01/29/2010 19:25

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIM 3X	For	Other Than An A	Authorized Comm	nittee	Offi	ice Use Only
1. NAME OF COMMITTEE (FEC MAILING LABE	Example:If ty over the lines			
MEDICAL FAC	ILITIES OF AMER		1 1 1 1 1 1 1			
ADDRESS (number	and street)	917 PENN FOREST I	BOULEVARD STE 20	0		
Check if d than previo reported. (ifferent L ously LB	O BOX 29600			LVA L	24018
2. FEC IDENTIFIC	CATION NUMBER	~	CITY 🛕	;	STATEA	ZIPCODE 🛕
C004054	72	3	. IS THIS X	NEW (N) OR	AMENI (A)	DED
July 1 Quari Octol Quari X Janua Quari X July 3 Repo	Reports: 15 terly Report(Q1) 15 terly Report(Q2) per 15 terly Report(Q3) ary 31 terly Report(YE) 31 Mid-Year rt(Non-election Only) (MY) ination Report	(c) 12-Day PRE-Election Report for the (d) 30-Day Post -Electic Report for the	ection on General	on (12C)	Aug 20 (I Sep 20 (I Oct 20 (I General (12G) Special (12G)	Year Only) Dec 20 (M12) (Non-Election Year Only) M10) Jan 31 (YE) Runoff (12R)
5. Covering Period	07	01 2009	throu	gh 12	31 20	0 0 9
I certify that I have e Type or Print Name	•	t and to the best of my Novel Martin	y knowledge and belief	it is true, correct	and complete.	
Signature of Treasu	rer Ele <u>ctronically</u>	y Filed by Novel Ma	rtin		Pate 0 1	29 2010
NOTE : Submission	of false, erroneous	s, or incomplete inform	ation may subject the p	person signing thi	s Report to the pen	alties of 2 U.S.C 437g.
Office Use					F	FEC FORM 3X

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

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FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name MEDICAL FACILITIES OF AMERICA INC PAC

D " D 07 0 1 2009 12 31 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 240.24 January 1 (b) Cash on Hand at 6996.00 Begining of Reporting Period 14411.18 44166.94 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 21407.18 44407.18 6(a) and 6(c) for Column B) 19926.02 42926.02 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1481.16 1481.16 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 43

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA INC PAC

Report Covering the Period:

From: 0.7

01

2009

To:

м м 1 2 ^D 3 1

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	12736.56	38770.40
	(ii) Unitemized	1674.62	4896.54
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	14411.18	43666.94
(b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14411.18	43666.94
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	500.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	14411.18	44166.94
	otal Federal Receipts subtract Line 18(c) from Line 19)	14411.18	44166.94

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		-1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	26.02	26.02
	(c) Total Operating Expenditures	20.00	00.00
2	(add 21(a)(i), (a)(ii) and (b))	26.02	26.02
	Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committeesand Other Political Committees	19900.00	42900.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
٠.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	··	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19926.02	42926.02
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	19926.02	42926.02

DETAILED SUMMARY PAGE

of Disbursements

5 / 43

	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)	14411.18	43666.94
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	14411.18	43666.94
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	26.02	26.02
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	26.02	26.02

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 43 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
MEDICAL FACILITIES OF AMERICA I	INC PAC		
Full Name (Last, First, Middle Initial) William Blackwell			Date of Receipt
Mailing Address 120 Anderson Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Powling Cross	State	Zip Code	Transaction ID: SA11AI.5353
Bowling Green FEC ID number of contributing federal political committee.	C	22427	Amount of Each Receipt this Period 100.00
Name of Employer Bowling Green Healthcare Ctr	Occupation Administr		Individual Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Cassandra Dority	1		Date of Receipt
Mailing Address 5615 Seminole Ave			07 15 2009
City <u>Lynchburg</u>	State VA	Zip Code 24502	Transaction ID: SA11AI.5247 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		70.00
Name of Employer Lynchburg Health and Rehab	Occupation Administr		Individual Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 235.00	
Full Name (Last, First, Middle Initial) Cassandra Dority			Date of Receipt
Mailing Address 5615 Seminole Ave			0 8 1 0 2 0 0 9
City	State VA	Zip Code	Transaction ID: SA11AI.5248
Lynchburg FEC ID number of contributing federal political committee.	C	24502	Amount of Each Receipt this Period 70.00
Name of Employer Lynchburg Health and Rehab	Occupation Administ		Individual Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 305.00	
SUBTOTAL of Receipts This Page (optional)			240.00
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 43 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Cassandra Dority Mailing Address 5615 Seminole Ave City Lynchburg FEC ID number of contributing federal political committee. Name of Employer Lynchburg Health and Rehab Receipt For:	State VA C Occupation Administ Aggregate		Date of Receipt M M M D D D 2009 Transaction ID: SA11AI.5249 Amount of Each Receipt this Period 105.00 Individual Contribution
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Cassandra Dority Mailing Address 5615 Seminole Ave		410.00	Date of Receipt
City Lynchburg FEC ID number of contributing federal political committee. Name of Employer Lynchburg Health and Rehab Receipt For: Primary General Other (specify) ▼	State VA C Occupation Administ Aggregate		Transaction ID: SA11AI.5250 Amount of Each Receipt this Period 70.00 Individual Contribution
Full Name (Last, First, Middle Initial) Cassandra Dority Mailing Address 5615 Seminole Ave City Lynchburg FEC ID number of contributing federal political committee. Name of Employer Lynchburg Health and Rehab Receipt For: Primary General Other (specify)	State VA C Occupation Administ Aggregate		Date of Receipt M M M O D D O D O D O D O D O D O D O D
SUBTOTAL of Receipts This Page (optional))		280.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 43 (check only one) X
An	ny information copied from such Reports and for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\Big angle$	NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	INC PAC		
	Full Name (Last, First, Middle Initial) Kurt Dullnig			Date of Receipt
	Mailing Address 2917 Penn Forest Bo City	ulevard State	Zip Code	0 7 1 5 2 0 0 9 Transaction ID: SA11AI.5272
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2.0.0	250.00
	Name of Employer Medical Facilities of America	Occupatio VP of Ce	n ensus Development	Individual contribution
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 625.00	
	Full Name (Last, First, Middle Initial) Kurt Dullnig			Date of Receipt
	Mailing Address 2917 Penn Forest Bo	ulevard		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5273
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00 Individual contribution
	Name of Employer Medical Facilities of Ame- rica	- t	nsus Development	mulvidual contribution
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		875.00	
	Full Name (Last, First, Middle Initial) Kurt Dullnig	1		Date of Receipt
	Mailing Address 2917 Penn Forest Bo	ulevard		09 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.5274
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Medical Facilities of Ame- rica	_ '	nsus Development	Individual contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1125.00	
9	UBTOTAL of Receipts This Page (optional)	1		750.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	Statements may not be sold or used by any persone name and address of any political committee to A INC PAC	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Kurt Dullnig Mailing Address 2917 Penn Forest Bo City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)		Date of Receipt M M M
Full Name (Last, First, Middle Initial) Kurt Dullnig Mailing Address 2917 Penn Forest Bo City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24018 C Occupation VP of Census Development Aggregate Year-to-Date 1500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kurt Dullnig Mailing Address 2917 Penn Forest Bo City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24018 C Occupation VP of Census Development Aggregate Year-to-Date 1625.00	Date of Receipt M M M / D D V 2009 Transaction ID: SA11AI.5277 Amount of Each Receipt this Period 125.00 Individual contribution
SUBTOTAL of Receipts This Page (optional)		500.00

ľ	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Natamanta wa	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 43 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	e name and add	y not be sold or used by any persi dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Kurt Dullnig Mailing Address 2917 Penn Forest Bou	ılevard		Date of Receipt
	City Roanoke	State VA	Zip Code 24018	Transaction ID: SA11AI.5278 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2.0.0	250.00
	Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify) ▼	, '	n ensus Development e Year-to-Date ▼ 1875.00	Individual contribution
3.	Full Name (Last, First, Middle Initial) Andrea Holmes Mailing Address 2400 E. Parham Rd.			Date of Receipt 0 7 1 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.5225
	Richmond FEC ID number of contributing federal political committee.	C	23228	Amount of Each Receipt this Period 30.00
	Name of Employer Parham Health & Rehabilit- ation Receipt For: Primary General Other (specify)	Occupation Administ Aggregate		Individual Contribution
_	Full Name (Last, First, Middle Initial) Andrea Holmes Mailing Address 2400 E. Parham Rd.			Date of Receipt
	City	State	Zip Code	0 8 1 0 2 0 0 9 Transaction ID: SA11AI.5226
	Richmond	VA	23228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Parham Health & Rehabilit- ation Receipt For:	Occupation Administ	rator	Individual Contribution
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	
	SUBTOTAL of Receipts This Page (optional)			310.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA I	name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> 	Full Name (Last, First, Middle Initial) Andrea Holmes Mailing Address 2400 E. Parham Rd.			Date of Receipt 0 9 1 8 2 0 0 9
	City Richmond	State VA	Zip Code 23228	Transaction ID: SA11AI.5227 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Parham Health & Rehabilit-	Occupation	1	45.00 Individual Contribution
	Parnam Health & Renabilitation Receipt For: Primary General Other (specify) ▼	Administration Aggregate	rator Year-to-Date ▼ 330.00	
3.	Full Name (Last, First, Middle Initial) Michael Jones Mailing Address 5573 Richmond Road			Date of Receipt 0 7 1 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.5290
	Warsaw FEC ID number of contributing federal political committee.	C	22572	Amount of Each Receipt this Period 200.00
	Name of Employer Warsaw Healthcare Ctr. Receipt For:	1	n : Administrator : Year-to-Date ▼	Individual contribution
	Primary General Other (specify) ▼	Aggregate	800.00	
	Full Name (Last, First, Middle Initial) Loren Kessinger Mailing Address 2344 Riverside Drive			Date of Receipt 0 7 1 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.5287
	Danville FEC ID number of contributing federal political committee.	C	24540	Amount of Each Receipt this Period 100.00
	Name of Employer Riverside Healthcare Cent- er	Occupation Administr		Individual contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			345.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate for each cate Detailed Sun	e schedule(s) egory of the	FOR LINE NUMBER: PAGE 12 / 43 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA		used by any person f tical committee to so	
Full Name (Last, First, Middle Initial) Loren Kessinger Mailing Address 2344 Riverside Drive City Danville FEC ID number of contributing federal political committee. Name of Employer Riverside Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code VA 24540 C Occupation Administrator Aggregate Year-to-Date	350.00	Date of Receipt M M M / D D / 2009 Transaction ID: SA11AI.5288 Amount of Each Receipt this Period 100.00 Individual contribution
Full Name (Last, First, Middle Initial) Loren Kessinger Mailing Address 2344 Riverside Drive City Danville FEC ID number of contributing federal political committee. Name of Employer Riverside Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code VA 24540 C Occupation Administrator Aggregate Year-to-Date	500.00	Date of Receipt M M M / D D M 2 0 0 9 Transaction ID: SA11AI.5289 Amount of Each Receipt this Period 150.00 Individual contribution
Full Name (Last, First, Middle Initial) Cleopatra Kitt Mailing Address 720 Orchard Ave. City Rocky Mount FEC ID number of contributing federal political committee. Name of Employer Franklin Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code VA 24151 C Occupation Administrator Aggregate Year-to-Date	250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		······	500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMEI	and Statements may not be sold or used by any per ing the name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Carol Kroboth Mailing Address 2917 Penn Fores	et Blvd	Date of Receipt
City Roanoke	State Zip Code VA 24018	Transaction ID: SA11AI.5244 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Medical Facilities of America Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP of Reimbursement Aggregate Year-to-Date 340.00	Individual Contribution
Full Name (Last, First, Middle Initial) Carol Kroboth Mailing Address 2917 Penn Fores	st Blvd.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5245
Roanoke	VA 24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Medical Facilities of Ame- rica	Occupation VP of Reimbursement	Individual Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 380.00	
Full Name (Last, First, Middle Initial) Carol Kroboth Mailing Address 2917 Penn Fores	st Blvd.	Date of Receipt
City	State Zip Code	0 9 1 6 2 0 0 9 Transaction ID: SA11AI.5246
Roanoke	VA 24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Medical Facilities of Ame- rica Receipt For:	Occupation VP of Reimbursement	Individual Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (option	onal)	100.00

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commerci	ial purposes, other than using the COMMITTEE (In Full)	name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
MEDICAL	FACILITIES OF AMERICA	INC PAC		
Tim Marshall				Date of Receipt
Mailing Addi	ress 2917 Penn Forest Blvd	d		07 15 2009
City		State	Zip Code	Transaction ID: SA11Al.5315
Roanoke		VA	23228	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		40.00
Name of Em Medical Fac rica	ployer ilities of Ame-	Occupatio VP of Fir		Individual contribution
Receipt For:		Aggregate	e Year-to-Date 🔻	_
Primar Other	ry		340.00	
Full Name (I Tim Marshall	ast, First, Middle Initial)			Date of Receipt
Mailing Add	ress 2917 Penn Forest Blvd	t		08 10 Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.5316
Roanoke	de en est en entrette ette e	VA	23228	Amount of Each Receipt this Period
federal politi	ber of contributing cal committee.	C		40.00 Individual contribution
Name of Em Medical Fac rica	ployer ilities of Ame-	Occupatio VP of Fir		maividual contribution
Receipt For:		Aggregate	e Year-to-Date 🔻	
Primar Other	ry	0 0	380.00	
Full Name (I	_ast, First, Middle Initial)	1		Date of Receipt
Mailing Addr	ress 2917 Penn Forest Blvo	t		0 9 1 6 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.5317
<u>Roanoke</u>		VA	23228	Amount of Each Receipt this Period
	ber of contributing cal committee.	С		40.00
rica	ployer ilities of Ame-	Occupatio VP of Fir		Individual contribution
Receipt For: Primal Other		Aggregate	e Year-to-Date ▼ 420.00	
CURTOTAL	(B T B	1		120.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 43 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	e name and address of any political committed	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Tim Marshall Mailing Address 2917 Penn Forest Blv City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify) ▼	State Zip Code VA 23228 C Occupation VP of Finance Aggregate Year-to-Date 440.00	Date of Receipt M M M / D D / 24 / 2009 Transaction ID: SA11AI.5319 Amount of Each Receipt this Period 20.00 Individual contribution
Full Name (Last, First, Middle Initial) Tim Marshall Mailing Address 2917 Penn Forest Blv City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify) ▼	State Zip Code VA 23228 C Occupation VP of Finance Aggregate Year-to-Date 480.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tim Marshall Mailing Address 2917 Penn Forest Blv City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify) ▼	State Zip Code VA 23228 C Occupation VP of Finance Aggregate Year-to-Date 500.00	Date of Receipt M M M O 3 2009 Transaction ID: SA11AI.5321 Amount of Each Receipt this Period 20.00 Individual contribution
SUBTOTAL of Receipts This Page (optional)		80.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 43 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERI	and Statements may not be sold or used by any pers g the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Tim Marshall Mailing Address 2917 Penn Forest City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America	State Zip Code VA 23228 C Occupation VP of Finance	Date of Receipt 1 2 0 2 2 0 0 9 Transaction ID: SA11Al.5323 Amount of Each Receipt this Period 40.00 Individual contribution
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 540.00	
Novel Martin	Boulevard Ste 200 State Zip Code VA 24018	Date of Receipt M M
Name of Employer Medical Facilities of Ame- rica Receipt For: Primary Other (specify) ▼	Occupation CFO Aggregate Year-to-Date ▼ 576.93	Individual contribution
Full Name (Last, First, Middle Initial) Novel Martin Mailing Address 2917 Penn Forest P.O Box 29600	Boulevard Ste 200	Date of Receipt 0 9 1 6 2 0 0 9
City Roanoke FEC ID number of contributing federal political committee.	State Zip Code VA 24018	Transaction ID: SA11AI.5299 Amount of Each Receipt this Period 384.62
Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify) ▼	Occupation CFO Aggregate Year-to-Date ▼ 961.55	Individual contribution
SUBTOTAL of Receipts This Page (option	al)	809.24

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 43 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Novel Martin Mailing Address 2917 Penn Forest Bound P.O Box 29600 City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24018 C Occupation CFO Aggregate Year-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Novel Martin Mailing Address 2917 Penn Forest Bound P.O Box 29600 City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24018 C Occupation CFO Aggregate Year-to-Date 1538.48	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Novel Martin Mailing Address 2917 Penn Forest Bound P.O Box 29600 City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24018 C Occupation CFO Aggregate Year-to-Date 1730.79	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		769.24

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 43 (check only one) X
Á	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	INC PAC		
۷.	Full Name (Last, First, Middle Initial) Novel Martin			Date of Receipt
	Mailing Address 2917 Penn Forest Bou P.O Box 29600	ılevard Ste 2	00	12 DD / YYYY 12 02 2009
	City	State	Zip Code	Transaction ID: SA11AI.5304
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		384.62
	Name of Employer Medical Facilities of Ame- rica	Occupation CFO	١	Individual contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2115.41	
_	Full Name (Last, First, Middle Initial) Robert McAndrews			Date of Receipt
	Mailing Address 688 Kingsborough Squ	uare		07 15 YYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.5305
	<u>Chesapeake</u>	VA	23320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Chesapeake Healthcare Cen- ter	Occupation Asst. Adr	n ninistrator	Individual contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) Robert McAndrews			Date of Receipt
	Mailing Address 688 Kingsborough Squ	uare		08 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.5306
	Chesapeake	VA	23320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Chesapeake Healthcare Cen- ter	Occupation Asst. Adr	n ninistrator	Individual contribution
	Receipt For:	, ·	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	700.00	
г		1		

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 43 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERIC		,,,	
Full Name (Last, First, Middle Initial) Robert McAndrews			Date of Receipt
Mailing Address 688 Kingsborough	Square		0 9 1 8 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.5307
Chesapeake FEC ID number of contributing federal political committee.	C	23320	Amount of Each Receipt this Period 300.00
Name of Employer Chesapeake Healthcare Cen- ter	Occupation Asst. Adr	n ministrator	Individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Donna McCarty	L		Date of Receipt
Mailing Address 1225 South Reserv	oir Street		12 02 2009
City	State VA	Zip Code	Transaction ID: SA11AI.5257
Harrisonburg FEC ID number of contributing federal political committee.	C	22801	Amount of Each Receipt this Period 90.00
Name of Employer Harrisonburg Health&Rehab	Occupation Administ		Individual Contribution
Ctr Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 290.00	
Full Name (Last, First, Middle Initial)			Data of Bassint
Linda McCauslin Mailing Address 332 Roseneath Ro	ad		Date of Receipt 0 7 1 5 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.5279
Richmond FEC ID number of contributing federal political committee.	C	23221	Amount of Each Receipt this Period 50.00
Name of Employer Medical Facilities of Ame- rica	Occupation DAV Dire	ector	Individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 235.00	
SUBTOTAL of Receipts This Page (options			440.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information conind from such Penerts a	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any personal statements.	FOR LINE NUMBER: PAGE 20 / 43 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERIC	g the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Linda McCauslin Mailing Address 332 Roseneath Ro City Richmond	ad State Zip Code VA 23221	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	Occupation DAV Director Aggregate Year-to-Date 285.00	Individual contribution
Full Name (Last, First, Middle Initial) Linda McCauslin Mailing Address 332 Roseneath Ro City Richmond FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 23221 C Occupation DAV Director Aggregate Year-to-Date 335.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Linda McCauslin Mailing Address 332 Roseneath Ro City Richmond FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 23221 C Occupation DAV Director Aggregate Year-to-Date ▼ 360.00	Date of Receipt M M M D 2 4 2 0 0 9 Transaction ID: SA11AI.5283 Amount of Each Receipt this Period 25.00 Individual contribution
SUBTOTAL of Receipts This Page (option	al)	125.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERIC	nd Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Linda McCauslin Mailing Address 332 Roseneath Roa	ad	Date of Receipt 1 0 1 6 2 0 0 9
City Richmond	State Zip Code VA 23221	Transaction ID: SA11AI.5284 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	50.00 Individual contribution
Name of Employer Medical Facilities of America Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	DAV Director Aggregate Year-to-Date 410.00	
Full Name (Last, First, Middle Initial) Linda McCauslin Mailing Address 332 Roseneath Roa	ad	Date of Receipt 1 1 0 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5285
Richmond	VA 23221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Medical Facilities of Ame- rica	Occupation DAV Director	Individual contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 435.00	
Full Name (Last, First, Middle Initial) Linda McCauslin Mailing Address 332 Roseneath Roa	ad	Date of Receipt
City	State Zip Code	1 2 0 2 2 0 0 9 Transaction ID: SA11AI.5286
Richmond	VA 23221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Medical Facilities of Ame- rica Receipt For:	Occupation DAV Director Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	485.00	
SUBTOTAL of Receipts This Page (optional	1)	125.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 43 (check only one) X
Any information copied from such Repor or for commercial purposes, other than under the commercial purposes. NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AME	ts and Statements may not be sold or used by any pers sing the name and address of any political committee to ERICA INC PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Brenda Moore Mailing Address 4241 Kings Cou	ırt Drive	Date of Receipt 0 8 1 0 2 0 0 9
City Roanoke	State Zip Code VA 24014	Transaction ID: SA11AI.5232 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America	Occupation EVP of IS	384.62 Individual Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 576.93	
Full Name (Last, First, Middle Initial) Brenda Moore Mailing Address 4241 Kings Cou	ırt Drive	Date of Receipt 0 9 1 6 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5233
Roanoke FEC ID number of contributing federal political committee.	VA 24014	Amount of Each Receipt this Period 384.62
Name of Employer Medical Facilities of Ame- rica	Occupation EVP of IS	Individual Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 961.55	
Full Name (Last, First, Middle Initial) Brenda Moore Mailing Address 4241 Kings Cou	ırt Drive	Date of Receipt 0 9 2 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11Al.5234
Roanoke	VA 24014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.31 Individual Contribution
Name of Employer Medical Facilities of Ame- rica Receipt For:	Occupation EVP of IS Aggregate Year-to-Date ▼	- Individual Contribution
Primary General Other (specify) ▼	1153.86	
SUBTOTAL of Receipts This Page (op	tional)	961.55

	ED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 43 (check only one)
Any informa	ation copied from such Reports an	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) CAL FACILITIES OF AMERIC	CA INC PAC		
Full Nar Brenda N	me (Last, First, Middle Initial)			Date of Receipt
	Address 4241 Kings Court D	rive		10 16 2009
City	1.	State	Zip Code	Transaction ID: SA11AI.5235
	number of contributing colitical committee.	C	24014	Amount of Each Receipt this Period 384.62
Name of Medical rica	f Employer Facilities of Ame-	Occupation EVP of IS		Individual Contribution
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 1538.48	
Full Nan Brenda N	me (Last, First, Middle Initial)			Date of Receipt
	Address 4241 Kings Court D	rive		1 1 0 3 2 0 0 9
City Roano	ko	State VA	Zip Code 24014	Transaction ID: SA11AI.5236
FEC ID	number of contributing political committee.	C	24014	Amount of Each Receipt this Period 192.31
	f Employer Facilities of Ame-	Occupation EVP of IS		Individual Contribution
	For: rimary General ther (specify) ▼		e Year-to-Date ▼ 1730.79	
Full Nan Brenda N	me (Last, First, Middle Initial)			Date of Receipt
	Address 4241 Kings Court D	rive		1 2 0 2 2 0 0 9
City	1.	State	Zip Code	Transaction ID: SA11AI.5237
	number of contributing political committee.	C	24014	Amount of Each Receipt this Period 384.62
<u>rica</u>	f Employer Facilities of Ame-	Occupation EVP of IS	S	Individual Contribution
	For: cimary General ther (specify)	Aggregate	e Year-to-Date ▼ 2115.41	
CURTOTA	AL of Receipts This Page (optiona	<u> </u>		961.55

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 43 (check only one) X
or for comme	ion copied from such Reports and S ercial purposes, other than using the F COMMITTEE (In Full) AL FACILITIES OF AMERICA	name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Andrew M	e (Last, First, Middle Initial) lunoz ddress 2917 Penn Forest Blvd	j.		Date of Receipt 0 8 2 5 2 0 0 9
City Roanok	e	State VA	Zip Code 24018	Transaction ID: SA11AI.5228 Amount of Each Receipt this Period
FEC ID n	umber of contributing olitical committee.	C	2-1010	400.00
<u>rica</u> Receipt F	Employer -acilities of Ame- for: mary General er (specify) •		on urchasing e Year-to-Date ▼ 400.00	Individual Contribution
Tom Onet	e (Last, First, Middle Initial) to ddress 2917 Penn Forest Blvc	J		Date of Receipt 0 7 1 5 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.5329
	e number of contributing plitical committee.	C	24018	Amount of Each Receipt this Period 50.00
Name of Medical F rica	Employer Facilities of Ame-	Occupation VP of Ph	n nysical Plant	Individual contribution
	For: mary General er (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00]
Full Name	e (Last, First, Middle Initial)			Date of Receipt
Mailing A	ddress 2917 Penn Forest Blvc	d		08 10 YYYY 2009
City	•	State	Zip Code	Transaction ID: SA11AI.5330
	e umber of contributing olitical committee.	C	24018	Amount of Each Receipt this Period 50.00
Name of Medical F	Employer -acilities of Ame-	Occupation VP of Ph	n nysical Plant	Individual contribution
Receipt F	for: mary General ler (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL	of Receipts This Page (optional)	1		500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 43 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERI	and Statements may not be sold or used by any peg the name and address of any political committee	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Tom Oneto Mailing Address 2917 Penn Forest		Date of Receipt
City Roanoke	State Zip Code VA 24018	Transaction ID: SA11AI.5331 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	50.00 Individual contribution
Name of Employer Medical Facilities of Ame- rica Receipt For: Primary General Other (specify) ▼	VP of Physical Plant Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Tom Oneto Mailing Address 2917 Penn Forest	Blvd	Date of Receipt 0 9 2 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5333
Roanoke	VA 24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 Individual contribution
Name of Employer Medical Facilities of Ame- rica	Occupation VP of Physical Plant	muividuai contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Tom Oneto Mailing Address 2917 Penn Forest	Blvd	Date of Receipt
City	State Zip Code	1 0 1 6 2 0 0 9 Transaction ID: SA11AI.5334
<u>Roanoke</u>	VA 24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer Medical Facilities of America Receipt For:	Occupation VP of Physical Plant Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date 425.00	
SUPTOTAL of Possints This Page (entire	nal)	125.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	e name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tom Oneto Mailing Address 2917 Penn Forest Blv City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America		Date of Receipt M M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Tom Oneto Mailing Address 2917 Penn Forest Blv	rd	Date of Receipt 1 2 0 2 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5336
Roanoke FEC ID number of contributing federal political committee.	VA 24018	Amount of Each Receipt this Period 50.00
Name of Employer Medical Facilities of America Receipt For: Primary General	Occupation VP of Physical Plant Aggregate Year-to-Date ▼	Individual contribution
Other (specify) Full Name (Last, First, Middle Initial) Michael Perry	500.00	Date of Receipt
Mailing Address 2917 Penn Forest Bo	ulevard	07 15 2009
City	State Zip Code	Transaction ID: SA11AI.5291
Roanoke FEC ID number of contributing federal political committee.	VA 24018	Amount of Each Receipt this Period 153.84
Name of Employer Medical Facilities of America	Occupation VP of Operations	Individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	
SUBTOTAL of Receipts This Page (optional)		228.84

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 43 (check only one) X 11a
or	y information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial)	INC PAC		
	Michael Perry			Date of Receipt
	Mailing Address 2917 Penn Forest Bo	ulevard		08 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.5292
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		153.84
	Name of Employer Medical Facilities of Ame-	Occupatio VP of Op		Individual contribution
	rica Receipt For:	- '	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	538.44	
	Full Name (Last, First, Middle Initial) Michael Perry			Date of Receipt
	Mailing Address 2917 Penn Forest Bo	ulevard		0 9 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.5293
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		153.84
	Name of Employer Medical Facilities of America	Occupatio VP of Op		Individual contribution
	Receipt For:	1'	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	692.28	
	Full Name (Last, First, Middle Initial) Michael Perry			Date of Receipt
	Mailing Address 2917 Penn Forest Bo	ulevard		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5294
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.92
	Name of Employer Medical Facilities of Ame- rica	Occupatio VP of Op		Individual contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		769.20	
				384.60

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 43 (check only one) X
A	ny information copied from such Reports and strong commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MEDICAL FACILITIES OF AMERICA	INC PAC		
۸.	Full Name (Last, First, Middle Initial) Michael Perry			Date of Receipt
	Mailing Address 2917 Penn Forest Bot		7: 0 1	10 16 2009
	City Roanoke	State VA	Zip Code 24018	Transaction ID: SA11AI.5295 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2-1010	76.92
	Name of Employer Medical Facilities of Ame- rica	Occupation VP of Op	on Derations	Individual contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 846.12	
_	Full Name (Last, First, Middle Initial) Sean Pressman			Date of Receipt
	Mailing Address 1945 Roanoke Blvd			08 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.5309
	Salem	VA	24153	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00 Individual contribution
	Name of Employer Salem Health and Rehab	Occupation Administ		marriada communici
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Sean Pressman			Date of Receipt
	Mailing Address 1945 Roanoke Blvd			09 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.5310
	Salem	VA	24153	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00 Individual contribution
	Name of Employer Salem Health and Rehab	Occupation Administration		- Mariada contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			476.92

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 43 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA I	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Z	Full Name (Last, First, Middle Initial) Sean Pressman Mailing Address 1945 Roanoke Blvd City Salem FEC ID number of contributing federal political committee. Name of Employer Salem Health and Rehab	State VA C	Zip Code 24153	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Salem Health and Rehab Receipt For: Primary General Other (specify) ▼	Administ		
	Full Name (Last, First, Middle Initial) Sean Pressman Mailing Address 1945 Roanoke Blvd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5312
	Salem	VA	24153	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00 Individual contribution
	Name of Employer Salem Health and Rehab	Occupatio Administ		Individual contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00]
	Full Name (Last, First, Middle Initial) Sean Pressman			Date of Receipt
	Mailing Address 1945 Roanoke Blvd			11 03 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.5313
	Salem	VA	24153	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00 Individual contribution
	Name of Employer Salem Health and Rehab	Occupatio Administ		muividual contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	
Γ.	SUBTOTAL of Receipts This Page (optional)			400.00

SCHEDULE	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 43 (check only one) X
or for commercial pu	irposes, other than using the n	ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Sean Pressman Mailing Address City Salem FEC ID number of federal political communications in the communication of t		State VA	Zip Code 24153	Date of Receipt 1 2
Name of Employ Salem Health an Receipt For: Primary Other (spe	General	Occupation Administ Aggregate		Individual contribution
Full Name (Last, Monique Scholes Mailing Address	First, Middle Initial) PO Box 1310			Date of Receipt 0 7 1 5 2 0 0 9
City Louisa FEC ID number of federal political common services of Employ Louisa Healthcan Receipt For: Primary Other (spe	er e Center General	State VA C Occupation Adminstr Aggregate		Transaction ID: SA11AI.5296 Amount of Each Receipt this Period 200.00 Individual contribution
Full Name (Last, James Sparling Mailing Address City Highland Spring FEC ID number of federal political communications)	of contributing	State VA	Zip Code 23075	Date of Receipt 1 2 0 2 2 0 0 9 Transaction ID: SA11AI.5271 Amount of Each Receipt this Period 40.00
Name of Employ Henrico Healthca Receipt For: Primary Other (spe	General	Occupation Administ Aggregate		Individual contribution
SUBTOTAL of Rec	eeipts This Page (optional))	340.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee	
MEDICAL FACILITIES OF AMERICA	INC PAC	
Full Name (Last, First, Middle Initial) Sabrina Vaughn		Date of Receipt
Mailing Address 595 Vaden Drive	Chate 7:n Coada	08 10 2009
City Gretna	State Zip Code VA 24557	Transaction ID: SA11AI.5347 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Gretna Health & Rehab Ctr	Occupation Administrator	Individual Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Sabrina Vaughn		Date of Receipt
Mailing Address 595 Vaden Drive		09 18 2009
City	State Zip Code	Transaction ID: SA11AI.5348
Gretna	VA 24557	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00 Individual Contribution
Name of Employer Gretna Health & Rehab Ctr	Occupation Administrator	Individual Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Sabrina Vaughn		Date of Receipt
Mailing Address 595 Vaden Drive		10 16 2009
City	State Zip Code	Transaction ID: SA11AI.5349
Gretna	VA 24557	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Gretna Health & Rehab Ctr	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)		700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 43 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERIC	the name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Sabrina Vaughn Mailing Address 595 Vaden Drive City Gretna FEC ID number of contributing federal political committee.	State VA	Zip Code 24557	Date of Receipt 1 2 0 2 2 0 0 9 Transaction ID: SA11AI.5350 Amount of Each Receipt this Period 200.00
Name of Employer Gretna Health & Rehab Ctr Receipt For: Primary General Other (specify) ▼	Occupation Administ Aggregate		Individual Contribution
Full Name (Last, First, Middle Initial) Anita Willis Mailing Address 2319 Winsor Avenu City Roanoke FEC ID number of contributing federal political committee. Name of Employer Raleigh Court Healthcare Cente Receipt For: Primary General Other (specify)	State VA C Occupation Administ		Date of Receipt M
Full Name (Last, First, Middle Initial) Jackie Wood Mailing Address 2917 Penn Forest E City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State VA C Occupatio VP of Pro	Zip Code 24018 n ogram Development e Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l))	450.00

ITEM	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 1
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Jack	Name (Last, First, Middle Initial) kie Wood ing Address 2917 Penn Forest Blvd			Date of Receipt
City		State VA	Zip Code 24018	Transaction ID: SA11AI.5262 Amount of Each Receipt this Period
fede	CID number of contributing eral political committee.	C		50.00 Individual contribution
<u>rica</u>	ne of Employer flical Facilities of Ame- eipt For: Primary General Other (specify)	-	ogram Development e Year-to-Date 300.00	
Jack	Name (Last, First, Middle Initial) kie Wood ing Address 2917 Penn Forest Blvd			Date of Receipt
City		State	Zip Code	Transaction ID: SA11AI.5263
FEC	anoke CID number of contributing oral political committee.	C	24018	Amount of Each Receipt this Period 100.00
<u>rica</u>	ne of Employer dical Facilities of Ame- eipt For: Primary General Other (specify)		ogram Development e Year-to-Date ▼ 400.00	Individual contribution
. Jack	Name (Last, First, Middle Initial) kie Wood ing Address 2917 Penn Forest Blvd			Date of Receipt
City		State	Zip Code	1 1 0 3 2 0 0 9 Transaction ID: SA11Al.5264
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<u>rica</u>	ne of Employer dical Facilities of Ame- eipt For:	_•	n ogram Development e Year-to-Date ▼	Individual contribution
1130	Primary General Other (specify) ▼	Aggregate	450.00	
SUBT	OTAL of Receipts This Page (optional)			200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA		
Full Name (Last, First, Middle Initial) Jackie Wood Mailing Address 2917 Penn Forest Blve City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For:	d. State Zip Code VA 24018 C Occupation VP of Program Development Aggregate Year-to-Date ▼	Date of Receipt M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Todd Yacovone Mailing Address 5573 Richmond Road	550.00	Date of Receipt 0 7 1 5 2 0 0 9
City Warsaw FEC ID number of contributing federal political committee. Name of Employer Warsaw Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code VA 22572 C Occupation Administrator Aggregate Year-to-Date ▼ 730.00	Amount of Each Receipt this Period 100.00 Individual contribution
Full Name (Last, First, Middle Initial) Todd Yacovone Mailing Address 5573 Richmond Road City Warsaw FEC ID number of contributing federal political committee. Name of Employer Warsaw Healthcare Center	State Zip Code VA 22572 C Occupation	Date of Receipt M M M
Receipt For: Primary General Other (specify)	Administrator Aggregate Year-to-Date ▼ 830.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 1
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Full Name (Last, First, Middle Initial) Todd Yacovone Mailing Address 5573 Richmond Road City Warsaw FEC ID number of contributing federal political committee. Name of Employer Warsaw Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code VA 22572 C Occupation Administrator Aggregate Year-to-Date ▼ 1010.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Todd Yacovone Mailing Address 5573 Richmond Road City Warsaw FEC ID number of contributing federal political committee. Name of Employer Warsaw Healthcare Center Receipt For: Primary General Other (specify) Other (specify)	State Zip Code VA 22572 C Occupation Administrator Aggregate Year-to-Date 1110.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Todd Yacovone Mailing Address 5573 Richmond Road City Warsaw FEC ID number of contributing federal political committee. Name of Employer Warsaw Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code VA 22572 C Occupation Administrator Aggregate Year-to-Date ▼ 1260.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		430.00

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Purpose Political Candida CHRIS		27				10 19 / 2009
Political Candida CHRIS	ire	State CT		ip Code 06410		Amount of Each Disbursement this Period
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Office S	ate Name STOPHER MURPHY				Category/ Type	
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BIŚMARCK Purpose of Disbursement Political contribution Candidate Name BYRON L DORGAN Office Sought:	PAGE 38 / 43
NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC PAC Full Name (Last, First, Middle Initial) FRIENDS OF BYRON DORGAN Mailing Address PO BOX 871 City State Zip Code BYRON L DORGAN Office Sought: No District: 00 Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD Mailing Address PO BOX 270701 City WEST HARTFORD CT 06127 Purpose of Disbursement Political contribution Candidate Name CHRISTOPHER J DODD Office Sought: House V State Zip Code CHRISTOPHER J DODD Office Sought: House V State Zip Code CHRISTOPHER J DODD Office Sought: House V State Zip Code CHRISTOPHER J DODD Office Sought: House V State Zip Code CHRISTOPHER J CODD Transaction ID: State Code CHRISTOPHER J CODD Office Sought: House V State Zip Code CHRISTOPHER J CODD Office Sought: House V State Zip Code CHRISTOPHER J CODD Office Sought: Nobel	24 25 2 28c 29
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City State Zip Code ND 58502	
BISMARCK Purpose of Disbursement Political contribution Candidate Name BYRON L DORGAN Office Sought: X Senate President State: ND District: 00 Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD Mailing Address PO BOX 270701 City WEST HARTFORD CT 06127 Purpose of Disbursement Political contribution Candidate Name CHRISTOPHER J DODD Office Sought: X Senate President State: CT District: 00 Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address Transaction ID: State Zip Code CT 06127 Amount of Each Dis Category/ Type Transaction ID: State City Office Sought: X Primary General Other (specify) ▼ Transaction ID: State City Office Sought: X Primary General Other (specify) ▼ Transaction ID: State City Other (specify) ▼ Transaction ID: State City Other (specify) ▼ Amount of Each Dis Category/ Type Transaction ID: State City Other (specify) ▼ Amount of Each Dis City West Chester OH 45069 Purpose of Disbursement Political contribution Candidate Name JOHN A BOEHNER	2009
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X Senate President Other (specify) ▼ State: CT District: 00 Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908-I Cincinnati Dayton Road City State Zip Code West Chester OH 45069 Purpose of Disbursement Political contribution Candidate Name JOHN A BOEHNER X Primary General Other (specify) ▼ Transaction ID: State of Disbursement Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Category/ Type	
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Senate	
State: OH District: 08	

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$ \rangle$	MEDICAL FACILITIES OF AMERICA INC	PAC										
	Full Name (Last, First, Middle Initial) FRIENDS OF MARIA					Trans Date of			SB23	3.516	69	
	Mailing Address PO BOX 12740					0 ^M 8	M /		0 /	Y 2	o ŏ	9 ^Y
	City SEATTLE	State Zip Code WA 98111				Amou	nt of	Each	Disburs	-		
	Purpose of Disbursement Political contribution			01	1		-			10	0.00	0
	Candidate Name MARIA CANTWELL		\ \ \	ateg Typ	jory/ e							
	• 🗎	ement For: 2010 Primary General Other (specify)										
	State: WA District: 00	_ cance (operation) •										
	Full Name (Last, First, Middle Initial) FRIENDS OF MARIA				Trans Date			SB23 ement	3.535	6		
	Mailing Address PO BOX 12740					1 ^M 2	M /	^D 3	D /	Ž	o ŏ	9 ^Y
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	Mailing Address PO BOX 175726						M /	^D 1	8 /	ÝŽ	o ŏ	9 ^Y
	City FT MITCHELL	State Zip Code KY 41017				Amou	nt of	Each	Disburs	emer	nt this	Period
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TOTAL This Period (last page this line number only)

Transaction ID: SB23.5164 Data of Disbursement Policial Contribution Candidate Name ORRIN G HATCH Office Sought: Versident Versiden	TELUZED DIADI:500=1=1:-0	Use sep	arate schedule(s)	(check only	NUMBER: PAGE 40 / 43 (one)
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC PAC Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC Mailing Address 175 SOUTH WEST TEMPLE SUITE 650 City State Zip Code UT 84101 Purpose of Disbursement Political contribution Candidate Name OR HULL Mailing Address PO Box 1071 City State Zip Code UT 84101 Privisident State: UT District: 00 Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL Office Sought: X House Seymour IN 47274 Purpose of Disbursement Political contribution Candidate Name Disbursement Political contribution Candidate Name OR BARON PAUL HILL Office Sought: X House Seymour IN 47274 Purpose of Disbursement President State: IN District: 09 Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL Office Sought: X House President State: IN District: 09 Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS Mailing Address 6520 Village Parkway Second Floor City State Zip Code Other (specify) ▼ Transaction ID: SB23.5198 Date of Disbursement this Perio Category/ Type Transaction ID: SB23.5198 Date of Disbursement this Perio Category/ Type Transaction ID: SB23.5198 Date of Disbursement this Perio Category/ Type Office Sought: X House Second Floor City Category/ Type Office Sought: X House Second Floor City State Zip Code Other (specify) ▼ Transaction ID: SB23.5198 Date of Disbursement this Perio Category/ Type Transaction ID: SB23.5198 Date of Disbursement this Perio Category/ Type Office Sought: X House Second Floor City Category/ Type Office Sought: X House President For: 2010 Amount of Each Disbursement this Perio Category/ Type Office Sought: X House Second Floor City Category/ Type Office Sought: X House Second Floor City Category/ Type Office Sought: X House Second Floor City Category/ Type Office Sought: X House Second Floor City Category/ Type Office Sought: X House Second Floor City Category/ Type Office Sought: X House Second Floor City Category/ Type Office Sought: X	I EMIZED DISBURSEMENTS			21b	22 X 23 24 25
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State: UT District: 00	ORRIN G HATCH	raamant Fari	2010		
Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL Mailing Address PO Box 1071 City Seymour IN 47274 Purpose of Disbursement Political contribution Candidate Name BARON PAUL HILL Office Sought: X House Senate President State: IN District: 09 Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS Mailing Address PO Box 1071 Transaction ID: SB23.5192 Amount of Each Disbursement this Perio Category/ Type Transaction ID: SB23.5198 Date of Disbursement ID: SB23.5198 Date of Disbursement ID: SB23.5198 Date of Disbursement Transaction ID: SB23.5198 Date of Disbursement Moneral	χ Senate President	X Primary	General		
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JERRY MCNERNEY Office Sought: Senate President Disbursement For: X Primary General Other (specify) ▼	Political contribution				500.00
Senate X Primary General President Other (specify) ▼	JERRY MCNERNEY		0010		
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE N (check only o	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC	PAC		
Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE			Transaction ID: SB23.5172 Date of Disbursement
Mailing Address PO BOX 1948			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & D & Q & Y \end{bmatrix}$
City BOISE	State Zip Code ID 83701		Amount of Each Disbursement this Period
Purpose of Disbursement Political contribution		011	1000.00
Candidate Name MICHAEL D CRAPO		ategory/ Type	
X Senate President	ement For: 2010 Primary General Other (specify)		
State: ID District: 00 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.5177
NORTH DAKOTA DEMOCRATIC-NONP	ARTISAN LEAGUE PARTY		Date of Disbursement
Mailing Address 1902 E Divide Ave			09 15 2009
City Bismarck	State Zip Code ND 58501		Amount of Each Disbursement this Perio
Purpose of Disbursement Political contribution		011	1500.00
Candidate Name		ategory/ Type	
	ement For: 2010 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) PAC TO THE FUTURE			Transaction ID: SB23.5167 Date of Disbursement
Mailing Address 607 14th Street, NW Suite 800			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & R \end{smallmatrix} & \begin{smallmatrix} M \\ & & \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ & & I \end{smallmatrix} & \begin{bmatrix} D & J \\ & & I \end{smallmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ & & I & I & Y \end{bmatrix} & \\ & & & & & & & & & & & & & & & & &$
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
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State: District:			
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NAME OF COMMITTEE (In I	Full)	200.000 0. 0., po.			
Full Name (Last, First, Middle PAT ROBERTS VICTOR	,			Date of Disbu	
Mailing Address 610 S.	Boulevard			0 7 1	15 2009
City Tampa	State FL	Zip Code 33606		Amount of Ea	ch Disbursement this Perio
Purpose of Disbursement Political contribution			011	7	1000.00
Candidate Name PAT ROBERTS			Category Type	1	
Office Sought: House X Senate Presid	e X Prima				
State: KS District: 0	00				
Full Name (Last, First, Middle PEOPLE FOR ENGLISH	,			Transaction Date of Disbu	ID: SB23.5355 rsement
Mailing Address PO BO	X 1940			12 /	31 2009
City ERIE	State PA	Zip Code 16507		Amount of Ea	ch Disbursement this Perio
Purpose of Disbursement Political Contribution (check v			report) 011	7	-500.00
Candidate Name PHILIP S. ENGLISH		2111 0010001 2000	Category Type	1	
Office Sought: X House Senate Presid State: PA District: 0	Prima Othe				
Full Name (Last, First, Middle PORTMAN FOR SENATI	Initial)			Transaction Date of Disbu	ID: SB23.5219
	ITTLE HARBOR DRIVE	<u> </u>			04 2009
City CINCINNATI	State OH	Zip Code 45244		Amount of Ea	ch Disbursement this Perio
Purpose of Disbursement Political contribution			011		1000.00
Candidate Name ROB PORTMAN			Category Type	1	
Office Sought: House X Senate Presid	e X Prima				
State: OH District: 0		· (0 00011)/ ▼			
State. Of District. 0					

SCHEDULE B (FEC Form 3X)	Lies concrete cohodule(a) FOR LIN	E NUMBER: PAGE 43 / 43
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page 21b 27	nly one) 22
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NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC I	PAC	
Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMIT Mailing Address 726 Sixteenth Street NE	TEE	Transaction ID: SB23.5199 Date of Disbursement The state of Disbursemen
7	State Zip Code OH 44646	Amount of Each Disbursement this Period 500.00
Candidate Name ZACHARY T SPACE	Category/ Type	
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SUBTOTAL of Disbursements This Page (optional)	•	500.00
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