

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA, INC. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2005"/>		<input type="text" value="100000"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="115000"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="510615"/>	<input type="text" value="1510615"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1660615"/>	<input type="text" value="2510615"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="262500"/>	<input type="text" value="1092500"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1418115"/>	<input type="text" value="1418115"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	

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

25038864424

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA, INC. PAC

Report Covering the Period: From:

0 4 / 0 1 / 2 0 0 5

To:

0 6 / 3 0 / 2 0 0 5

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).....
- (ii) Unitemized.....
- (ii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

5 1 0 6 1 5
0
5 1 0 6 1 5

1 5 1 0 6 1 5
0
1 5 1 0 6 1 5

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0
0
5 1 0 6 1 5

0
0
1 5 1 0 6 1 5

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b)).....

0
0
0

0
0
0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

5 1 0 6 1 5

1 5 1 0 6 1 5

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

5 1 0 6 1 5

1 5 1 0 6 1 5

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**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,425.00	1,092.50
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2,425.00	1,092.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2,425.00	1,092.50

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**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)	5,106.15	15,106.15
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5,106.15	15,106.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

2503884427

**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	OF
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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

Full Name (Last, First, Middle Initial) A. Bicking, James		Date of Receipt 04 / 05 / 2005
Mailing Address 1343 Wares Gap Road		Amount of Each Receipt this Period 250.00
City Monroe	State Zip Code VA 24574	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lovington Healthcare Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Brunts, Cecelia		Date of Receipt 04 / 05 / 2005
Mailing Address 826 Washington		Amount of Each Receipt this Period 250.00
City St. Charles	State Zip Code MO 63301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medical Facilities of America	Occupation Nurse Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ault, Jennifer		Date of Receipt 04 / 05 / 2005
Mailing Address 408 Alleghany Street		Amount of Each Receipt this Period 100.00
City Blacksburg	State Zip Code VA 24060	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Berkshire Healthcare Center	Occupation Asst. Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

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**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		OF	
<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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

Full Name (Last, First, Middle Initial)
A. MCCAUSLIN, LINDA

Mailing Address
332 Roseneath Road

City State Zip Code
Richmond VA 23221

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

Name of Employer Occupation
Medical Facilities of America, Inc. Dave Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,000.00

Date of Receipt
04 / 20 / 2005

Amount of Each Receipt this Period
2,000.00

Full Name (Last, First, Middle Initial)
B. Nimon, Daniel

Mailing Address
807 Lake Vista Drive

City State Zip Code
Forest VA 24551

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

Name of Employer Occupation
Lynchburg Health and Rehab Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3,000.00

Date of Receipt
04 / 20 / 2005

Amount of Each Receipt this Period
3,000.00

Full Name (Last, First, Middle Initial)
C. Gawronski, Sharon

Mailing Address
5259 Flinlock Drive

City State Zip Code
Roanoke, VA 24014

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

Name of Employer Occupation
Medical Facilities of America, Inc. VP of Rehab

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5,000.00

Date of Receipt
05 / 23 / 2005

Amount of Each Receipt this Period
5,000.00

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

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

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**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		OF	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)

MEDICAL FACILITIES OF AMERICA, INC. PAC

Full Name (Last, First, Middle Initial)

A. Hobson, Patsy

Mailing Address

131 Lowland Rive

City

Martinsville

State

VA

Zip Code

24112

FEC ID number of contributing federal political committee.

C

Name of Employer

Stanleytown Healthcare Ctr

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,500.00

Date of Receipt

05 / 25 / 2005

Amount of Each Receipt this Period

2,500.00

Full Name (Last, First, Middle Initial)

B. Smith, Cynthia

Mailing Address

Rt 1 Box 514

City

Appomattox

State

VA

Zip Code

24522

FEC ID number of contributing federal political committee.

C

Name of Employer

Appomattox Healthcare Ctr

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,500.00

Date of Receipt

05 / 25 / 2005

Amount of Each Receipt this Period

2,500.00

Full Name (Last, First, Middle Initial)

C. Marshall, Tim

Mailing Address

3341 Hidden Oak Road

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 Finance

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

05 / 25 / 2005

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

2503086430

**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	OF
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Moran, Tim

Mailing Address
1535 Minor Ridge Court

City State Zip Code
Charlottesville VA 22901

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

Name of Employer Occupation
Medical Facilities of America, Inc. Rehab Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2,500.00

Date of Receipt
05 / 25 / 2005

Amount of Each Receipt this Period
2,500.00

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

Mailing Address
3807 Sunhaven Court Apt. 504

City State Zip Code
Roanoke VA 24018

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

Name of Employer Occupation
Medical Facilities of America, Inc. VP of Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5,000.00

Date of Receipt
05 / 26 / 2005

Amount of Each Receipt this Period
5,000.00

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

Mailing Address
523 Yancey Avenue

City State Zip Code
South Boston VA 24592

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

Name of Employer Occupation
Gretna Healthcare Ctr. Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2,000.00

Date of Receipt
04 / 25 / 2005

Amount of Each Receipt this Period
2,000.00

SUBTOTAL of Receipts This Page (optional) ▶ **9,500.00**

TOTAL This Period (last page this line number only) ▶ **9,500.00**

25033864431

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

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

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
	13		14		15
				<input type="checkbox"/>	12
					18
					17

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NAME OF COMMITTEE (In Full)

MEDICAL FACILITIES OF AMERICA, INC. PAC

Full Name (Last, First, Middle Initial)

A. Roark, Richard

Mailing Address

2409 Watermill Grove

City

Chesapeake

State

VA

Zip Code

23321

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 ▼

5,000.00

Date of Receipt

04 / 25 / 2005

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Roark, Richard

Mailing Address

Same as above

City

State

Zip Code

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 ▼

10,000.00

Date of Receipt

05 / 09 / 2005

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

C. Roark, Richard

Mailing Address

Same as above

City

State

Zip Code

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 ▼

15,000.00

Date of Receipt

05 / 23 / 2005

Amount of Each Receipt this Period

5,000.00

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

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

2503864432

**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		OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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

Full Name (Last, First, Middle Initial)

A. Roark, Richard

Mailing Address

2409 Watermill Grove

City

Chesapeake

State

VA

Zip Code

23321

FEC ID number of contributing federal political committee.

C

Name of Employer

Waverly Healthcare Center

Occupation

Administator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Date of Receipt

06 / 06 / 2005

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Roark, Richard

Mailing Address

Same as above

City

State

Zip Code

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 ▼

2,500.00

Date of Receipt

06 / 20 / 2005

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

C. Moore, Brenda

Mailing Address

4241 Kings Court Drive

City

Roanoke

State

VA

Zip Code

24014

FEC ID number of contributing federal political committee.

C

Name of Employer

Medical Facilities of America

Occupation

EVP of IS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,923

Date of Receipt

04 / 25 / 2005

Amount of Each Receipt this Period

1,923

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

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

25033864433

**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	OF
	<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

Full Name (Last, First, Middle Initial)
A. Moore, Brenda

Mailing Address
4241 Kings Court Drive

City **Roanoke** State **VA** Zip Code **24014**

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

Name of Employer **Medical Facilities of America** Occupation **EVP of IS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3 8 4 6**

Date of Receipt **0 5 / 0 9 / 2 0 0 5**

Amount of Each Receipt this Period **1 9 2 3**

Full Name (Last, First, Middle Initial)
B. Moore, Brenda

Mailing Address
Same as above

City **Roanoke** State **VA** Zip Code **24014**

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

Name of Employer **Medical Facilities of America** Occupation **EVP of IS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5 7 6 9**

Date of Receipt **0 5 / 2 3 / 2 0 0 5**

Amount of Each Receipt this Period **1 9 2 3**

Full Name (Last, First, Middle Initial)
C. Moore, Brenda

Mailing Address
Same as above

City **Roanoke** State **VA** Zip Code **24014**

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

Name of Employer **Medical Facilities of America** Occupation **EVP of IS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **7 6 9 2**

Date of Receipt **0 6 / 0 6 / 2 0 0 5**

Amount of Each Receipt this Period **1 9 2 3**

SUBTOTAL of Receipts This Page (optional) ▶ **1 9 2 3**

TOTAL This Period (last page this line number only) ▶ **1 9 2 3**

25038864434

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

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

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

Full Name (Last, First, Middle Initial)
A. Moore, Brenda

Mailing Address
4241 Kings Court Drive

City State Zip Code
Roanoke VA 24014

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

Name of Employer Occupation
Medical Facilities of America EVP of IS

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **9,615**

Date of Receipt
06 / 25 / 2005

Amount of Each Receipt this Period
1,823

Full Name (Last, First, Middle Initial)
B. Smith, Dean

Mailing Address
8118 Cypress Lane

City State Zip Code
Mechanicsville VA 23111

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

Name of Employer Occupation
Hanover Healthcare Center Administrator

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **2,500**

Date of Receipt
04 / 25 / 2005

Amount of Each Receipt this Period
2,500

Full Name (Last, First, Middle Initial)
C. Smith, Dean

Mailing Address
Same as above

City State Zip Code

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

Name of Employer Occupation
Hanover Healthcare Center Administrator

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **5,000**

Date of Receipt

Amount of Each Receipt this Period
2,500

SUBTOTAL of Receipts This Page (optional) **4,343**

TOTAL This Period (last page this line number only) **4,343**

2503086435

**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	OF
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Smith, Dean		Date of Receipt 05 / 23 / 2005
Mailing Address 8118 Cypress Lane		Amount of Each Receipt this Period 2500
City Mechanicsville	State Zip Code VA 23111	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7500
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 ▼	

Full Name (Last, First, Middle Initial) B. Smith, Dean		Date of Receipt 06 / 06 / 2005
Mailing Address Same as above		Amount of Each Receipt this Period 2500
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000
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 ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

2503804436

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

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

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	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

Full Name (Last, First, Middle Initial)

A. Kessinger, Loren

Mailing Address

350 Sandy River Drive

City

Danville

State

VA

Zip Code

24541

FEC ID number of contributing federal political committee.

C

Name of Employer

Riverside Healthcare Ctr

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

04 / 25 / 2005

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Kessinger, Loren

Mailing Address

Same as above

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Riverside Healthcare Ctr

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Date of Receipt

05 / 09 / 2005

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Kessinger, Loren

Mailing Address

Same as above

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Riverside Healthcare Ctr

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3,000.00

Date of Receipt

05 / 23 / 2005

Amount of Each Receipt this Period

1,000.00

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

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

25033064437

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

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

FOR LINE NUMBER:		PAGE	OF
<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

Full Name (Last, First, Middle Initial)

A. Kessinger, Loren

Mailing Address

350 Sandy River Drive

City

Danville

State

VA

Zip Code

24541

FEC ID number of contributing federal political committee.

C

Name of Employer

Riverside Healthcare Ctr

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4 0 0 0 0

Date of Receipt

0 6 / 0 6 / 2 0 0 5

Amount of Each Receipt this Period

1 0 0 0 0

Full Name (Last, First, Middle Initial)

B. Kessinger, Loren

Mailing Address

Same as above

City

State

VA

Zip Code

24541

FEC ID number of contributing federal political committee.

C

Name of Employer

Riverside Healthcare Ctr

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0 0 0

Date of Receipt

0 6 / 2 0 / 2 0 0 5

Amount of Each Receipt this Period

1 0 0 0 0

Full Name (Last, First, Middle Initial)

C. Blackwell, Will

Mailing Address

5800 Bradington Drive

City

Glen Allen

State

VA

Zip Code

23059

FEC ID number of contributing federal political committee.

C

Name of Employer

Parham Health & Rehab

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0 0

Date of Receipt

0 4 / 2 5 / 2 0 0 5

Amount of Each Receipt this Period

5 0 0 0

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

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

25038004430

**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	OF
<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 18 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Blackwell, Will

Mailing Address
Same as above

City State Zip Code

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

Name of Employer
Parham Health & Rehab

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,500.00

Date of Receipt
06 / 20 / 2005

Amount of Each Receipt this Period
500.00

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

Mailing Address
6129 St. Ives Court

City State Zip Code
Roanoke VA 24018

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

Name of Employer
Medical Facilities of America

Occupation
CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
04 / 25 / 2005

Amount of Each Receipt this Period
1,000.00

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

Mailing Address
Same as above

City State Zip Code

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

Name of Employer
Medical Facilities of America

Occupation
CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,000.00

Date of Receipt
05 / 09 / 2005

Amount of Each Receipt this Period
1,000.00

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

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

2503886440

**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	OF
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Novel, Martin		Date of Receipt 05 / 23 / 2005
Mailing Address 6129 St. Ives Court		Amount of Each Receipt this Period 1,000.00
City Roanoke	State Zip Code VA 24018	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3,000.00
Name of Employer Medical Facilities of America	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾	Aggregate Year-to-Date ▾	

Full Name (Last, First, Middle Initial) B. Novel, Martin		Date of Receipt 06 / 06 / 2005
Mailing Address Same as above		Amount of Each Receipt this Period 1,000.00
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4,000.00
Name of Employer Medical Facilities of America	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾	Aggregate Year-to-Date ▾	

Full Name (Last, First, Middle Initial) C. Novel, Martin		Date of Receipt 06 / 20 / 2005
Mailing Address Same as above		Amount of Each Receipt this Period 1,000.00
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5,000.00
Name of Employer Medical Facilities of America	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾	Aggregate Year-to-Date ▾	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

250388441

**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	OF
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Allen, Emory			Date of Receipt 06 / 06 / 2005	
Mailing Address 5527 Medmont Circle			Amount of Each Receipt this Period 4000	
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 Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		Aggregate Year-to-Date ▾ 4000		

Full Name (Last, First, Middle Initial) B. Allen, Emory			Date of Receipt 06 / 20 / 2005	
Mailing Address Same as above			Amount of Each Receipt this Period 4000	
City	State	Zip Code		
FEC ID number of contributing federal political committee. C				
Name of Employer Medical Facilities of America		Occupation VP of Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		Aggregate Year-to-Date ▾ 8000		

Full Name (Last, First, Middle Initial) C. Helmer, Keith			Date of Receipt 06 / 20 / 2005	
Mailing Address 242 Butler Court			Amount of Each Receipt this Period 4000	
City Daleville	State VA	Zip Code 24083		
FEC ID number of contributing federal political committee. C				
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 ▾ 4000		

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

2503886442

**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	OF
	<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

Full Name (Last, First, Middle Initial) A. Van Nostrand, Gary			Date of Receipt 06 / 06 / 2005	
Mailing Address 1225 S. Reservoir Street				
City Harrisonburg	State VA	Zip Code 22801	Amount of Each Receipt this Period 2,000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Harrisonburg Health and Rehab Ctr.		Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2,000.00		

Full Name (Last, First, Middle Initial) B. Van Nostrand, Gary			Date of Receipt 06 / 20 / 2005	
Mailing Address Same as above				
City	State	Zip Code	Amount of Each Receipt this Period 2,000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Harrisonburg Health and Rehab Ctr.		Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4,000.00		

Full Name (Last, First, Middle Initial) C. Pressman, Sean			Date of Receipt 06 / 20 / 2005	
Mailing Address 1945 Roanoke Blvd				
City Salem	State VA	Zip Code 24153	Amount of Each Receipt this Period 5,000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Salem Health and Rehab		Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5,000.00		

BUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

250330444E

**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	OF
<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)
Pressman, Jennifer

Mailing Address
3335 L Circle Brook Drive

City **Roanoke** State **VA** Zip Code **24018**

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

Name of Employer **Pulaski Healthcare Center** Occupation **Administrator**

Receipt For:
 Primary General
 Other (specify) ▾

Aggregate Year-to-Date ▾
5 0 0 0

Date of Receipt
0 6 / 2 0 / 2 0 0 5

Amount of Each Receipt this Period
5 0 0 0

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▾

Aggregate Year-to-Date ▾

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▾

Aggregate Year-to-Date ▾

Date of Receipt

Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only).....▶ **5 3 0 6 1 5**

2503036444

**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	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b		

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)
Jon Kyl for U.S. Senate

Mailing Address
P.O. Box 10246

City: **Phoenix** State: **AZ** Zip Code: **85064**

Purpose of Disbursement: **political contribution**

Candidate Name: **Jon Kyl**

Office Sought: House Senate President

Disbursement For: **2006**

Primary: General: Other (specify):

State: **AZ** District: _____

Date of Disbursement: **04 / 18 / 2005**

Amount of Each Disbursement this Period: **8,000.00**

Category/Type: **011**

B.

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 Hatch**

Office Sought: House Senate President

Disbursement For: **2006**

Primary: General: Other (specify):

State: **UT** District: _____

Date of Disbursement: **04 / 18 / 2005**

Amount of Each Disbursement this Period: **1,000.00**

Category/Type: **011**

C.

Full Name (Last, First, Middle Initial)
People For English

Mailing Address
P.O. Box 1940

City: **Erie** State: **PA** Zip Code: **16507**

Purpose of Disbursement: **political contributon**

Candidate Name: **Philip English**

Office Sought: House Senate President

Disbursement For: **2006**

Primary: General: Other (specify):

State: **PA** District: **03**

Date of Disbursement: **06 / 21 / 2005**

Amount of Each Disbursement this Period: **2,500.00**

Category/Type: **011**

SUBTOTAL of Disbursements This Page (optional).....▶

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

250336445

**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	OF
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Friends of Gordon Smith		Date of Disbursement 06 / 21 / 2005	
Mailing Address 228 S. Washington Ste. 115			
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement political contribution		Category/ Type 0 1 1	Amount of Each Disbursement this Period 375 00
Candidate Name Gordon Smith			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OR	District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	2425 00

2503886448

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

2503886447

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

<input type="checkbox"/> Postmark Illegible	
---	--

<input type="checkbox"/> No Postmark	
--------------------------------------	--

<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>7/29/05</i>
Next Business Day Delivery	<input checked="" type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

JAE
 PREPARER
 (3/2005)

8/1/05
 DATE PREPARED