07/29/2009 10:11

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines MEDICAL FACILITIES OF AMERICA INC PAC 2917 PENN FOREST BOULEVARD STE 200 ADDRESS (number and street) PO BOX 29600 Check if different than previously **ROANOKE** ٧A 24018 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00405472 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 06 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. **Novel Martin** Type or Print Name of Treasurer Electronically Filed by Novel Martin 07 29 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name MEDICAL FACILITIES OF AMERICA INC PAC

D [®]D 0 1 0 1 2009 0.6 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 240.24 January 1 (b) Cash on Hand at 240.24 Begining of Reporting Period 29755.76 29755.76 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 29996.00 29996.00 6(a) and 6(c) for Column B) 23000.00 23000.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 6996.00 6996.00 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X 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

FE6AN026

2/19

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 19

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA INC PAC

Report Covering the Period:

From:

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^Y 2009

та.

м м 0 6 ^D 3 0

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	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
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	29255.76	29255.76
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	500.00	500.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers 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
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	29755.76	29755.76
	otal Federal Receipts subtract Line 18(c) from Line 19)	29755.76	29755.76

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 19

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Op (a)	erating Expenditures: ————————————————————————————————————		
(a)	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Expenditures	0.00	0.00
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	ansfers to Affiliated/Other Party	0.00	0.00
3. Co	mmittees ntributions to deral Candidates/Committees	0.00	0.00
	deral Candidates/Committeesd Other Political Committees	23000.00	23000.00
(us	lependent Expenditure se Schedule E) ordinated Expenditures Made by Party	0.00	0.00
	mmittees (2 U.S.C. 441a(d))	0.00	0.00
S. Loa	an Repayments Made	0.00	0.00
	ans Madefunds of Contributions To:	0.00	0.00
a)		0.00	0.00
(b)	1	0.00	0.00
(c)	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
). Oth	ner Disbursements	0.00	0.00
	deral Election Activity (2 U.S.C 431(20))) 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
(0	c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. To	otal Disbursements (add Lines 21(c), 22,		
23	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	23000.00	23000.00
	otal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)	23000.00	23000.00
110	UIII LIIIE 31)	23000.00	25000.00

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

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Check only one)	
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMER	ng the name and address of any political commit	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Emory Allen Mailing Address 5527 Medmont Ci	rcle	Date of Receipt	
City Roanoke	State Zip Code VA 24018	Transaction ID: SA11AI.5105 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. Name of Employer	Occupation	300.00 individual contribution	
Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify) ▼	VP of Human Resources Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) Cindy Barnette Mailing Address 2917 Penn Forest			
City Roanoke	State Zip Code VA 24018	Transaction ID: SA11AI.5096 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	2000.00	
Name of Employer Medical Facilities of America Receipt For: Primary General	Occupation Vice President of Clinical Service Aggregate Year-to-Date ▼		
Other (specify) ▼ Full Name (Last, First, Middle Initial) Steve Copeland		Date of Receipt	
Mailing Address 200 Hioaks Road		0 6 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Richmond	State Zip Code VA 23225	Transaction ID: SA11AI.5135 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C 23225	500.00	
Name of Employer Beaufont Healthcare Center	Occupation Administrator	individual contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	0 *	
SUBTOTAL of Receipts This Page (option	nal)	2800.00	
TOTAL This Period (last page this line nu	mber only)		

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 19 (check only one) X 11a 11b 11c 12 13 14 15 16
0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Kristin Dehr Mailing Address 2917 Penn Forest Blv			Date of Receipt
	City Roanoke	State VA	Zip Code 24018	Transaction ID: SA11AI.5110 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Medical Facilities of America Receipt For: Primary Other (specify) ▼		n of Dietary Services e Year-to-Date ▼ 1000.00	individual contribution
	Full Name (Last, First, Middle Initial) Kurt Dullnig Mailing Address 2917 Penn Forest Box	ulevard		Date of Receipt M
	City	State	Zip Code	Transaction ID: SA11AI.5112
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00 individual contribution
	Name of Employer Medical Facilities of Ame- rica		ensus Development	mulvidual contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 375.00	
_	Full Name (Last, First, Middle Initial) W. Heywood Fralin			Date of Receipt
	Mailing Address P.O. Box 20069			03 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5106
	Roanoke FEC ID number of contributing federal political committee.	C	24018	Amount of Each Receipt this Period 5000.00
	Name of Employer Medical Facilities of America	Occupation CEO/Pre	esident	individual contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
	SUBTOTAL of Receipts This Page (optional) .	1		6250.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 19 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA		
Full Name (Last, First, Middle Initial) William Fralin, Jr. Mailing Address P.O. Box 20487 City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24018 C Occupation EVP Aggregate Year-to-Date 5000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Danni Gary Mailing Address 8139 Lee Davis Rd. City Mechanicsville FEC ID number of contributing federal political committee. Name of Employer Hanover Healthcare Center Receipt For: Primary General Other (specify) ▼	State Zip Code VA 23111 C Occupation Administrator Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Keith Helmer Mailing Address 242 Butler Court City Daleville FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24083 C Occupation COO Aggregate Year-to-Date 5000.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	·······	10150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 19 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA I	NC PAC		
. ∠ \.	Full Name (Last, First, Middle Initial) Andrea Holmes			Date of Receipt
	Mailing Address 2400 E. Parham Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Richmond	State VA	Zip Code 23228	Transaction ID: SA11AI.5087
	FEC ID number of contributing federal political committee.	C	23220	Amount of Each Receipt this Period 30.00
	Name of Employer Parham Health & Rehabilit- ation	Occupation Administ		individual contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 225.00	
- 3.	Full Name (Last, First, Middle Initial) Michael Jones			Date of Receipt
	Mailing Address 5573 Richmond Road			06 22 YYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.5120
	Warsaw	VA	22572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00 individual contribution
	Name of Employer Warsaw Healthcare Ctr.	Occupation Assistant	n t Administrator	Individual contribution
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		600.00	
_	Full Name (Last, First, Middle Initial) Carol Kroboth			Date of Receipt
	Mailing Address 2917 Penn Forest Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5090
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Medical Facilities of Ame- rica	Occupation VP of Re	n imbursement	individual contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	
Γ				510.00
-	SUBTOTAL of Receipts This Page (optional))	310.00
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 19 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA I	NC PAC		
∠ 4.	Full Name (Last, First, Middle Initial) Carol Kroboth			Date of Receipt
	Mailing Address 2917 Penn Forest Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5091
	Roanoke FEC ID number of contributing	C	24018	Amount of Each Receipt this Period 40.00
	federal political committee.			individual contribution
	Name of Employer Medical Facilities of Ame- rica	Occupatio VP of Re	n simbursement	individual contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		300.00	
_ 3.	Full Name (Last, First, Middle Initial) Tim Marshall			Date of Receipt
•	Mailing Address 2917 Penn Forest Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5139
	Roanoke	VA	23228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Medical Facilities of Ame- rica	Occupatio VP of Fir		individual contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	
_).	Full Name (Last, First, Middle Initial) Tim Marshall			Date of Receipt
	Mailing Address 2917 Penn Forest Blvd			0 6 2 2 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.5140
	Roanoke	VA	23228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Medical Facilities of Ame- rica	Occupatio VP of Fir		individual contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
Γ				160.00
	SUBTOTAL of Receipts This Page (optional)		<u> </u>	100.00
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 19 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any persing the name and address of any political committee to	on for the purpose of soliciting contributions
MEDICAL FACILITIES OF AME	RICA INC PAC	
Full Name (Last, First, Middle Initial) Robert McAndrews Mailing Address 688 Kingsboroug	nh Square	Date of Receipt
City	State Zip Code	0 6 2 2 2 0 0 9 Transaction ID: SA11AI.5132
Chesapeake FEC ID number of contributing federal political committee.	VA 23320	Amount of Each Receipt this Period 200.00
Name of Employer Chesapeake Healthcare Cen- ter	Occupation Asst. Administrator	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Michael Perry Mailing Address 2917 Penn Fore:	st Boulevard	Date of Receipt
	06 22 2009	
City Roanoke	State Zip Code VA 24018	Transaction ID: SA11AI.5122
FEC ID number of contributing federal political committee.	VA 24018	Amount of Each Receipt this Period 153.84
Name of Employer Medical Facilities of Ame- rica	Occupation VP of Operations	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	
Full Name (Last, First, Middle Initial) Richard Roark	1	Date of Receipt
Mailing Address 456 East Main S	treet	06 22 2009
City	State Zip Code	Transaction ID: SA11AI.5130
Waverly	VA 23890	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Waverly Healthcare Center Receipt For:	Occupation Administrator	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (opti	onal)	453.84

SCHEDULE A (FEC Form 3X)

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) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA		
Full Name (Last, First, Middle Initial) Monique Scholes Mailing Address PO Box 1310 City Louisa FEC ID number of contributing federal political committee. Name of Employer Louisa Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code VA 23093 C Occupation Adminstrator Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Karen H. Waldron Mailing Address Walnut Grove 290 Boners Run Rd. City Shawsville FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24162 C Occupation Senior Vice President Aggregate Year-to-Date 5000.00	Date of Receipt M M D D 2 2 2 2 0 0 9
Full Name (Last, First, Middle Initial) Todd Yacovone Mailing Address 5573 Richmond Road City Warsaw FEC ID number of contributing federal political committee. Name of Employer Warsaw Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code VA 22572 C Occupation Administrator Aggregate Year-to-Date 320.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11Al.5143 Amount of Each Receipt this Period 200.00 individual contribution
SUBTOTAL of Receipts This Page (optional)]	5400.00

PAGE 13 / 19 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC PAC Full Name (Last, First, Middle Initial) Date of Receipt A. Todd Yacovone Mailing Address 5573 Richmond Road 05 22 2009 City State Zip Code Transaction ID: SA11AI.5144 Warsaw VA 22572 Amount of Each Receipt this Period FEC ID number of contributing 210.00 C federal political committee. individual contribution Name of Employer Warsaw Healthcare Center Occupation Administrator Receipt For: Aggregate Year-to-Date Primary General 530.00 Other (specify) Full Name (Last, First, Middle Initial) В. Todd Yacovone Date of Receipt Mailing Address 5573 Richmond Road 0 6 22 2009 City State Zip Code Transaction ID: SA11AI.5145 Warsaw V٨ 22572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. individual contribution Name of Employer Warsaw Healthcare Center Occupation Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00

		310.00
SUBTOTAL of Receipts This Page (optional)		010.00
TOTAL This Period (last page this line number only)		26033.84

Other (specify)

A.

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 19 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
	nd Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERIC	CA INC PAC	
Full Name (Last, First, Middle Initial) SALAZAR FOR SENATE Mailing Address PO BOX 600 City	State Zip Code	Date of Receipt M M
DENVER FEC ID number of contributing federal political committee.	C C00397679	Amount of Each Receipt this Period 500.00 refund of contribution ma-
Name of Employer Receipt For: 2010 X Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 500.00	de

			-	 	
SUBTOTAL of Receipts This Page (optional)	•	 		 500.00	
TOTAL This Period (last page this line number only)	<u> </u>			500.00)

DÉNVER CO 80203 Purpose of Disbursement political contribution Candidate Name MICHAEL F BENNET Office Sought: House President President State: CO District: 00 Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE Mailing Address 6380 Wilshire Blvd. #1612 City State Zip Code CA 90048 Purpose of Disbursement political contribution Candidate Name HENRY A: WAXMAN Office Sought: X House Senate President Senate President State: CA District: 30 Full Name (Last, First, Middle Initial) CONGRESSIONAL CAMPAIGN COMMITTEE Transaction ID: SB23.5048 Date of Disbursement Mode and this Period Category/Type Amount of Each Disbursement this Period Category/Type Transaction ID: SB23.5048 Date of Disbursement this Period Category/Type Transaction ID: SB23.5051 Date of Disbursement Transaction ID: SB23.5051 Date of Disbursement Transaction ID: SB23.5051 Date of Disbursement Mailing Address 430 South Capitol Street, SE Mailing Address 430 South Capitol Street, SE	SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINI (check or	E NUMBER: PAGE 15 / 19 lly one)
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC PAC Full Name (Last, First, Middle Initial) BENNET FOR COLORADO Mailing Address 1900 GRANT STREET SUITE 1170 City State Zip Code CO 80203 Purpose of Disbursement political contribution Candidate Name MICHAEL F BENNET Office Sought: X Senate President State: CA District: 30 Full Name (Last, First, Middle Initial) Disbursement For: 2010 Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE Mailing Address 6380 Wilshire Bivd. #1612 City Candidate Name HENRY A. WAXMAN Office Sought: X House President State: CA District: 30 Full Name (Last, First, Middle Initial) Disbursement For: 2010 Amount of Each Disbursement this Peric Category/ Type Transaction ID: SB23.5048 Date of Disbursement 0 6 8 1 9 9 7 2 0 0 9 9 Amount of Each Disbursement this Peric Category/ Type Transaction ID: SB23.5048 Date of Disbursement this Peric Category/ Type Office Sought: X House President State: Zip Code Candidate Name Mailing Address 430 South Capitol Street, SE 2nd Floor City Washington DC 20003 Purpose of Disbursement DC 20003 Amount of Each Disbursement this Peric Category/ Type Office Sought: House President Perisident Gategory/ Type Office Sought: House President Perisident Perisi		Detailed	Summary Page	27	28a 28b 28c 29
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\rangle	NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AN			,			
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	Purpose of Disbursement political contribution						1000.00
	Candidate Name BLANCHE LAMBERT LINCOI				Category Type	у/	
	Office Sought: House X Senate President	Disburse	ment For: Primary Other (spe	2010 General ecify)			
_	State: AR District: 00 Full Name (Last, First, Middle Initia	1)				-	ransaction ID: SB23,5055
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	Mailing Address PO Box 684	44					$ \begin{bmatrix} M5 & M \\ 0 & 5 \end{bmatrix} / \begin{bmatrix} D2 & B \\ 2 & 8 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
	City Virginia Beach		State VA	Zip Code 23471		A	Amount of Each Disbursement this Perio
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	Candidate Name GLENN CARLYLE III NYE				Category Type	у/	
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	Full Name (Last, First, Middle Initia HATCH ELECTION COMMIT	,				I .	ransaction ID: SB23.5058 Date of Disbursement
	Mailing Address 175 SOUTH	I WEST TEMI	PLE SUIT	TE 650			03
	City SALT LAKE CITY		State UT	Zip Code 84101		A	Amount of Each Disbursement this Perio
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City CLINTON		State MD	Zip Code 20735		Amount of Each	Disbursement this Perio
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Candidate Name STENY HAMILTO				Category/ Type		
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KENDRICK MEE					Date of Disburs	ement
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City MIAMI		State FL	Zip Code 33169		Amount of Each	Disbursement this Perio
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Candidate Name ANN KIRKPATRI	CK			Category/ Type		
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WASHINGTON Purpose of Disbursement political contribution Candidate Name Office Sought: House Senate Presidents State: District: Full Name (Last, First, Middle					
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Purpose of Disbursement political contribution					2000.00
Candidate Name				Category/ Type	
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NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA IN			
Full Name (Last, First, Middle Initial) EARL R. POMEROY			Transaction ID: SB23.5080 Date of Disbursement
Mailing Address Post Office Box 9336			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} $
City Fargo	State Zip Code ND 58106		Amount of Each Disbursement this Period
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Candidate Name EARL R. POMEROY		Category/ Type	
Senate President	rsement For: 2010 X Primary General Other (specify) ▼		
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Mailing Address PO BOX 4945			$\begin{bmatrix}\begin{smallmatrix}M\\05\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\19\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}Y\\2009\end{smallmatrix}\end{bmatrix}^Y$
City EAST LANSING	State Zip Code MI 48826		Amount of Each Disbursement this Perio
Purpose of Disbursement political contribution			2000.00
Candidate Name DEBBIE STABENOW		Category/ Type	
Office Sought: House Disbu	x Primary 2012 Cother (specify)		
Full Name (Last, First, Middle Initial) WYDEN FOR SENATE			Transaction ID: SB23.5072 Date of Disbursement
Mailing Address 232 NE 9TH AVENUE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City PORTLAND	State Zip Code OR 97232		Amount of Each Disbursement this Perio
Purpose of Disbursement political contribution			2000.00
Candidate Name RONALD LEE WYDEN		Category/ Type	
Office Sought: House X Senate President	rsement For: 2010 X Primary General Other (specify)	•	
State: OR District: 00			
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