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**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5**

**MEDICAL FACILITIES OF AMERICA**

ADDRESS (number and street) **2917 PENN. FOREST BOULEVARD**

Check if different than previously reported. (ACC) **SUITE 20, P.O. BOX 29600  
ROANOKE VA 24018-0797**

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

**C00405472**

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - May 20 (M5)
  - Aug 20 (M8)
  - Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)
  - Jun 20 (M6)
  - Sep 20 (M9)
  - Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)
  - Jul 20 (M7)
  - Oct 20 (M10)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on [ ] / [ ] / [ ] In the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [ ] / [ ] / [ ] In the State of [ ]

5. Covering Period **07 01 2005** through **12 31 2005**

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

Type or Print Name of Treasurer **Novel Martin**

Signature of Treasurer *[Handwritten Signature]* Date **01 27 2006**

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

Office Use Only												<b>FEC FORM 3X</b>
												Rev. 12/2004

26038962601

**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:

**07 / 01 / 2005**

To:

**12 / 31 / 2005**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2005</b>		1,000,000
(b) Cash on Hand at Beginning of Reporting Period	1,418,115	
(c) Total Receipts (from Line 19)	4,095,800	1,920,195
(d) Subtotal (add Lines 6(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)	1,827,695	2,920,195
7. Total Disbursements (from Line 31)	2,053,900	1,297,890
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,623,050	1,623,050
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	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

26038962602

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 9X (Rev. 02/2005)

Page 3

Write or Type Committee Name

**MEDICAL FACILITIES OF AMERICA, INC. PAC**

Report Covering the Period: From: **01 / 07 / 2005** To: **12 / 31 / 2005**

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).....	4,095.80	1,920.95
(ii) Unitemized.....	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4,095.80	1,920.95
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	4,095.80	1,920.95
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).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	4,095.80	1,920.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4,095.80	1,920.95

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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	
(ii) Non-Federal Share .....	0	
(b) Other Federal Operating Expenditure .....	1 7 8 9 0	1 7 8 9 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	
22. Transfers to Affiliated/Other Party Committees .....	0	
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	2 0 5 3 9 0	1 2 9 7 8 9 0
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 0 5 3 9 0	1 2 9 7 8 9 0
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(i) from Line 31) .....	2 0 5 3 9 0	1 2 9 7 8 9 0

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2005)

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) .....	4 0 9 5 8 0	1 9 2 0 1 9 5
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4 0 9 5 8 0	1 9 2 0 1 9 5
36. Total Federal Operating Expenditures (add Line 21(a)(1) 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

26038962605

**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) <b>A. Fralin, William</b>			Date of Receipt <b>07 / 18 / 2005</b>		
Mailing Address <b>2917 Penn Forest Blvd.</b>					
City <b>Roanoke</b>	State <b>VA</b>	Zip Code <b>24018</b>	Amount of Each Receipt this Period <b>500.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer of <b>Medical Facilities America</b>		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		Aggregate Year-to-Date ▾ <b>500.00</b>			

Full Name (Last, First, Middle Initial) <b>B. Roark, Richard</b>			Date of Receipt <b>07 / 04 / 2005</b>		
Mailing Address <b>2409 Watermill Grove</b>					
City <b>Chesapeake</b>	State <b>VA</b>	Zip Code <b>23321</b>	Amount of Each Receipt this Period <b>500.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer <b>Waverly Healthcare Center</b>		Occupation <b>Administrator</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		Aggregate Year-to-Date ▾ <b>300.00</b>			

Full Name (Last, First, Middle Initial) <b>C. Moore, Brenda</b>			Date of Receipt <b>07 / 04 / 2005</b>		
Mailing Address <b>4241 Kings Court Drive</b>					
City <b>Roanoke</b>	State <b>VA</b>	Zip Code <b>24018</b>	Amount of Each Receipt this Period <b>178.50</b>		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		Aggregate Year-to-Date ▾ <b>114.00</b>			

SUBTOTAL of Receipts This Page (optional).....▶	<b>500.00</b>
TOTAL This Period (last page this line number only).....▶	<b>500.00</b>

26038962606

**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 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**

**A. Moore, Brenda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**4241 Kings Court Drive**  
 City **Roanoke** State **VA** Zip Code **24018**  
 Date of Receipt **07 / 18 / 2005**  
 Amount of Each Receipt this Period **190.00**  
 Aggregate Year-to-Date **1,380.00**  
 Receipt For:  Primary  General  Other (specify)   
 Name of Employer Occupation  
 FEC ID number of contributing federal political committee **C**

**B. Moore, Brenda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**4241 Kings Court Drive**  
 City **Roanoke** State **VA** Zip Code **24018**  
 Date of Receipt **08 / 01 / 2005**  
 Amount of Each Receipt this Period **180.00**  
 Aggregate Year-to-Date **1,560.00**  
 Receipt For:  Primary  General  Other (specify)   
 Name of Employer Occupation  
 FEC ID number of contributing federal political committee **C**

**C. Moore, Brenda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**4241 Kings Court Drive**  
 City **Roanoke** State **VA** Zip Code **24018**  
 Date of Receipt **08 / 15 / 2005**  
 Amount of Each Receipt this Period **190.00**  
 Aggregate Year-to-Date **1,750.00**  
 Receipt For:  Primary  General  Other (specify)   
 Name of Employer Occupation  
 FEC ID number of contributing federal political committee **C**

SUBTOTAL of Receipts This Page (optional) **560.00**  
 TOTAL This Period (last page this line number only) **560.00**

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

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

Full Name (Last, First, Middle Initial) <b>A. Moore, Brenda</b>		Date of Receipt <b>08 / 29 / 2005</b>
Mailing Address <b>4241 Kings Court Drive</b>		Amount of Each Receipt this Period <b>1,900.00</b>
City <b>Roanoke</b>	State Zip Code <b>VA 24018</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>1,900.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Moore, Brenda</b>		Date of Receipt <b>09 / 12 / 2005</b>
Mailing Address <b>4241 Kings Court Drive</b>		Amount of Each Receipt this Period <b>1,900.00</b>
City <b>Roanoke</b>	State Zip Code <b>VA 24018</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>2,090.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Moore, Brenda</b>		Date of Receipt <b>09 / 26 / 2005</b>
Mailing Address <b>4241 Kings Court Drive</b>		Amount of Each Receipt this Period <b>1,900.00</b>
City <b>Roanoke</b>	State Zip Code <b>VA 24018</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>2,280.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<b>5,080.00</b>
TOTAL This Period (last page this line number only).....▶	<b>5,080.00</b>

2005090902608



**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"/>	12
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	15
<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 **Roanoke** State **VA** Zip Code **24018**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2,470.00**

Date of Receipt  
**10 / 10 / 2005**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address  
**4241 Kings Court Drive**

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

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2,550.00**

Date of Receipt  
**10 / 24 / 2005**

Amount of Each Receipt this Period  
**180.00**

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

Mailing Address  
**4241 Kings Court Drive**

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

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2,850.00**

Date of Receipt  
**01 / 17 / 2005**

Amount of Each Receipt this Period  
**190.00**

SUBTOTAL of Receipts This Page (optional).....▶ **470.00**

TOTAL This Period (last page this line number only).....▶ **470.00**

26038962609

**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. Moore, Brenda**

Mailing Address  
**4241 Kings Court Drive**

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

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  
**1 1 / 2 1 / 2 0 0 5**

Amount of Each Receipt this Period  
**1 9 0 0**

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

Mailing Address  
**4241 Kings Court Drive**

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

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  
**1 2 1 / 0 5 / 2 0 0 5**

Amount of Each Receipt this Period  
**1 9 0 0**

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

Mailing Address  
**4241 Kings Court Drive**

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

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  
**1 2 / 1 9 / 2 0 0 5**

Amount of Each Receipt this Period  
**1 9 0 0**

SUBTOTAL of Receipts This Page (optional).....▶ **3 2 3 0 0**

TOTAL This Period (last page this line number only).....▶ **3 2 3 0 0**

26038962610

**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
13	14	15	16	

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NAME OF COMMITTEE (In Full)

**MEDICAL FACILITIES OF AMERICA, INC. PAC**

Full Name (Last, First, Middle Initial) <b>A. Wood, Jackie</b>		Date of Receipt 07 / 04 / 2005
Mailing Address 2917 Penn Forest Blvd.		Amount of Each Receipt this Period 1998.9
City Roanoke	State Zip Code VA 24014	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date 1998.9
Name of Employer Medical Facilities of America	Occupation VP of Program Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>B. Wood, Jackie</b>		Date of Receipt 07 / 18 / 2005
Mailing Address 2917 Penn Forest Blvd.		Amount of Each Receipt this Period 333.3
City Roanoke	State Zip Code VA 24014	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date 423342.2
Name of Employer Medical Facilities of America	Occupation VP of Program Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>C. Wood, Jackie</b>		Date of Receipt 08 / 01 / 2005
Mailing Address 2917 Penn Forest Blvd.		Amount of Each Receipt this Period 333.3
City Roanoke	State Zip Code VA 24014	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date 2665.5
Name of Employer Medical Facilities of America	Occupation VP of Program Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		

1192968E092

**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"/> 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. Wood, Jackie**

Mailing Address

**2917 Penn Forest Blvd.**

City

**Roanoke**

State

**VA**

Zip Code

**24014**

FEC ID number of contributing federal political committee.

**C**

Name of Employer **Medical Facilities of America**

Occupation

**VP of Program Development**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**2,998.81**

Date of Receipt

**08 / 15 / 2005**

Amount of Each Receipt this Period

**333.3**

Full Name (Last, First, Middle Initial)

**B. Wood, Jackie**

Mailing Address

**2917 Penn Forest Blvd.**

City

**Roanoke**

State

**VA**

Zip Code

**24014**

FEC ID number of contributing federal political committee.

**C**

Name of Employer **Medical Facilities of America**

Occupation

**VP of Program Development**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**3,332.1**

Date of Receipt

**08 / 29 / 2005**

Amount of Each Receipt this Period

**333.3**

Full Name (Last, First, Middle Initial)

**C. Wood, Jackie**

Mailing Address

**2917 Penn Forest Blvd.**

City

**Roanoke**

State

**VA**

Zip Code

**24014**

FEC ID number of contributing federal political committee.

**C**

Name of Employer **Medical Facilities of America**

Occupation

**VP of Program Development**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**3,665.4**

Date of Receipt

**09 / 12 / 2005**

Amount of Each Receipt this Period

**333.3**

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

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

26038962612

**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

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) <b>A. Wood, Jackie</b>		Date of Receipt <b>09 / 26 / 2005</b>
Mailing Address <b>2917 Penn Forest Blvd.</b>		Amount of Each Receipt this Period <b>3333</b>
City <b>Roanoke</b>	State Zip Code <b>VA 24014</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Medical Facilities of America</b>	Occupation <b>VP of Program Development</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾	Aggregate Year-to-Date ▾ <b>39987</b>	

Full Name (Last, First, Middle Initial) <b>B. Wood, Jackie</b>		Date of Receipt <b>10 / 10 / 2005</b>
Mailing Address <b>2917 Penn Forest Blvd.</b>		Amount of Each Receipt this Period <b>3342</b>
City <b>Roanoke</b>	State Zip Code <b>VA 24014</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Medical Facilities of America</b>	Occupation <b>VP of Program Development</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾	Aggregate Year-to-Date ▾ <b>43329</b>	

Full Name (Last, First, Middle Initial) <b>C. Wood, Jackie</b>		Date of Receipt <b>10 / 24 / 2005</b>
Mailing Address <b>2917 Penn Forest Blvd.</b>		Amount of Each Receipt this Period <b>3333</b>
City <b>Roanoke</b>	State Zip Code <b>VA 24014</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Medical Facilities of America</b>	Occupation <b>VP of Program Development</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾	Aggregate Year-to-Date ▾ <b>46662</b>	

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

26038962612

**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		
13	14	15	16	17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Hood, Jackie**

Mailing Address  
**2917 Penn Forest Blvd.**

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

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

Name of Employer **Medical Facilities of America** Occupation **VP of Program Development**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **4,999.5**

Date of Receipt **1.1.07.2005**

Amount of Each Receipt this Period **333.3**

Full Name (Last, First, Middle Initial)  
**B. Wall, John**

Mailing Address  
**450 Piney Forest Road**

City **Danville** State **VA** Zip Code **24540**

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

Name of Employer **Piney Forest Healthcare Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **3,000.0**

Date of Receipt **0.7.04.2005**

Amount of Each Receipt this Period **200.00**

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

Mailing Address  
**5800 Bradington Drive**

City **Glen Avenue** State **VA** Zip Code **23059**

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

Name of Employer **Parnam Health and Rehabilitation Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **500.0**

Date of Receipt **0.7.04.2005**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional) **1,133.3**

TOTAL This Period (last page this line number only) **1,133.3**

26038962614

**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. Blackwell, Will**

Full Name (Last, First, Middle Initial)

Mailing Address  
**5800 Bradington Drive**

City **Glen Avenue** State **VA** Zip Code **23059**

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

Name of Employer **Parnam Health and Rehabilitation Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **1,000.00**

Date of Receipt  
**07 / 18 / 2005**

Amount of Each Receipt this Period  
**5,000.00**

**B. Blackwell, Will**

Full Name (Last, First, Middle Initial)

Mailing Address  
**5800 Bradington Drive**

City **Glen Avenue** State **VA** Zip Code **23059**

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

Name of Employer **Parnam Health and Rehabilitation Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **1,500.00**

Date of Receipt  
**08 / 01 / 2005**

Amount of Each Receipt this Period  
**5,000.00**

**C. Blackwell, Will**

Full Name (Last, First, Middle Initial)

Mailing Address  
**5800 Bradington Drive**

City **Glen Avenue** State **VA** Zip Code **23059**

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

Name of Employer **Parnam Health and Rehabilitation Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **2,000.00**

Date of Receipt  
**08 / 15 / 2005**

Amount of Each Receipt this Period  
**5,000.00**

SUBTOTAL of Receipts This Page (optional) **15,000.00**

TOTAL This Period (last page this line number only) **15,000.00**

260306962015

**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. Blackwell, Will**

Mailing Address  
**5800 Bradington Drive**

City **Glen Avenue** State **VA** Zip Code **23059**

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

Name of Employer **Parnum Health and Rehabilitation Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **2,500.00**

Date of Receipt  
**08 / 29 / 2005**

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**B. Allen, Emory**

Mailing Address  
**5527 Medmont Circle**

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

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **1,200.00**

Date of Receipt  
**07 / 04 / 2005**

Amount of Each Receipt this Period **400.00**

Full Name (Last, First, Middle Initial)  
**C. Allen, Emory**

Mailing Address  
**5527 Medmont Circle**

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

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **1,600.00**

Date of Receipt  
**07 / 18 / 2005**

Amount of Each Receipt this Period **400.00**

SUBTOTAL of Receipts This Page (optional) **4,100.00**

TOTAL This Period (last page this line number only) **4,100.00**

2603892619



**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. Allen, Emory**

Mailing Address  
**5527 Medmont Circle**

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

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾  
**2,000.00**

Date of Receipt  
**08 / 01 / 2005**

Amount of Each Receipt this Period  
**4,000.00**

Full Name (Last, First, Middle Initial)  
**B. Allen, Emory**

Mailing Address  
**5527 Medmont Circle**

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

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾  
**2,400.00**

Date of Receipt  
**08 / 15 / 2005**

Amount of Each Receipt this Period  
**4,000.00**

Full Name (Last, First, Middle Initial)  
**C. Allen, Emory**

Mailing Address  
**5527 Medmont Circle**

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

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾  
**2,800.00**

Date of Receipt  
**08 / 29 / 2005**

Amount of Each Receipt this Period  
**4,000.00**

SUBTOTAL of Receipts This Page (optional).....▶ **4,000.00**

TOTAL This Period (last page this line number only).....▶ **4,000.00**

26038362617

**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

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) <b>A. Allen, Emory</b>		Date of Receipt <b>0.9 / 1.2 / 2005</b>
Mailing Address <b>5527 Medmont Circle</b>		Amount of Each Receipt this Period <b>400.00</b>
City <b>Roanoke</b>	State Zip Code <b>VA 24018</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>3,200.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Allen, Emory</b>		Date of Receipt <b>0.9 / 2.6 / 2005</b>
Mailing Address <b>5527 Medmont Circle</b>		Amount of Each Receipt this Period <b>400.00</b>
City <b>Roanoke</b>	State Zip Code <b>VA 24018</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>3,600.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Allen, Emory</b>		Date of Receipt <b>1.0 / 1.0 / 2005</b>
Mailing Address <b>5527 Medmont Circle</b>		Amount of Each Receipt this Period <b>400.00</b>
City <b>Roanoke</b>	State Zip Code <b>VA 24018</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>400.00</b>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

26038962618

**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) <b>A. Helmer, Keith</b>		Date of Receipt <b>07 / 04 / 2005</b>
Mailing Address <b>242 Butler Court</b>		Amount of Each Receipt this Period <b>4,000.00</b>
City <b>Daleville</b>	State Zip Code <b>VA 24083</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>8,000.00</b>
Name of Employer <b>Medical Facilities of America</b>		
Occupation <b>COO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		

Full Name (Last, First, Middle Initial) <b>B. Helmer, Keith</b>		Date of Receipt <b>07 / 18 / 2005</b>
Mailing Address <b>242 Butler Court</b>		Amount of Each Receipt this Period <b>4,000.00</b>
City <b>Daleville</b>	State Zip Code <b>VA 24083</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>12,000.00</b>
Name of Employer <b>Medical Facilities of America</b>		
Occupation <b>COO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		

Full Name (Last, First, Middle Initial) <b>C. Helmer, Keith</b>		Date of Receipt <b>08 / 01 / 2005</b>
Mailing Address <b>242 Butler Court</b>		Amount of Each Receipt this Period <b>4,000.00</b>
City <b>Daleville</b>	State Zip Code <b>VA 24083</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>16,000.00</b>
Name of Employer <b>Medical Facilities of America</b>		
Occupation <b>COO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		

SUBTOTAL of Receipts This Page (optional).....	<b>4,000.00</b>
TOTAL This Period (last page this line number only).....	<b>4,000.00</b>

26030302010

**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

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

Full Name (Last, First, Middle Initial) <b>A. Helmer, Keith</b>			Date of Receipt <b>08 / 15 / 2005</b>		
Mailing Address <b>242 Butler Court</b>			Amount of Each Receipt this Period <b>400.00</b>		
City <b>Daleville</b>	State <b>VA</b>	Zip Code <b>24083</b>			
FEC ID number of contributing federal political committee <b>C</b>			Aggregate Year-to-Date <b>2000.00</b>		
Name of Employer <b>Medical Facilities of America</b>		Occupation <b>COO</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>					

Full Name (Last, First, Middle Initial) <b>B. Helmer, Keith</b>			Date of Receipt <b>08 / 29 / 2005</b>		
Mailing Address <b>242 Butler Court</b>			Amount of Each Receipt this Period <b>400.00</b>		
City <b>Daleville</b>	State <b>VA</b>	Zip Code <b>24083</b>			
FEC ID number of contributing federal political committee <b>C</b>			Aggregate Year-to-Date <b>2400.00</b>		
Name of Employer <b>Medical Facilities of America</b>		Occupation <b>COO</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>					

Full Name (Last, First, Middle Initial) <b>C. Helmer, Keith</b>			Date of Receipt <b>09 / 12 / 2005</b>		
Mailing Address <b>242 Butler Court</b>			Amount of Each Receipt this Period <b>400.00</b>		
City <b>Daleville</b>	State <b>VA</b>	Zip Code <b>24083</b>			
FEC ID number of contributing federal political committee <b>C</b>			Aggregate Year-to-Date <b>2800.00</b>		
Name of Employer <b>Medical Facilities of America</b>		Occupation <b>COO</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>					

SUBTOTAL of Receipts This Page (optional)	<b>400.00</b>
TOTAL This Period (last page this line number only)	<b>400.00</b>

26030902620

**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 16	<input type="checkbox"/> 12 15

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) <b>A. Helmer, Keith</b>			Date of Receipt <b>09 / 26 / 2005</b>	
Mailing Address <b>242 Butler Court</b>				
City <b>Daleville</b>	State <b>VA</b>	Zip Code <b>24083</b>		
FEC ID number of contributing federal political committee <b>C</b>			Amount of Each Receipt this Period <b>400.00</b>	
Name of Employer <b>Medical Facilities of America</b>		Occupation <b>COO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		Aggregate Year-to-Date ▾ <b>3200.00</b>		

Full Name (Last, First, Middle Initial) <b>B. Helmer, Keith</b>			Date of Receipt <b>10 / 10 / 2005</b>	
Mailing Address <b>242 Butler Court</b>				
City <b>Daleville</b>	State <b>VA</b>	Zip Code <b>24083</b>		
FEC ID number of contributing federal political committee <b>C</b>			Amount of Each Receipt this Period <b>400.00</b>	
Name of Employer <b>Medical Facilities of America</b>		Occupation <b>COO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		Aggregate Year-to-Date ▾ <b>3600.00</b>		

Full Name (Last, First, Middle Initial) <b>C. Helmer, Keith</b>			Date of Receipt <b>10 / 24 / 2005</b>	
Mailing Address <b>242 Butler Court</b>				
City <b>Daleville</b>	State <b>VA</b>	Zip Code <b>24083</b>		
FEC ID number of contributing federal political committee <b>C</b>			Amount of Each Receipt this Period <b>400.00</b>	
Name of Employer <b>Medical Facilities of America</b>		Occupation <b>COO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		Aggregate Year-to-Date ▾ <b>4000.00</b>		

SUBTOTAL of Receipts This Page (optional).....▶	<b>4000.00</b>
TOTAL This Period (last page this line number only).....▶	<b>4000.00</b>

26030902621

**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

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) <b>A. Helmer, Keith</b>			Date of Receipt <b>11 / 07 / 2005</b>	
Mailing Address <b>242 Butler Court</b>				
City <b>Daleville</b>	State <b>VA</b>	Zip Code <b>24083</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>400.00</b>	
Name of Employer <b>Medical Facilities of America</b>		Occupation <b>COO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		Aggregate Year-to-Date ▾ <b>440.00</b>		

Full Name (Last, First, Middle Initial) <b>B. Helmer, Keith</b>			Date of Receipt <b>11 / 21 / 2005</b>	
Mailing Address <b>242 Butler Court</b>				
City <b>Daleville</b>	State <b>VA</b>	Zip Code <b>24083</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>400.00</b>	
Name of Employer <b>Medical Facilities of America</b>		Occupation <b>COO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		Aggregate Year-to-Date ▾ <b>480.00</b>		

Full Name (Last, First, Middle Initial) <b>C. Helmer, Keith</b>			Date of Receipt <b>12 / 05 / 2005</b>	
Mailing Address <b>242 Butler Court</b>				
City <b>Daleville</b>	State <b>VA</b>	Zip Code <b>24083</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>100.00</b>	
Name of Employer <b>Medical Facilities of America</b>		Occupation <b>COO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		Aggregate Year-to-Date ▾ <b>520.00</b>		

SUBTOTAL of Receipts This Page (optional).....▶	<b>400.00</b>
TOTAL This Period (last page this line number only).....▶	<b>400.00</b>

26038962622

**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

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. Helmer, Keith**

Mailing Address  
**242 Butler Court**

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:  
 Primary  General  
 Other (specify) **v**

Aggregate Year-to-Date **560.00**

Date of Receipt  
**12 / 19 / 2005**

Amount of Each Receipt this Period  
**400.00**

Full Name (Last, First, Middle Initial)  
**B. Van Nostrand, Gary**

Mailing Address  
**1225 S. Reservoir Street**

City **Harrisonburg** State **VA** Zip Code

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

Name of Employer **Harrisonburg Health & Rehab Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) **v**

Aggregate Year-to-Date **800.00**

Date of Receipt  
**07 / 04 / 2005**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**C. Van Nostrand, Gary**

Mailing Address  
**1225 S. Reservoir Street**

City **Harrisonburg** State **VA** Zip Code

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

Name of Employer **Harrisonburg Health & Rehab Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) **v**

Aggregate Year-to-Date **100.00**

Date of Receipt  
**07 / 18 / 2005**

Amount of Each Receipt this Period  
**200.00**

SUBTOTAL of Receipts This Page (optional) **1000.00**

TOTAL This Period (last page this line number only) **1000.00**

26038862623

**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"/>
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>
<input type="checkbox"/>	15	<input type="checkbox"/>	12	<input type="checkbox"/>
<input type="checkbox"/>	16	<input type="checkbox"/>	18	<input type="checkbox"/>
<input type="checkbox"/>	17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Van Nostrand, Gary**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**1225 S. Reservoir Street**  
City **Harrisonburg** State **VA** Zip Code

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

Name of Employer **Harrisonburg Health & Rehab Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **12000**

Date of Receipt: **08 / 01 / 2005**

Amount of Each Receipt this Period: **2000**

**B. Van Nostrand, Gary**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**1225 S. Reservoir Street**  
City **Harrisonburg** State **VA** Zip Code

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

Name of Employer **Harrisonburg Health & Rehab Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **14000**

Date of Receipt: **08 / 15 / 2005**

Amount of Each Receipt this Period: **2000**

**C. Van Nostrand, Gary**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**1225 S. Reservoir Street**  
City **Harrisonburg** State **VA** Zip Code

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

Name of Employer **Harrisonburg Health & Rehab Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **16000**

Date of Receipt: **08 / 29 / 2005**

Amount of Each Receipt this Period: **2000**

SUBTOTAL of Receipts This Page (optional) **6000**

TOTAL This Period (last page this line number only) **6000**

26038962624



**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 19	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 18	<input type="checkbox"/> 12 16

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. Van Nostrand, Gary**

Mailing Address  
**1225 S. Reservoir Street**

City **Harrisonburg** State **VA** Zip Code

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

Name of Employer **Harrisonburg Health & Rehab Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **1,800.00**

Date of Receipt **09 / 12 / 2005**

Amount of Each Receipt this Period **2,000**

Full Name (Last, First, Middle Initial)  
**B. Van Nostrand, Gary**

Mailing Address  
**1225 S. Reservoir Street**

City **Harrisonburg** State **VA** Zip Code

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

Name of Employer **Harrisonburg Health & Rehab Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **4,200.00**

Date of Receipt **09 / 26 / 2005**

Amount of Each Receipt this Period **2000**

Full Name (Last, First, Middle Initial)  
**C. Van Nostrand, Gary**

Mailing Address  
**1225 S. Reservoir Street**

City **Harrisonburg** State **VA** Zip Code

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

Name of Employer **Harrisonburg Health & Rehab Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **2,200.00**

Date of Receipt **10 / 10 / 2005**

Amount of Each Receipt this Period **2,000**

SUBTOTAL of Receipts This Page (optional) **6,000**

TOTAL This Period (last page this line number only) **6,000**

20030902025

**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**

Mailing Address  
**1225 S. Reservoir Street**

City **Harrisonburg** State **VA** Zip Code

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

Name of Employer **Harrisonburg Health & Rehab Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **2,400.00**

Date of Receipt **1.0 / 2.4 / 2005**

Amount of Each Receipt this Period **2000**

Full Name (Last, First, Middle Initial)  
**B. Van Nostrand, Gary**

Mailing Address  
**1225 S. Reservoir Street**

City **Harrisonburg** State **VA** Zip Code

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

Name of Employer **Harrisonburg Health & Rehab Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **2,800.00**

Date of Receipt **1.1 / 0.7 / 2005**

Amount of Each Receipt this Period **2000**

Full Name (Last, First, Middle Initial)  
**C. Van Nostrand, Gary**

Mailing Address  
**1225 S. Reservoir Street**

City **Harrisonburg** State **VA** Zip Code

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

Name of Employer **Harrisonburg Health & Rehab Center** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **3000.00**

Date of Receipt **1.1 / 2.1 / 2005**

Amount of Each Receipt this Period **2000**

SUBTOTAL of Receipts This Page (optional) **6000**

TOTAL This Period (last page this line number only) **6000**

20030902620

**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"/> 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  
12 / 05 / 2005

Mailing Address  
1225 S. Reservoir Street

City: Harrisonburg State: VA Zip Code: [ ]

FEC ID number of contributing federal political committee: C [ ]

Name of Employer: Harrisonburg Health & Rehab Center Occupation: Administrator

Receipt For:  
 Primary  General  Other (specify) [ ]

Aggregate Year-to-Date: 3,200.00

Amount of Each Receipt this Period: 2,000.00

Full Name (Last, First, Middle Initial)  
**B. Van Nostrand, Gary**

Date of Receipt  
12 / 19 / 2005

Mailing Address  
1225 S. Reservoir Street

City: Harrisonburg State: VA Zip Code: [ ]

FEC ID number of contributing federal political committee: C [ ]

Name of Employer: Harrisonburg Health & Rehab Center Occupation: Administrator

Receipt For:  
 Primary  General  Other (specify) [ ]

Aggregate Year-to-Date: 3,400.00

Amount of Each Receipt this Period: 2,000.00

Full Name (Last, First, Middle Initial)  
**C. Pressman, Sean**

Date of Receipt  
07 / 04 / 2005

Mailing Address  
1945 Roanoke Blvd.

City: Salem State: VA Zip Code: 24153

FEC ID number of contributing federal political committee: C [ ]

Name of Employer: [ ] Occupation: [ ]

Receipt For:  
 Primary  General  Other (specify) [ ]

Aggregate Year-to-Date: 1,000.00

Amount of Each Receipt this Period: 5,000.00

SUBTOTAL of Receipts This Page (optional) [ ]

TOTAL This Period (last page this line number only) [ ]

26038982627

**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

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. Pressman, Sean**

Mailing Address  
**1945 Roanoke Blvd.**

City **Salem** State **VA** Zip Code **24153**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date **1,500.00**

Date of Receipt **07 / 18 / 2005**

Amount of Each Receipt this Period **5,000.00**

Full Name (Last, First, Middle Initial)  
**B. Pressman, Sean**

Mailing Address  
**1945 Roanoke Blvd.**

City **Salem** State **VA** Zip Code **24153**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date **2,000.00**

Date of Receipt **08 / 01 / 2005**

Amount of Each Receipt this Period **5,000.00**

Full Name (Last, First, Middle Initial)  
**C. Pressman, Sean**

Mailing Address  
**1945 Roanoke Blvd.**

City **Salem** State **VA** Zip Code **24153**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date **2,500.00**

Date of Receipt **08 / 15 / 2005**

Amount of Each Receipt this Period **5,000.00**

SUBTOTAL of Receipts This Page (optional) **15,000.00**

TOTAL This Period (last page this line number only) **15,000.00**

26038962628

**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. Pressman, Sean**

Mailing Address  
**1945 Roanoke Blvd.**

City **Salem** State **VA** Zip Code **24153**

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3,000.00**

Date of Receipt  
**08 / 29 / 2005**

Amount of Each Receipt this Period  
**5,000.00**

Full Name (Last, First, Middle Initial)  
**B. Pressman, Sean**

Mailing Address  
**1945 Roanoke Blvd.**

City **Salem** State **VA** Zip Code **24153**

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3,500.00**

Date of Receipt  
**09 / 12 / 2005**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Pressman, Sean**

Mailing Address  
**1945 Roanoke Blvd.**

City **Salem** State **VA** Zip Code **24153**

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**4,000.00**

Date of Receipt  
**09 / 26 / 2005**

Amount of Each Receipt this Period  
**500.00**

SUBTOTAL of Receipts This Page (optional) ..... ▶ **5,000.00**

TOTAL This Period (last page this line number only) ..... ▶ **5,000.00**

26038962629

**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

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. Pressman, Sean**

Mailing Address  
**1945 Roanoke Blvd.**

City **Salem** State **VA** Zip Code **24153**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date **450.00**

Date of Receipt **10 / 10 / 2005**

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)  
**B. Pressman, Sean**

Mailing Address  
**1945 Roanoke Blvd.**

City **Salem** State **VA** Zip Code **24153**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 24 / 2005**

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)  
**C. 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 **100.00**

Date of Receipt **07 / 04 / 2005**

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional) **100.00**

TOTAL This Period (last page this line number only) **100.00**

26038892630

**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

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. Pressman, Jennifer**

Full Name (Last, First, Middle Initial)  
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 ▾  
**1,500.00**

Date of Receipt: **07 / 18 / 2005**

Amount of Each Receipt this Period:  
**5,000.00**

**B. Pressman, Jennifer**

Full Name (Last, First, Middle Initial)  
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 ▾  
**2,000.00**

Date of Receipt: **08 / 01 / 2005**

Amount of Each Receipt this Period:  
**5,000.00**

**C. Pressman, Jennifer**

Full Name (Last, First, Middle Initial)  
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 ▾  
**2,500.00**

Date of Receipt: **08 / 15 / 2005**

Amount of Each Receipt this Period:  
**500.00**

SUBTOTAL of Receipts This Page (optional) **12,500.00**

TOTAL This Period (last page this line number only) **12,500.00**

26038962631

**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

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) <b>A. Pressman, Jennifer</b>		Date of Receipt <b>08 / 29 / 2005</b>
Mailing Address <b>3335 L. Circle Brook Drive</b>		Amount of Each Receipt this Period <b>5,000</b>
City <b>Roanoke</b>	State Zip Code <b>VA 24018</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>3,000.00</b>
Name of Employer <b>Pulaski Healthcare Center</b>	Occupation <b>Administrator</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) <b>B. Pressman, Jennifer</b>		Date of Receipt <b>09 / 12 / 2005</b>
Mailing Address <b>3335 L. Circle Brook Drive</b>		Amount of Each Receipt this Period <b>5,000</b>
City <b>Roanoke</b>	State Zip Code <b>VA 24018</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>3,500.00</b>
Name of Employer <b>Pulaski Healthcare Center</b>	Occupation <b>Administrator</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) <b>C. Pressman, Jennifer</b>		Date of Receipt <b>09 / 26 / 2005</b>
Mailing Address <b>3335 L. Circle Brook Drive</b>		Amount of Each Receipt this Period <b>5,000</b>
City <b>Roanoke</b>	State Zip Code <b>VA 24018</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>4,000.00</b>
Name of Employer <b>Pulaski Healthcare Center</b>	Occupation <b>Administrator</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		

SUBTOTAL of Receipts This Page (optional).....	<b>15,000</b>
TOTAL This Period (last page this line number only).....	<b>15,000</b>

26038982832



**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			

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. 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 **6,500.00**

Date of Receipt **10 / 10 / 2005**

Amount of Each Receipt this Period **5,000.00**

Full Name (Last, First, Middle Initial)  
**B. 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 **5,000.00**

Date of Receipt **10 / 24 / 2005**

Amount of Each Receipt this Period **5,000.00**

Full Name (Last, First, Middle Initial)  
**C. Davis, Jason**

Mailing Address  
**81 Subhouse Drive #109**

City **Lynchburg** State **VA** Zip Code **24502**

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

Name of Employer **Lynchburg Health & Rehab Center** Occupation **Asst. Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **5,000.00**

Date of Receipt **07 / 04 / 2005**

Amount of Each Receipt this Period **5,000.00**

SUBTOTAL of Receipts This Page (optional) **15,000.00**

TOTAL This Period (last page this line number only) **15,000.00**

26038992633

**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"/> 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. Davis, Jason**

Mailing Address

**81 Clubhouse Drive # 109**

City

**Lynchburg**

State

**VA**

Zip Code

**24502**

FEC ID number of contributing federal political committee.

**C**

Name of Employer **Lynchburg**

Occupation

**Health & Rehab Center**

**Asst. Administrator**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**1,000.00**

Date of Receipt

**07 / 18 / 2005**

Amount of Each Receipt this Period

**5,000.00**

Full Name (Last, First, Middle Initial)

**B. Davis, Jason**

Mailing Address

**81 Clubhouse Drive #109**

City

**Lynchburg**

State

**VA**

Zip Code

**24502**

FEC ID number of contributing federal political committee.

**C**

Name of Employer **Lynchburg**

Occupation

**Health & Rehab Center**

**Asst. Administrator**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**1,500.00**

Date of Receipt

**08 / 01 / 2005**

Amount of Each Receipt this Period

**5,000.00**

Full Name (Last, First, Middle Initial)

**C. Davis, Jason**

Mailing Address

**81 Clubhouse Drive #109**

City

**Lynchburg**

State

**VA**

Zip Code

**24502**

FEC ID number of contributing federal political committee.

**C**

Name of Employer **Lynchburg**

Occupation

**Health & Rehab Center**

**Asst. Administrator**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**2,000.00**

Date of Receipt

**08 / 15 / 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).....▶

**5,000.00**  
**5,000.00**

200308062034

**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. Davis, Jason**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **81 Clubhouse Drive #109**  
 City: **Lynchburg** State: **VA** Zip Code: **24502**  
 Date of Receipt: **08 / 29 / 2005**  
 Amount of Each Receipt this Period: **500.00**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Lynchburg Health & Rehab Center** Occupation: **Asst. Administrator**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **250.00**

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Date of Receipt  
 Amount of Each Receipt this Period  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date

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

SUBTOTAL of Receipts This Page (optional) **500.00**  
 TOTAL This Period (last page this line number only) **500.00**

26038962635

**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

21b  22  23  24  25  28  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

**MEDICAL FACILITIES OF AMERICA, INC. PAC**

Full Name (Last, First, Middle Initial)

**A. Promotional Republicans You Can Elect  
(Pryce Project) Political Action Committee**

Date of Disbursement

07 / 12 / 2005

Mailing Address

**1155 21st Street, N.W. - Suite 300**

City

**Washington**

State

**DC**

Zip Code

**20036**

Purpose of Disbursement

**Political Contribution**

011

Amount of Each Disbursement this Period

8,750.00

Candidate Name

**Deborah D. Pryce**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Friends of Max Baucus**

Date of Disbursement

07 / 21 / 2005

Mailing Address

**Box 586**

City

**Helena**

State

**MT**

Zip Code

**59624**

Purpose of Disbursement

**Political contribution**

011

Amount of Each Disbursement this Period

5,000.00

Candidate Name

**Max Baucus**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

**Montana**

District: **00**

Full Name (Last, First, Middle Initial)

**C. Nathan Deal**

Date of Disbursement

09 / 21 / 2005

Mailing Address

**P.O. Box 902**

City

**Gainesville**

State

**GA**

Zip Code

**30503**

Purpose of Disbursement

**Political contribution**

011

Amount of Each Disbursement this Period

5,000.00

Candidate Name

**Nathan Deal**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

**Georgia**

District: **10**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input 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**

**A.**

Full Name (Last, First, Middle Initial)  
**Wachovia Bank**

Date of Disbursement  
MM / DD / YYYY  
**12 / 31 / 2005**

Mailing Address  
**213 South Jefferson Street**

City State Zip Code  
**Roanoke VA 24011**

Purpose of Disbursement  
**Bank charges**

Candidate Name

Category/Type

Amount of Each Disbursement this Period  
**178.90**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

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

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

26038962637

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
*UPS* *1/27/06*  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*841*  
PREPARER  
(3/2005)

*1/30/06*  
DATE PREPARED

26038962638