

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 ROANOKE VA 24018 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 01 01 2009 through 06 30 2009

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 07 29 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 10 columns and 1 row, labeled 'Office Use Only' in the first column.

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MEDICAL FACILITIES OF AMERICA INC PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		240.24
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	240.24									
(c) Total Receipts (from Line 19) .....	29755.76	29755.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29996.00	29996.00								
7. Total Disbursements (from Line 31) .....	23000.00	23000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6996.00	6996.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
MEDICAL FACILITIES OF AMERICA INC PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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		
(i) Itemized (use Schedule A) .....	26033.84	26033.84
(ii) Unitemized .....	3221.92	3221.92
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	29255.76	29255.76
(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) .....	29255.76	29255.76
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 .....	500.00	500.00
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)) .....	29755.76	29755.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29755.76	29755.76

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	23000.00	23000.00
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))..	23000.00	23000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23000.00	23000.00

**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) .....	29255.76	29255.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29255.76	29255.76
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 / 19  
(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			

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) Emory Allen		Date of Receipt MM / DD / YYYY 06 / 17 / 2009
Mailing Address 5527 Medmont Circle		<b>Transaction ID:</b> SA11AI.5105
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Medical Facilities of America	Occupation VP of Human Resources	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Cindy Barnette		Date of Receipt MM / DD / YYYY 04 / 22 / 2009
Mailing Address 2917 Penn Forest Blvd.		<b>Transaction ID:</b> SA11AI.5096
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Medical Facilities of America	Occupation Vice President of Clinical Services	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) Steve Copeland		Date of Receipt MM / DD / YYYY 06 / 19 / 2009
Mailing Address 200 Hioaks Road		<b>Transaction ID:</b> SA11AI.5135
City Richmond	State VA	Zip Code 23225
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Beaufort Healthcare Center	Occupation Administrator	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2800.00</b>
<b>TOTAL</b> 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 7 / 19  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kristin Dehr</p> <p>Mailing Address 2917 Penn Forest Blvd.</p> <p>City State Zip Code Roanoke VA 24018</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Medical Facilities of America Occupation: Director of Dietary Services</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 22 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.5110</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>individual contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Kurt Dullnig</p> <p>Mailing Address 2917 Penn Forest Boulevard</p> <p>City State Zip Code Roanoke VA 24018</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Medical Facilities of America Occupation: VP of Census Development</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">375.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 22 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.5112</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>individual contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) W. Heywood Fralin</p> <p>Mailing Address P.O. Box 20069</p> <p>City State Zip Code Roanoke VA 24018</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Medical Facilities of America Occupation: CEO/President</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 19 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.5106</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p> <p>individual contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">6250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 8 / 19
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William Fralin, Jr.	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address P.O. Box 20487	<b>Transaction ID:</b> SA11AI.5150
	City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Medical Facilities of America Occupation: EVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Danni Gary	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address 8139 Lee Davis Rd.	<b>Transaction ID:</b> SA11AI.5100
	City State Zip Code Mechanicsville VA 23111	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Hanover Healthcare Center Occupation: Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Keith Helmer	Date of Receipt MM / DD / YYYY 05 / 19 / 2009
	Mailing Address 242 Butler Court	<b>Transaction ID:</b> SA11AI.5109
	City State Zip Code Daleville VA 24083	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	individual 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10150.00
<b>TOTAL</b> 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 / 19  
(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)  
Andrea Holmes

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 & Rehabilitation Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 22 / 2009

Transaction ID: SA11AI.5087

Amount of Each Receipt this Period 30.00

individual contribution

**B.**

Full Name (Last, First, Middle Initial)  
Michael Jones

Mailing Address 5573 Richmond Road

City Warsaw State VA Zip Code 22572

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

Name of Employer Warsaw Healthcare Ctr. Occupation Assistant Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 22 / 2009

Transaction ID: SA11AI.5120

Amount of Each Receipt this Period 400.00

individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
Carol Kroboth

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 Reimbursement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 19 / 2009

Transaction ID: SA11AI.5090

Amount of Each Receipt this Period 80.00

individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **510.00**

**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 10 / 19  
(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)  
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 ▼ 300.00  
Date of Receipt 06 / 22 / 2009  
Transaction ID: SA11AI.5091  
Amount of Each Receipt this Period 40.00  
individual 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 05 / 19 / 2009  
Transaction ID: SA11AI.5139  
Amount of Each Receipt this Period 80.00  
individual contribution

**C.** 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 ▼ 300.00  
Date of Receipt 06 / 22 / 2009  
Transaction ID: SA11AI.5140  
Amount of Each Receipt this Period 40.00  
individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00  
**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 / 19  
(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)  
Robert McAndrews

Mailing Address 688 Kingsborough Square

City State Zip Code  
Chesapeake VA 23320

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

Name of Employer Chesapeake Healthcare Center  
Occupation Asst. Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2009

**Transaction ID:** SA11AI.5132

Amount of Each Receipt this Period  
200.00

individual contribution

**B.**

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

Mailing Address 2917 Penn Forest Boulevard

City State Zip Code  
Roanoke VA 24018

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

Name of Employer Medical Facilities of America  
Occupation VP of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.76

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2009

**Transaction ID:** SA11AI.5122

Amount of Each Receipt this Period  
153.84

individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
Richard Roark

Mailing Address 456 East Main Street

City State Zip Code  
Waverly VA 23890

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

Name of Employer Waverly Healthcare Center  
Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2009

**Transaction ID:** SA11AI.5130

Amount of Each Receipt this Period  
100.00

individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **453.84**

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

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

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

FOR LINE NUMBER: PAGE 12 / 19  
(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)  
Monique Scholes

Mailing Address PO Box 1310

City State Zip Code  
Louisa VA 23093

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

Name of Employer Occupation  
Louisa Healthcare Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2009

**Transaction ID:** SA11AI.5128

Amount of Each Receipt this Period  
200.00

individual contribution

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

Mailing Address Walnut Grove  
290 Boners Run Rd.

City State Zip Code  
Shawsville VA 24162

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

Name of Employer Occupation  
Medical Facilities of America Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** SA11AI.5107

Amount of Each Receipt this Period  
5000.00

individual contribution

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

Mailing Address 5573 Richmond Road

City State Zip Code  
Warsaw VA 22572

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

Name of Employer Occupation  
Warsaw Healthcare Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** SA11AI.5143

Amount of Each Receipt this Period  
200.00

individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5400.00

**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 13 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.**

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

Mailing Address 5573 Richmond Road

City State Zip Code  
Warsaw VA 22572

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

Name of Employer Occupation  
Warsaw Healthcare Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

**Transaction ID:** SA11AI.5144

Amount of Each Receipt this Period  
210.00

individual contribution

**B.**

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

Mailing Address 5573 Richmond Road

City State Zip Code  
Warsaw VA 22572

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

Name of Employer Occupation  
Warsaw Healthcare Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2009

**Transaction ID:** SA11AI.5145

Amount of Each Receipt this Period  
100.00

individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **310.00**

**TOTAL** This Period (last page this line number only) ..... ► **26033.84**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 19	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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) SALAZAR FOR SENATE		Date of Receipt
Mailing Address PO BOX 600		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
City	State	Zip Code
DENVER	CO	80201
FEC ID number of contributing federal political committee.	<input type="text" value="C00397679"/>	Transaction ID: SA16.5152
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2010	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
<input checked="" type="checkbox"/> Primary		refund of contribution made
<input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only) .....	<input type="text" value="500.00"/>

**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) BENNET FOR COLORADO	Transaction ID: SB23.5044 Date of Disbursement
	Mailing Address 1900 GRANT STREET SUITE 1170	<input type="text" value="05"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City DENVER State CO Zip Code 80203	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="1000.00"/>
	Candidate Name MICHAEL F BENNET	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District: 00	

B.	Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE	Transaction ID: SB23.5048 Date of Disbursement
	Mailing Address 6380 Wilshire Blvd. #1612	<input type="text" value="06"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="1000.00"/>
	Candidate Name HENRY A. WAXMAN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 30	

C.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.5051 Date of Disbursement
	Mailing Address 430 South Capitol Street, SE 2nd Floor	<input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement  
political contribution

Candidate Name  
BLANCHE LAMBERT LINCOLN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AR District: 00

Transaction ID: SB23.5052

Date of Disbursement

05 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF GLENN NYE

Mailing Address PO Box 68444

City Virginia Beach State VA Zip Code 23471

Purpose of Disbursement  
political contribution

Candidate Name  
GLENN CARLYLE III NYE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: VA District: 02

Transaction ID: SB23.5055

Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
political contribution

Candidate Name  
ORRIN G HATCH

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District: 00

Transaction ID: SB23.5058

Date of Disbursement

03 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3000.00

**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

Mailing Address 7905 MALCOLM ROAD SUITE 102

City CLINTON State MD Zip Code 20735

Purpose of Disbursement  
political contribution

Candidate Name  
STENY HAMILTON HOYER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Transaction ID: SB23.5061  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)  
KENDRICK MEEK FOR FLORIDA

Mailing Address 111 NW 183RD STREET SUITE 325

City MIAMI State FL Zip Code 33169

Purpose of Disbursement  
political contribution

Candidate Name  
KENDRICK B MEEK

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 00

Transaction ID: SB23.5062  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)  
KIRKPATRICK FOR ARIZONA

Mailing Address PO Box 993

City Prescott State AZ Zip Code 86302

Purpose of Disbursement  
political contribution

Candidate Name  
ANN KIRKPATRICK

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB23.5079  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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) KISSELL FOR CONGRESS	Transaction ID: SB23.5065 Date of Disbursement
	Mailing Address P.O. Box 1530	<input type="text" value="05"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Biscoe State NC Zip Code 27209	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="1000.00"/>
	Candidate Name LARRY KISSELL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: SB23.5068 Date of Disbursement
	Mailing Address 320 FIRST STREET	<input type="text" value="05"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	Transaction ID: SB23.5069 Date of Disbursement
	Mailing Address 425 SECOND STREET NE	<input type="text" value="05"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 19

<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><b>A.</b> Full Name (Last, First, Middle Initial) EARL R. POMEROY</p> <p>Mailing Address Post Office Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name EARL R. POMEROY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5080</p> <p>Date of Disbursement 06 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE</p> <p>Mailing Address PO BOX 4945</p> <p>City EAST LANSING State MI Zip Code 48826</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name DEBBIE STABENOW</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5070</p> <p>Date of Disbursement 05 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WYDEN FOR SENATE</p> <p>Mailing Address 232 NE 9TH AVENUE</p> <p>City PORTLAND State OR Zip Code 97232</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name RONALD LEE WYDEN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5072</p> <p>Date of Disbursement 04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	23000.00