 2007		
	Mailing Address P.O. Box 68039		Transaction ID: SA11AI.4666		
	City Virginia Beach	State VA	Zip Code 23455	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		PAC contribution		
	Name of Employer Bayside Healthcare Center	Occupation Administrator	Aggregate Year-to-Date 275.00		

SUBTOTAL of Receipts This Page (optional)	1075.00
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 9 / 30
(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)
Lakesha Davis

Mailing Address P.O. Box 68039

City State Zip Code
Virginia Beach VA 23455

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bayside Healthcare Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt MM / DD / YYYY
12 / 26 / 2007

Transaction ID: SA11AI.4678

Amount of Each Receipt this Period 100.00

PAC contribution

B.

Full Name (Last, First, Middle Initial)
Cassandra Dority

Mailing Address 5615 Seminole Ave

City State Zip Code
Lynchburg VA 24502

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Lynchburg Health and Rehab Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt MM / DD / YYYY
12 / 26 / 2007

Transaction ID: SA11AI.4675

Amount of Each Receipt this Period 80.00

PAC contribution

C.

Full Name (Last, First, Middle Initial)
Kurt Dullnig

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 America VP of Census Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt MM / DD / YYYY
08 / 07 / 2007

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 only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 30
(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)
Kurt Dullnig
 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 Census Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1580.00
 Date of Receipt 10 / 09 / 2007
Transaction ID: SA11AI.4650
 Amount of Each Receipt this Period 500.00
 PAC contribution

B. Full Name (Last, First, Middle Initial)
Kurt Dullnig
 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 Census Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2180.00
 Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.4692
 Amount of Each Receipt this Period 600.00
 PAC contribution

C. Full Name (Last, First, Middle Initial)
Kay Leigh Ferguson
 Mailing Address 836 Broomley Road
 City State Zip Code
 Charlottesville VA 22901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Facilities of America
 Occupation Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00
 Date of Receipt 10 / 26 / 2007
Transaction ID: SA11AI.4664
 Amount of Each Receipt this Period 5000.00
 PAC contribution

SUBTOTAL of Receipts This Page (optional) ▶ 6100.00
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 11 / 30

(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)
Jessica Hefner

Mailing Address 200 Hioaks Rd.

City Richmond State VA Zip Code 23225

FEC ID number of contributing federal political committee. C

Name of Employer Beaufont Healthcare Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2007

Transaction ID: SA11AI.4626

Amount of Each Receipt this Period 150.00

PAC contribution

B.

Full Name (Last, First, Middle Initial)
Jessica Hefner

Mailing Address 200 Hioaks Rd.

City Richmond State VA Zip Code 23225

FEC ID number of contributing federal political committee. C

Name of Employer Beaufont Healthcare Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 26 / 2007

Transaction ID: SA11AI.4662

Amount of Each Receipt this Period 150.00

PAC contribution

C.

Full Name (Last, First, Middle Initial)
Jessica Hefner

Mailing Address 200 Hioaks Rd.

City Richmond State VA Zip Code 23225

FEC ID number of contributing federal political committee. C

Name of Employer Beaufont Healthcare Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 28 / 2007

Transaction ID: SA11AI.4685

Amount of Each Receipt this Period 200.00

PAC contribution

SUBTOTAL of Receipts This Page (optional) 500.00

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 12 / 30
	<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	Date of Receipt MM / DD / YYYY 08 / 07 / 2007
	Mailing Address 242 Butler Court	Transaction ID: SA11AI.4599
	City State Zip Code Daleville VA 24083	Amount of Each Receipt this Period 576.93
	FEC ID number of contributing federal political committee. C	PAC contribution
	Name of Employer: Medical Facilities of America Occupation: COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3076.90	

B.	Full Name (Last, First, Middle Initial) Keith Helmer	Date of Receipt MM / DD / YYYY 10 / 09 / 2007
	Mailing Address 242 Butler Court	Transaction ID: SA11AI.4649
	City State Zip Code Daleville VA 24083	Amount of Each Receipt this Period 961.55
	FEC ID number of contributing federal political committee. C	PAC contribution
	Name of Employer: Medical Facilities of America Occupation: COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4038.45	

C.	Full Name (Last, First, Middle Initial) Keith Helmer	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 242 Butler Court	Transaction ID: SA11AI.4690
	City State Zip Code Daleville VA 24083	Amount of Each Receipt this Period 961.55
	FEC ID number of contributing federal political committee. C	PAC contribution
	Name of Employer: Medical Facilities of America Occupation: COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	2500.03
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 13 / 30
	<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) Michelle Hinners	Date of Receipt MM / DD / YYYY 08 / 07 / 2007
	Mailing Address 1801 Camelot Drive	Transaction ID: SA11AI.4606
	City State Zip Code Virginia Beach VA 23454	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	PAC contribution
Name of Employer Virginia Beach Health & Rehab	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Michelle Hinners	Date of Receipt MM / DD / YYYY 09 / 14 / 2007
	Mailing Address 1801 Camelot Drive	Transaction ID: SA11AI.4633
	City State Zip Code Virginia Beach VA 23454	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAC contribution
Name of Employer Virginia Beach Health & Rehab	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Patsy Hobson	Date of Receipt MM / DD / YYYY 09 / 06 / 2007
	Mailing Address 131 Lowland Drive	Transaction ID: SA11AI.4616
	City State Zip Code Martinsville VA 24112	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	PAC contribution
Name of Employer Stanleytown Healthcare Center	Occupation Adminstrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 30
	<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) Loren Kessinger	Date of Receipt MM / DD / YYYY 09 / 14 / 2007
	Mailing Address 2344 Riverside Drive	Transaction ID: SA11AI.4631
	City State Zip Code Danville VA 24540	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	PAC contribution
	Name of Employer Occupation Riverside Healthcare Center Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Loren Kessinger	Date of Receipt MM / DD / YYYY 10 / 26 / 2007
	Mailing Address 2344 Riverside Drive	Transaction ID: SA11AI.4669
	City State Zip Code Danville VA 24540	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	PAC contribution
	Name of Employer Occupation Riverside Healthcare Center Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Loren Kessinger	Date of Receipt MM / DD / YYYY 12 / 26 / 2007
	Mailing Address 2344 Riverside Drive	Transaction ID: SA11AI.4680
	City State Zip Code Danville VA 24540	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAC contribution
	Name of Employer Occupation Riverside Healthcare Center Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	400.00
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 / 30
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
Carol Kroboth

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 Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: SA11AI.4688
 Amount of Each Receipt this Period: 150.00
 PAC contribution

B.

Full Name (Last, First, Middle Initial)
Tim Marshall

Mailing Address 2917 Penn Forest Blvd

City State Zip Code
Roanoke VA 23228

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: SA11AI.4696
 Amount of Each Receipt this Period: 120.00
 PAC contribution

C.

Full Name (Last, First, Middle Initial)
Novel Martin

Mailing Address 6129 St. Ives Court

City State Zip Code
Roanoke VA 24018

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

Name of Employer: Medical Facilities of America
Occupation: CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 866.17

Date of Receipt: 08 / 07 / 2007
Transaction ID: SA11AI.4608
 Amount of Each Receipt this Period: 346.17
 PAC contribution

SUBTOTAL of Receipts This Page (optional) ▶ **616.17**

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 / 30
(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)
Novel Martin
Mailing Address 6129 St. Ives Court
City Roanoke State VA Zip Code 24018
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Facilities of America Occupation CFO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1443.12
Date of Receipt 10 / 09 / 2007
Transaction ID: SA11AI.4652
Amount of Each Receipt this Period 576.95
PAC contribution

B. Full Name (Last, First, Middle Initial)
Novel Martin
Mailing Address 6129 St. Ives Court
City Roanoke State VA Zip Code 24018
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Facilities of America Occupation CFO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2135.46
Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.4694
Amount of Each Receipt this Period 692.34
PAC contribution

C. Full Name (Last, First, Middle Initial)
Brenda Moore
Mailing Address 4241 Kings Court Drive
City Roanoke State VA Zip Code 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 ▼ 1076.91
Date of Receipt 08 / 07 / 2007
Transaction ID: SA11AI.4585
Amount of Each Receipt this Period 576.93
PAC contribution

SUBTOTAL of Receipts This Page (optional) ► 1846.22
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 17 / 30
	<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	

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) Brenda Moore		Date of Receipt
	Mailing Address 4241 Kings Court Drive		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Roanoke	VA	24014
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4646
Name of Employer Medical Facilities of America		Occupation EVP of IS	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" value="961.55"/>
		<input type="text" value="2038.46"/>	PAC contribution

B.	Full Name (Last, First, Middle Initial) Brenda Moore		Date of Receipt
	Mailing Address 4241 Kings Court Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Roanoke	VA	24014
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4687
Name of Employer Medical Facilities of America		Occupation EVP of IS	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" value="1153.86"/>
		<input type="text" value="3192.32"/>	PAC contribution

C.	Full Name (Last, First, Middle Initial) Chad Perkey		Date of Receipt
	Mailing Address 602 Madison Road		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Culpeper	VA	22701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4619
Name of Employer Culpeper Health & Rehab. Ctr.		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" value="150.00"/>
		<input type="text" value="250.00"/>	PAC contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2265.41"/>
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: (check only one)	PAGE 18 / 30
	<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) Chad Perkey	Date of Receipt MM / DD / YYYY 10 / 26 / 2007
	Mailing Address 602 Madison Road	Transaction ID: SA11AI.4658
	City State Zip Code Culpeper VA 22701	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	PAC contribution
	Name of Employer Occupation Culpeper Health & Rehab. Administrator Ctr.	Aggregate Year-to-Date 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Chad Perkey	Date of Receipt MM / DD / YYYY 12 / 26 / 2007
	Mailing Address 602 Madison Road	Transaction ID: SA11AI.4676
	City State Zip Code Culpeper VA 22701	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	PAC contribution
	Name of Employer Occupation Culpeper Health & Rehab. Administrator Ctr.	Aggregate Year-to-Date 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Michael Perry	Date of Receipt MM / DD / YYYY 08 / 07 / 2007
	Mailing Address 2917 Penn Forest Boulevard	Transaction ID: SA11AI.4605
	City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 242.31
	FEC ID number of contributing federal political committee. C	PAC contribution
	Name of Employer Occupation Medical Facilities of America VP of Operations	Aggregate Year-to-Date 1242.27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	592.31
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 19 / 30
(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)
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 ▼ 1646.12

Date of Receipt: 10 / 09 / 2007
Transaction ID: SA11AI.4651
Amount of Each Receipt this Period: 403.85
PAC 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 ▼ 2130.74

Date of Receipt: 12 / 31 / 2007
Transaction ID: SA11AI.4693
Amount of Each Receipt this Period: 484.62
PAC contribution

C.

Full Name (Last, First, Middle Initial)
Jennifer Pressman

Mailing Address 2401 Lee Highway

City State Zip Code
Pulaski VA 24301

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

Name of Employer: Pulaski Healthcare Center
Occupation: Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt: 08 / 07 / 2007
Transaction ID: SA11AI.4594
Amount of Each Receipt this Period: 57.69
PAC contribution

SUBTOTAL of Receipts This Page (optional) ► **946.16**

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 20 / 30
	<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) Jennifer Pressman		Date of Receipt
	Mailing Address 2401 Lee Highway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 14 / 2007
	City	State	Zip Code
	Pulaski	VA	24301
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4625
Name of Employer Pulaski 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 ▼ 346.16	<input type="text"/> 19.25
			PAC contribution

B.	Full Name (Last, First, Middle Initial) Sean Pressman		Date of Receipt
	Mailing Address 1945 Roanoke Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 06 / 2007
	City	State	Zip Code
	Salem	VA	24153
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4617
Name of Employer Salem Health and Rehab		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 ▼ 450.00	<input type="text"/> 300.00
			PAC contribution

C.	Full Name (Last, First, Middle Initial) Sean Pressman		Date of Receipt
	Mailing Address 1945 Roanoke Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 14 / 2007
	City	State	Zip Code
	Salem	VA	24153
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4635
Name of Employer Salem Health and Rehab		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 ▼ 525.00	<input type="text"/> 75.00
			PAC contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 394.25
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 21 / 30
(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)
Sean Pressman
 Mailing Address 1945 Roanoke Blvd
 City Salem State VA Zip Code 24153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salem Health and Rehab Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00
 Date of Receipt 11 / 09 / 2007
Transaction ID: SA11AI.4673
 Amount of Each Receipt this Period 225.00
 PAC contribution

B. Full Name (Last, First, Middle Initial)
Monique Scholes
 Mailing Address PO Box 1310
 City Louisa State VA Zip Code 23093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Louisa Healthcare Center Occupation Adminrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00
 Date of Receipt 08 / 07 / 2007
Transaction ID: SA11AI.4607
 Amount of Each Receipt this Period 300.00
 PAC contribution

C. Full Name (Last, First, Middle Initial)
Cynthia Smith
 Mailing Address 3560 Old Evergreen Road
 City Appomattox State VA Zip Code 24522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Appomattox Healthcare Cen-ter Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt 10 / 02 / 2007
Transaction ID: SA11AI.4640
 Amount of Each Receipt this Period 300.00
 PAC contribution

SUBTOTAL of Receipts This Page (optional) ► 825.00
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 22 / 30
(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)
Kristina Sprague

Mailing Address 3433 Springtree Drive

City State Zip Code
Roanoke VA 24012

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

Name of Employer Springtree Health & Rehab Ctr. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: SA11AI.4628

Amount of Each Receipt this Period
225.00

PAC contribution

B.

Full Name (Last, First, Middle Initial)
Kristina Sprague

Mailing Address 3433 Springtree Drive

City State Zip Code
Roanoke VA 24012

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

Name of Employer Springtree 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 Y
10 / 16 / 2007

Transaction ID: SA11AI.4656

Amount of Each Receipt this Period
75.00

PAC contribution

C.

Full Name (Last, First, Middle Initial)
Scoot Stovall

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 Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2007

Transaction ID: SA11AI.4610

Amount of Each Receipt this Period
150.00

PAC contribution

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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 23 / 30
(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)
Scoot Stovall

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 Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt: 10 / 09 / 2007
Transaction ID: SA11AI.4653
 Amount of Each Receipt this Period: 250.00
 PAC contribution

B. Full Name (Last, First, Middle Initial)
Scoot Stovall

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 Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: SA11AI.4695
 Amount of Each Receipt this Period: 50.00
 PAC contribution

C. Full Name (Last, First, Middle Initial)
Sabrina Vaughn

Mailing Address PO Box 577

City State Zip Code
Gretna VA 24557

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

Name of Employer: Gretna Healthcare Center
Occupation: Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt: 09 / 14 / 2007
Transaction ID: SA11AI.4634
 Amount of Each Receipt this Period: 300.00
 PAC contribution

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 30
(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)
Sabrina Vaughn
Mailing Address PO Box 577
City Gretna State VA Zip Code 24557
FEC ID number of contributing federal political committee. **C**
Name of Employer Gretna Healthcare Center Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 16 / 2007
Transaction ID: SA11AI.4657
Amount of Each Receipt this Period 200.00
PAC contribution

B. Full Name (Last, First, Middle Initial)
Alan Vierling
Mailing Address 2917 Penn Forest Blvd
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 Rehabilitation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.4697
Amount of Each Receipt this Period 400.00
PAC contribution

C. Full Name (Last, First, Middle Initial)
Jackie Wood
Mailing Address 2917 Penn Forest Blvd.
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 Program Development
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.01
Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.4689
Amount of Each Receipt this Period 350.02
PAC contribution

SUBTOTAL of Receipts This Page (optional) ► 950.02
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 25 / 30

(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)
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 ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2007

Transaction ID: SA11AI.4612

Amount of Each Receipt this Period

60.00

PAC 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 ▼ 430.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: SA11AI.4636

Amount of Each Receipt this Period

90.00

PAC 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 ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 09 / 2007

Transaction ID: SA11AI.4674

Amount of Each Receipt this Period

90.00

PAC contribution

SUBTOTAL of Receipts This Page (optional) ▶

240.00

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 26 / 30

(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)
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 ▼ 640.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4681

Amount of Each Receipt this Period

120.00

PAC contribution

B.

Full Name (Last, First, Middle Initial)
Greg Yanta

Mailing Address 688 Kingsborough Square

City State Zip Code
Chesapeake VA 23320

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

Name of Employer Occupation
Chesapeake Healthcare Center Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.4660

Amount of Each Receipt this Period

300.00

PAC contribution

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

23000.57

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) BECERRA FOR CONGRESS <hr/> Mailing Address P.O. Box 261060 <hr/> City Los Angeles State CA Zip Code 90026 <hr/> Purpose of Disbursement political contribution Candidate Name XAVIER BECERRA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4578 Date of Disbursement 12 / 03 / 2007 <hr/> Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) DASKAS FOR CONGRESS <hr/> Mailing Address PO BOX 91528 <hr/> City HENDERSON State NV Zip Code 89009 <hr/> Purpose of Disbursement political contribution Candidate Name ROBERT JAMES DASKAS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4570 Date of Disbursement 12 / 03 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JAY ROCKEFELLER <hr/> Mailing Address PO BOX 1909 <hr/> City CHARLESTON State WV Zip Code 25327 <hr/> Purpose of Disbursement political contribution Candidate Name JOHN DAVISON IV ROCKEFELLER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4552 Date of Disbursement 08 / 16 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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) HOYER FOR CONGRESS	Transaction ID: SB23.4557 Date of Disbursement
	Mailing Address 7905 MALCOLM ROAD SUITE 102	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City CLINTON State MD Zip Code 20735	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="800.00"/>
	Candidate Name STENY HAMILTON HOYER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MD District: 05	

B.	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS	Transaction ID: SB23.4576 Date of Disbursement
	Mailing Address 303 Peachtree Street NE Suite 5300	<input type="text" value="12"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Atlanta State GA Zip Code 30308	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="1500.00"/>
	Candidate Name JOHN MR. LEWIS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: GA District: 05	

C.	Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE	Transaction ID: SB23.4549 Date of Disbursement
	Mailing Address 205 South 5th Ave Suite 428	<input type="text" value="07"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City La Crosse State WI Zip Code 54601	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="1000.00"/>
	Candidate Name RON KIND	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: WI District: 03	

SUBTOTAL of Disbursements This Page (optional) ▶

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) LARSON FOR CONGRESS	Transaction ID: SB23.4573 Date of Disbursement 12 / 03 / 2007
	Mailing Address 29 RUFF CIRCLE	Amount of Each Disbursement this Period 1000.00
	City GLASTONBURY State CT Zip Code 06033	
	Purpose of Disbursement political contribution	
	Candidate Name JOHN B LARSON	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CT District: 01	

B.	Full Name (Last, First, Middle Initial) ORRINPAC	Transaction ID: SB23.4554 Date of Disbursement 09 / 13 / 2007
	Mailing Address 175 S. WEST TEMPLE SUITE 650	Amount of Each Disbursement this Period 1000.00
	City SALT LAKE CITY State UT Zip Code 84101	
	Purpose of Disbursement political contribution	
	Candidate Name ORRIN G HATCH	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: UT District: 00	

C.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: SB23.4541 Date of Disbursement 07 / 06 / 2007
	Mailing Address PO BOX 3176	Amount of Each Disbursement this Period 750.00
	City LONG BRANCH State NJ Zip Code 07740	
	Purpose of Disbursement political contribution	
	Candidate Name FRANK JR. PALLONE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 06	

SUBTOTAL of Disbursements This Page (optional)	▶	2750.00
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

<p>A. Full Name (Last, First, Middle Initial) SALAZAR FOR SENATE</p> <p>Mailing Address PO BOX 600</p> <p>City DENVER State CO Zip Code 80201</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name KEN SALAZAR</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4560</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) STEPHANIE TUBBS JONES FOR US CONGRESS</p> <p>Mailing Address 3729 SILSBY RD</p> <p>City UNIVERSITY HEIGHTS State OH Zip Code 44118</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name STEPHANIE TUBBS JONES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4566</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) TEAM SUNUNU</p> <p>Mailing Address PO BOX 500</p> <p>City RYE State NH Zip Code 03870</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name JOHN E SUNUNU</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NH District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4543</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="13550.00"/>