### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For 0	Other Than An A	Authorized Con	nmittee		Office Use Only	
NAME OF COMMITTEE (in fu		FEC MAILING LABE	Example:If over the lin	typing, type es			
MEDICAL FACILIT	IES OF AMERI	CA INC PAC			1 1 1 1 1		
ADDRESS (number and	street) 29	17 PENN FOREST E	BOULEVARD STE	200			ш
Check if differenthan previously reported. (ACC	ent Li	D BOX 29600 DANOKE			L VA	24018	
2. FEC IDENTIFICAT	ION NUMBER	₩	CITY A		STATE	ZIPCODE 🛕	
C00405472	• • • •	3.	IS THIS REPORT	NEW (N) <b>OR</b>	X Af	MENDED )	
July 15 Quarterly October 1 Quarterly January 3 Quarterly July 31 M Report(No	Report(Q1)  Report(Q2)  5 Report(Q3)  1 Report(YE)  id-Year on-election	(c) 12-Day PRE-Election Report for the  (d) 30-Day Post -Election Report for the	ection on X Gener	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  ry (12P)  ntion (12C)  al (30G)	Sep	20 (M9)  20 (M9)  20 (M10)  20 (M10)  30 (M10)  412G)  42G  43 (M10)  44 (M10)  45 (M10)  46 (M10)  47 (M10)  48 (M10)  49 (M10)  40 (M10)  41 (M10)  41 (M10)  41 (M10)  42 (M10)  43 (M10)  44 (M10)  45 (M10)  46 (M10)  47 (M10)  48 (M1	0 (M12) Election only)
5. Covering Period	10	19 2006	thro	ough 11	27	2006	
I certify that I have exam  Type or Print Name of T		and to the best of my lovel Martin	knowledge and bel	ef it is true, correct	t and complete.		
Signature of Treasurer	Electronically	Filed by Novel Mar	tin		Date 0 1	30 2007	
NOTE : Submission of f	alse, erroneous,	or incomplete informa	ation may subject th	e person signing th	nis Report to the	penalties of 2 U.S.C 437	g.
Office Use						FEC FORM 3X	

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name MEDICAL FACILITIES OF AMERICA INC PAC D <sup>b</sup> D 1 9 27 1.0 2006 1,1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2006 16223.05 January 1 (b) Cash on Hand at 727.33 Begining of Reporting Period ..... 2374.22 26128.50 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 3101.55 42351.55 6(a) and 6(c) for Column B) ..... 3000.00 42250.00 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 101.55 101.55 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) ..... 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

2006

м м 1 1 2<sup>D</sup>7

2006

0.00

26128.50

26128.50

1 9

M N

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA INC PAC

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c)) .....

(subtract Line 18(c) from Line 19) .....

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1460.38 20666.71 (i) Itemized (use Schedule A) ...... 913.84 5461.79 (ii) Unitemized ..... (iii) TOTAL (add 2374.22 26128.50 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 2374.22 26128.50 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ......

0.00

2374.22

2374.22

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)
Page 4
IL DISRUBSEMENTS
COLUMN A
COLUMN B

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures:		
	(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) New Fordered Charte	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	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	0.00	0.00
23.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	3000.00	42250.00
4.	Independent Expenditure		
	(use Schedule E)	0.00	0.00
	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	(use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
.0.	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
		0.00	0.00
29.	Other Disbursements	0.00	0.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
14	Total Diabura amenta (add Lines 21/a) 22		
Ι.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3000.00	42250.00
	20, 27, 20, 20, 21, 20(U), 29 and 30(U))	000000	122000
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	(		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2374.22	26128.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2374.22	26128.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/9 (check only one)    X
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC	C PAC		
Α.	Full Name (Last, First, Middle Initial) Tony Abela Mailing Address 2400 E. Parham Rd.  City Richmond  FEC ID number of contributing federal political committee.  Name of Employer Parham Health and Rehab  Receipt For: Primary General Other (specify)	State VA  C  Occupation Administ Aggregate		Date of Receipt    M M
3.	Full Name (Last, First, Middle Initial) Kurt Dullnig Mailing Address 2917 Penn Forest Boulev	/ard		Date of Receipt  1 0 2 3 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.4335
	Roanoke  FEC ID number of contributing federal political committee.	C	24018	Amount of Each Receipt this Period  120.00
	Name of Employer Medical Facilities of America Receipt For:  ☐ Primary ☐ General  Other (specify) ▼		n ensus Development e Year-to-Date ▼ 540.00	political contribution
 C.	Full Name (Last, First, Middle Initial) Samaria Edwards			Date of Receipt
	Mailing Address 200 Hioaks			10 23 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.4349
	Richmond  FEC ID number of contributing federal political committee.	C	24557	Amount of Each Receipt this Period  300.00
	Name of Employer Beufont Healthcare Center	Occupation Administ		political contribution
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 900.00	
s	UBTOTAL of Receipts This Page (optional)			540.00
T	OTAL This Period (last page this line number on	lv)		

## S

SCHEDULE A (FEC Form 3X)			Llac concrete achadula(a)	FOR LINE NUMBER: PAGE 7/9		
			Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
			, ,	13 14 15 16 17		
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$  \rangle$	MEDICAL FACILITIES OF AMERICA II	NC PAC				
$\angle$						
_	Full Name (Last, First, Middle Initial)					
A.	Keith Helmer			Date of Receipt		
	Mailing Address 242 Butler Court			10 23 2006		
	0.1	01-1-	7's Osda			
	City	State	Zip Code	Transaction ID: SA11A1.4334		
	Daleville	VA	24083	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		384.62		
	federal political committee.	<u> </u>				
	Name of Employer	Occupatio	n	political contribution		
	Name of Employer Medical Facilities of Ame-	COO				
	rica Receipt For:		e Year-to-Date ▼			
	Primary General	Aggregate	rear-to-bate ¥	1		
	Other (specify)		2210.79			
	Carlor (openity) •					
	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 2917 Penn Forest Bould	evard Ste 2	00	M M / D D / Y Y Y Y		
	P.O Box 29600	3 Vala 010 L		10 23 2006		
	City	State	Zip Code	Transaction ID: SA11A1.4343		
	Roanoke	VA	24018	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		80.00		
				political contribution		
	Name of Employer Medical Facilities of Ame-	Occupation	n	political contribution		
	rica	CFO				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		200 00	1		
	Other (specify)		360.00			
_	Full Name (Last, First, Middle Initial)			Date of Book is		
C.	Novel Martin			Date of Receipt		
	Mailing Address 2917 Penn Forest Bould	evard Ste 2	00	10 25 2006		
	P.O Box 29600 City	State	Zin Codo			
	•	VA	Zip Code	Transaction ID: SA11A1.4346		
	Roanoke	VA	24018	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		150.00		
	federal political committee.	<u> </u>				
	Name of Employer	Occupation	n	political contribution		
	Medical Facilities of Ame-	CFO				
	rica Receipt For:		e Year-to-Date 🔻			
	Primary General	33 -3		1		
	Other (specify) ▼		510.00			
				1		
_	LIRTOTAL of Possints This Page (entionel)			614.62		
hill	UBTOTAL of Receipts This Page (optional)		······			
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TOTAL This Period (last page this line number only) .....

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/9
	EMIZED RECEIPTS		or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X   11a   11b   11c   12
Δ	information coming from such Department and Ca			13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	MEDICAL FACILITIES OF AMERICA I	NC PAC		
Α.	Full Name (Last, First, Middle Initial) Brenda Moore			Date of Receipt
	Mailing Address 4241 Kings Court Drive	)		10 23 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.4327
	Roanoke	VA	24014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.92
	Name of Employer Medical Facilities of America	Occupation EVP of IS		political contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General		401.14	1
	Other (specify) ▼	0 0	461.14	
В.	Full Name (Last, First, Middle Initial) Michael Perry			Date of Receipt
	Mailing Address 2917 Penn Forest Boul	evard		10 23 2006
	City	State	Zip Code	Transaction ID: SA11A1.4340
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		153.84
	Name of Employer	Occupation	1	political contribution
	Medical Facilitiés of Ame- rica	VP of Op		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		692.28	
— С.	Full Name (Last, First, Middle Initial) Steven Reynolds			Date of Receipt
<b>J</b> .	Mailing Address 602 Madison Road			M M / D D / Y Y Y Y
				10 23 2006
	City	State	Zip Code	Transaction ID: SA11A1.4351
	Culpeper	VA	22701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Culpeper Health and Rehab	Occupation Administr		political contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	
	UBTOTAL of Receipts This Page (optional)			305.76
$\vdash$	ODI OTAL OF HECEIPIS THIS FAGE (OPHORIAL)			
T	OTAL This Period (last page this line number of	only)	<b>I</b>	1460.38

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS    Use seperate schedule(s) for each category of the Detailed Summary Page   21b   22   28a   28b   25   26   30b   22   27   28a   28b   29   30b   22   27   28a   28b   29   30b   22   27   28a   28b   29   30b   28b   29   30b   27   28a   28b   29   30b   28b   29   30b   28b   28b   29   30b	0		· v				
Any Information copied from such Reports and Statements may not be sold or used by any person for the present of the present		•	y Use sepe	erate schedule(s)			PAGE 9/9
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions for 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)  A. CANTOR FOR CONGRESS  Mailing Address P. O. Box 17813  City State Zip Code VA 23226  Purpose of Disbursement political contribution  Candidate Name  Office Sought: X House President President State: VA District: 07  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Transaction ID: SB23.4354  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: SB23.4357  Date of Disbursement Initial Discovery Type  Transaction ID: SB23.4357  Date of Disbursement Initial Discovery Type  Other (specify) Type  Office Sought: X House Senate Purpose of Disbursement political contribution  Cardidate Name  Office Sought: X House Senate Purpose of Disbursement political contribution  Cardidate Name  Office Sought: X House Senate Purpose of Disbursement political contribution  Cardidate Name  Office Sought: X House Senate Purpose of Disbursement political contribution  Cardidate Name  Office Sought: X House Senate Purpose of Disbursement political contribution  Cardidate Name  Office Sought: X House Senate Purpose of Disbursement political contribution  Cardidate Name  Office Sought: X House Senate Purpose of Disbursement For: 2006  Purpose of Disbursement Port Senate Purpose of Disbursement Port	ΙT	EMIZED DISBURSEMEN'			1 <del>-</del> -	<u> </u>	
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)  A. CANTOR FOR CONGRESS  Mailing Address P. O. Box 17813  City State Zip Code NAME 23226  Purpose of Disbursement political contribution  Candidate Name  Office Sought: X House President State: VA District: 07  Full Name (Last, First, Middle Initial)  B. RYAN FOR CONGRESS  Mailing Address P. O. Box 1919 P. O. Box 1919 P. O. Box 1919  City State Zip Code VA General Other (specify) ▼  State: VA District: 07  Full Name (Last, First, Middle Initial)  B. RYAN FOR CONGRESS  Mailing Address P. O. Box 1919 P. O. Box 1919  City Janesville WI 53547  Purpose of Disbursement political contribution  Candidate Name  Office Sought: X House Senate Primary X General Other (specify) ▼  Office Sought: X House Senate Primary X General Other (specify) ▼  Office Sought: X House Senate Primary X General Other (specify) ▼  Office Sought: X House Senate Primary X General Other (specify) ▼			Detailed	Summary Page	1		
NAME OF COMMITTEE (In Full)  MEDICAL FACILITIES OF AMERICA INC PAC  Full Name (Last, First, Middle Initial)  A. CANTOR FOR CONGRESS  Mailing Address P. O. Box 17813  City Richmond VA 23226  Purpose of Disbursement political contribution Candidate Name  Office Sought: State: VA District: 07  Full Name (Last, First, Middle Initial)  B. RYAN FOR CONGRESS  Mailing Address P. O. Box 1919 P. O. Box 1919 P. O. Box 1919 City Janesville VI State VI VI VI VI State VI							
Full Name (Last, First, Middle Initial)  A. CANTOR FOR CONGRESS  Mailing Address P. O. Box 17813  City Richmond Purpose of Disbursement political contribution Candidate Name  City Senate Primary State: VA District: 07  B. RYAN FOR CONGRESS  Mailing Address P. O. Box 1919 P. O. Box 1919 P. O. Box 1919 P. O. Box 1919 City Janesville Purpose of Disbursement political contribution Candidate Name  City Janesville WI State Vi Disbursement Vi Disbu	or	<u> </u>	ng the name and addre	ss of any political	committee to so	licit contributions from	such committee
Full Name (Last, First, Middle Initial) A. CANTOR FOR CONGRESS  Mailing Address P. O. Box 17813  City Richmond VA 23226  Purpose of Disbursement political contribution  Candidate Name  Office Sought: X House President State: VA District: 07  Full Name (Last, First, Middle Initial)  B. RYAN FOR CONGRESS  Mailing Address P. O. Box 1919 P. O. Box 1919  City Janesville WI 53547  Purpose of Disbursement political contribution  Candidate Name  Office Sought: X House Senate Primary X General Other (specify)  Transaction ID: SB23.4357  Date of Disbursement 10	Ν						
A. CANTOR FOR CONGRESS  Mailing Address P. O. Box 17813  City State Zip Code VA 23226  Purpose of Disbursement political contribution Candidate Name  Office Sought: X House Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. RYAN FOR CONGRESS  Mailing Address P. O. Box 1919 P. O. Box 1919 P. O. Box 1919  City Janesville Wil 53547  Purpose of Disbursement For: 2006  Mailing Address P. O. Box 1919 P. O. Box 1919 P. O. Box 1919  City Janesville Wil 53547  Purpose of Disbursement political contribution Candidate Name  Office Sought: X House Senate Primary X General Other (specify) ▼	17	MEDICAL FACILITIES OF AMER	ICA INC PAC				
A. CANTOR FOR CONGRESS  Mailing Address P. O. Box 17813  City State Zip Code Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. RYAN FOR CONGRESS  Mailing Address P. O. Box 1919 P. O. Box 1919 P. O. Box 1919 P. O. Box 1919  City Janesville Wil 53547  Purpose of Disbursement For: 2006  Mailing Address P. O. Box 1919 P. O. Box 1919 P. O. Box 1919  City Janesville Wil 53547  Purpose of Disbursement For: 2006  Mailing Address P. O. Box 1919 P. O. Box 1919 P. O. Box 1919  City Janesville Wil 53547  Purpose of Disbursement For: 2006  Amount of Each Disbursement Tine State V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	$\angle$						
Mailing Address P. O. Box 17813  City State Zip Code VA 23226  Purpose of Disbursement political contribution Candidate Name  Office Sought: X House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) B. RYAN FOR CONGRESS  Mailing Address P. O. Box 1919 P. O. Box 1919 P. O. Box 1919  City Janesville WI 53547  Purpose of Disbursement political contribution  Candidate Name  Office Sought: X House State Zip Code WI 53547  Amount of Each Disbursement this Period  Transaction ID: SB23.4357  Date of Disbursement  Mo M / D 2 M / Y 2 0 0 6 Y  Amount of Each Disbursement this Period  Amount of Each Disbursement To: 2006  Category/ Type  Office Sought: X House Senate Primary General Other (specify) ▼  Office Sought: X House Senate Primary General Other (specify) ▼  Office Sought: X House Senate Primary General Other (specify) ▼	Δ	,					
City State Zip Code VA 23226  Purpose of Disbursement political contribution  Candidate Name  Office Sought:	۸.	CANTOR FOR CONGRESS					
Richmond  VA 23226  Purpose of Disbursement political contribution  Candidate Name  Office Sought:		Mailing Address P. O. Box 17813	3			10 7 24	<sup>'</sup> 2006
Purpose of Disbursement political contribution  Candidate Name  Office Sought:		City	State	Zip Code		Amount of Each Dis	sbursement this Period
Primary X General  Category/ Type  Office Sought: X House Senate Primary X General  President State: VA District: 07  Full Name (Last, First, Middle Initial)  RYAN FOR CONGRESS  Mailing Address P. O. Box 1919 P. O. Box 1919 City Janesville WI 53547  Purpose of Disbursement political contribution  Candidate Name  Office Sought: X House Senate Primary X General  Office Sought: X House Senate Primary X General  Other (specify) ▼  Transaction ID: SB23.4357 Date of Disbursement  1 0 0 2 4 7 2 0 0 6  Amount of Each Disbursement this Period  Category/ Type  Office Sought: X House Senate Primary X General  Other (specify) ▼  Other (specify) ▼		Richmond	VA	23226			
Candidate Name  Category/ Type  Office Sought:							2000.00
Office Sought:							
Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. RYAN FOR CONGRESS  Mailing Address P. O. Box 1919 P. O. Box 1919 City Janesville WI 53547  Purpose of Disbursement political contribution  Candidate Name  Office Sought: X House Senate Primary X General Other (specify) ▼  Other (specify) ▼  Transaction ID: SB23.4357 Date of Disbursement		Candidate Name			٠,		
President State: VA District: 07  B. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS  Mailing Address P. O. Box 1919 P. O. Box 1919 City State Zip Code WI 53547  Purpose of Disbursement political contribution Candidate Name  Disbursement For: 2006 Senate Primary X General President  Other (specify) ▼  Transaction ID: SB23.4357 Date of Disbursement  Mo M / D 2 4 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Office Sought: X House	Disbursement For:				
State: VA District: 07  Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS  Mailing Address P. O. Box 1919 P. O. Box 1919 P. O. Box 1919 City Janesville Purpose of Disbursement political contribution Candidate Name  Office Sought: X House Senate President  Disbursement For: 2006 Senate Primary X General Other (specify) ▼			· · · · · ·				
B. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS  Mailing Address P. O. Box 1919 P. O. Box 1919 City Janesville Purpose of Disbursement political contribution Candidate Name  Disbursement For: Category/ Type  Office Sought:  X House Senate President  Disbursement For: 2006 Senate Primary X General Other (specify)  Transaction ID: SB23.4357 Date of Disbursement  10			Other (spe	ecify)			
B. RYAN FOR CONGRESS  Mailing Address P. O. Box 1919 P. O. Box 1919 City State Zip Code Janesville WI 53547  Purpose of Disbursement political contribution Candidate Name  Office Sought: X House Senate Primary X General President  Date of Disbursement  1 0 0 1 2 4 1 2 0 0 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Mailing Address P. O. Box 1919 P. O. Box 1919  City State Zip Code Janesville WI 53547  Purpose of Disbursement political contribution  Candidate Name  Category/ Type  Office Sought: X House Senate Primary X General President Other (specify) ▼	R						
Mailing Address P. O. Box 1919 P. O. Box 1919 City Janesville Purpose of Disbursement political contribution Candidate Name  Disbursement For: Senate Primary Senate President  Disbursement For:  2006 Primary X General Other (specify)  Other (specify)  Type  1 0 2 4 2 0 0 6  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Other (specify)  Type	ъ.	RYAN FOR CONGRESS					
City Janesville  Purpose of Disbursement political contribution  Candidate Name  Disbursement For: Senate Primary Primary  Category/ Type  Disbursement For:  2006 Primary  X General Other (specify)		Mailing Address P O Box 1919				$\begin{bmatrix} 1 & 0 & 0 & 0 \\ 1 & 0 & 0 & 0 \end{bmatrix}$	2006
Janesville  Purpose of Disbursement political contribution  Candidate Name  Office Sought:  X House Senate Primary President  Disbursement For:  2006 Primary X General Other (specify)  Other (specify)  Disbursement For:  2006 Primary Disbursement For: Disburs							
Purpose of Disbursement political contribution  Candidate Name  Category/ Type  Office Sought: X House Senate Primary X General President Other (specify) ▼						Amount of Each Dis	sbursement this Period
political contribution  Candidate Name  Category/ Type  Office Sought:  X House Senate Primary V General President  Other (specify)  Other (specify)		Janesville	WI	53547			1000.00
Candidate Name  Category/ Type  Office Sought: X House Disbursement For: 2006 Senate Primary X General President Other (specify) ▼							1000.00
Office Sought:  X House Senate Primary President  Disbursement For: 2006 Primary X General Other (specify) ▼		<u>'</u>					
Office Sought:  X House Senate Primary President  Disbursement For: 2006 Primary X General Other (specify) ▼		Candidate Name					
Senate		Office Country A House	Diahaanaant T	0000	ı ype		
President Other (specify) ▼							
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			Other (spe	√ (Soliy)			

SUBTOTAL of Disbursements This Page (optional)	•	3000.00
TOTAL This Period (last page this line number only)	<u> </u>	3000.00