

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
MEDICAL FACILITIES OF AMERICA INC PAC

ADDRESS (number and street) 2917 PENN FOREST BOULEVARD STE 200  
PO BOX 29600  
 Check if different than previously reported. (ACC)  
ROANOKE VA 24018

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly 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 (12G)  
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 2009 through 12 31 2009

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 Electronically Filed by Novel Martin Date 01 29 2010

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 **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
MEDICAL FACILITIES OF AMERICA INC PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

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| Y | Y | Y | Y |
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 To: 

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|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

|                                                                                                                                                               | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|---|---|---|---|---|---|--|--------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 9 |  | 240.24 |
| Y                                                                                                                                                             | Y                       | Y                                 | Y |   |   |   |   |   |  |        |
| 2                                                                                                                                                             | 0                       | 0                                 | 9 |   |   |   |   |   |  |        |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                                                                    | 6996.00                 |                                   |   |   |   |   |   |   |  |        |
| (c) Total Receipts (from Line 19) .....                                                                                                                       | 14411.18                | 44166.94                          |   |   |   |   |   |   |  |        |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....                                                          | 21407.18                | 44407.18                          |   |   |   |   |   |   |  |        |
| 7. Total Disbursements (from Line 31) .....                                                                                                                   | 19926.02                | 42926.02                          |   |   |   |   |   |   |  |        |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                     | 1481.16                 | 1481.16                           |   |   |   |   |   |   |  |        |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                               | 0.00                    |                                   |   |   |   |   |   |   |  |        |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                              | 0.00                    |                                   |   |   |   |   |   |   |  |        |

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
MEDICAL FACILITIES OF AMERICA INC PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. 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                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 14411.18                      | 43666.94                          |
| 12. Transfers From Affiliated/Other Party Committees .....                                             | 0.00                          | 0.00                              |
| 13. All Loans Received .....                                                                           | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....                                                                     | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 500.00                            |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....                                           | 0.00                          | 0.00                              |
| 18. Transfers 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                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 14411.18                      | 44166.94                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 14411.18                      | 44166.94                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>                                                                       | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 21. Operating Expenditures:                                                                    |                                       |                                           |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |                                           |
| (i) Federal Share.....                                                                         | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....                                                                    | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....                                                  | 26.02                                 | 26.02                                     |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 26.02                                 | 26.02                                     |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 19900.00                              | 42900.00                                  |
| 24. Independent Expenditure (use Schedule E) .....                                             | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party 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                                      |
| 28. 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                                      |
| 29. Other Disbursements.....                                                                   | 0.00                                  | 0.00                                      |
| 30. Federal Election Activity (2 U.S.C 431(20))                                                |                                       |                                           |
| (a) Shared Federal Election Activity (from Schedule H6)                                        |                                       |                                           |
| (i) Federal Share .....                                                                        | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....                                                                       | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                                  | 0.00                                      |
| (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

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 14411.18                      | 43666.94                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 14411.18                      | 43666.94                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 26.02                         | 26.02                             |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 26.02                         | 26.02                             |

**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 6 / 43 |
|                                                                         | <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

|           |                                                                                                                                                                                                                                                 |                                                     |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>William Blackwell                                                                                                                                                                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 18 / 2009 |
|           | Mailing Address 120 Anderson Avenue                                                                                                                                                                                                             | <b>Transaction ID:</b> SA11AI.5353                  |
|           | City State Zip Code<br>Bowling Green VA 22427                                                                                                                                                                                                   | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                                                 | Individual Contribution                             |
|           | Name of Employer Occupation<br>Bowling Green Healthcare Administrator<br>Ctr<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |                                                     |

|           |                                                                                                                                                                                                                                            |                                                     |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Cassandra Dority                                                                                                                                                                                | Date of Receipt<br>MM / DD / YYYY<br>07 / 15 / 2009 |
|           | Mailing Address 5615 Seminole Ave                                                                                                                                                                                                          | <b>Transaction ID:</b> SA11AI.5247                  |
|           | City State Zip Code<br>Lynchburg VA 24502                                                                                                                                                                                                  | Amount of Each Receipt this Period<br>70.00         |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                                            | Individual Contribution                             |
|           | Name of Employer Occupation<br>Lynchburg Health and Rehab Administrator<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>235.00 |                                                     |

|           |                                                                                                                                                                                                                                            |                                                     |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Cassandra Dority                                                                                                                                                                                | Date of Receipt<br>MM / DD / YYYY<br>08 / 10 / 2009 |
|           | Mailing Address 5615 Seminole Ave                                                                                                                                                                                                          | <b>Transaction ID:</b> SA11AI.5248                  |
|           | City State Zip Code<br>Lynchburg VA 24502                                                                                                                                                                                                  | Amount of Each Receipt this Period<br>70.00         |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                                            | Individual Contribution                             |
|           | Name of Employer Occupation<br>Lynchburg Health and Rehab Administrator<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>305.00 |                                                     |

|                                                                  |   |        |
|------------------------------------------------------------------|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 240.00 |
| <b>TOTAL</b> 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)

|                                         |                              |                              |                                                         |
|-----------------------------------------|------------------------------|------------------------------|---------------------------------------------------------|
| <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**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Cassandra Dority</p> <p>Mailing Address 5615 Seminole Ave</p> <hr/> <p>City Lynchburg State VA Zip Code 24502</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Lynchburg Health and Rehab Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">410.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">09 / 18 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.5249</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">105.00</span></p> <p>Individual Contribution</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Cassandra Dority</p> <p>Mailing Address 5615 Seminole Ave</p> <hr/> <p>City Lynchburg State VA Zip Code 24502</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Lynchburg Health and Rehab Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">480.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">10 / 16 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.5250</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">70.00</span></p> <p>Individual Contribution</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Cassandra Dority</p> <p>Mailing Address 5615 Seminole Ave</p> <hr/> <p>City Lynchburg State VA Zip Code 24502</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Lynchburg Health and Rehab Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">585.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">12 / 02 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.5251</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">105.00</span></p> <p>Individual Contribution</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                  |                                                                    |
|------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">280.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>      |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Kurt Dullnig

Mailing Address 2917 Penn Forest Boulevard

City State Zip Code  
Roanoke VA 24018

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Census Development

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 07 / 15 / 2009  
**Transaction ID:** SA11AI.5272  
 Amount of Each Receipt this Period: 250.00  
 Individual contribution

**B.** Full Name (Last, First, Middle Initial)  
Kurt Dullnig

Mailing Address 2917 Penn Forest Boulevard

City State Zip Code  
Roanoke VA 24018

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Census Development

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt: 08 / 10 / 2009  
**Transaction ID:** SA11AI.5273  
 Amount of Each Receipt this Period: 250.00  
 Individual contribution

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

Mailing Address 2917 Penn Forest Boulevard

City State Zip Code  
Roanoke VA 24018

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Census Development

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: 09 / 16 / 2009  
**Transaction ID:** SA11AI.5274  
 Amount of Each Receipt this Period: 250.00  
 Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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: (check only one)                                                                                                           | PAGE 9 / 43 |
|                                                                         | <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

|           |                                                                                                                                                                                                                                                                 |                                                                 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Kurt Dullnig                                                                                                                                                                                                         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 9 / 2 4 / 2 0 0 9 |
|           | Mailing Address 2917 Penn Forest Boulevard                                                                                                                                                                                                                      | <b>Transaction ID:</b> SA11AI.5275                              |
|           | City State Zip Code<br>Roanoke VA 24018                                                                                                                                                                                                                         | Amount of Each Receipt this Period<br>125.00                    |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                                                                 | Individual contribution                                         |
|           | Name of Employer Medical Facilities of America<br>Occupation VP of Census Development<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1250.00 |                                                                 |

|           |                                                                                                                                                                                                                                                                 |                                                                 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Kurt Dullnig                                                                                                                                                                                                         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 0 / 1 6 / 2 0 0 9 |
|           | Mailing Address 2917 Penn Forest Boulevard                                                                                                                                                                                                                      | <b>Transaction ID:</b> SA11AI.5276                              |
|           | City State Zip Code<br>Roanoke VA 24018                                                                                                                                                                                                                         | Amount of Each Receipt this Period<br>250.00                    |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                                                                 | Individual contribution                                         |
|           | Name of Employer Medical Facilities of America<br>Occupation VP of Census Development<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1500.00 |                                                                 |

|           |                                                                                                                                                                                                                                                                 |                                                                 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Kurt Dullnig                                                                                                                                                                                                         | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>1 1 / 0 3 / 2 0 0 9 |
|           | Mailing Address 2917 Penn Forest Boulevard                                                                                                                                                                                                                      | <b>Transaction ID:</b> SA11AI.5277                              |
|           | City State Zip Code<br>Roanoke VA 24018                                                                                                                                                                                                                         | Amount of Each Receipt this Period<br>125.00                    |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                                                                 | Individual contribution                                         |
|           | Name of Employer Medical Facilities of America<br>Occupation VP of Census Development<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1625.00 |                                                                 |

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 500.00 |
| <b>TOTAL</b> 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: (check only one)                                                                                                           | PAGE 10 / 43 |
|                                                                         | <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

|           |                                                                                                                                                                                                                                                             |                                                     |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Kurt Dullnig                                                                                                                                                                                                     | Date of Receipt<br>MM / DD / YYYY<br>12 / 02 / 2009 |
|           | Mailing Address 2917 Penn Forest Boulevard                                                                                                                                                                                                                  | <b>Transaction ID:</b> SA11AI.5278                  |
|           | City State Zip Code<br>Roanoke VA 24018                                                                                                                                                                                                                     | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                                                             | Individual contribution                             |
|           | Name of Employer: Medical Facilities of America<br>Occupation: VP of Census Development<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1875.00 |                                                     |

|           |                                                                                                                                                                                                                                                  |                                                     |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Andrea Holmes                                                                                                                                                                                         | Date of Receipt<br>MM / DD / YYYY<br>07 / 15 / 2009 |
|           | Mailing Address 2400 E. Parham Rd.                                                                                                                                                                                                               | <b>Transaction ID:</b> SA11AI.5225                  |
|           | City State Zip Code<br>Richmond VA 23228                                                                                                                                                                                                         | Amount of Each Receipt this Period<br>30.00         |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                                                  | Individual Contribution                             |
|           | Name of Employer: Parham Health & Rehabilitation<br>Occupation: Administrator<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>255.00 |                                                     |

|           |                                                                                                                                                                                                                                                  |                                                     |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Andrea Holmes                                                                                                                                                                                         | Date of Receipt<br>MM / DD / YYYY<br>08 / 10 / 2009 |
|           | Mailing Address 2400 E. Parham Rd.                                                                                                                                                                                                               | <b>Transaction ID:</b> SA11AI.5226                  |
|           | City State Zip Code<br>Richmond VA 23228                                                                                                                                                                                                         | Amount of Each Receipt this Period<br>30.00         |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                                                  | Individual Contribution                             |
|           | Name of Employer: Parham Health & Rehabilitation<br>Occupation: Administrator<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>285.00 |                                                     |

|                                                                  |   |        |
|------------------------------------------------------------------|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 310.00 |
| <b>TOTAL</b> 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 11 / 43  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Andrea Holmes

Mailing Address 2400 E. Parham Rd.

City Richmond State VA Zip Code 23228

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

Name of Employer Parham Health & Rehabilitation Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 09 / 18 / 2009

Transaction ID: SA11AI.5227

Amount of Each Receipt this Period 45.00

Individual Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Michael Jones

Mailing Address 5573 Richmond Road

City Warsaw State VA Zip Code 22572

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

Name of Employer Warsaw Healthcare Ctr. Occupation Assistant Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 15 / 2009

Transaction ID: SA11AI.5290

Amount of Each Receipt this Period 200.00

Individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
Loren Kessinger

Mailing Address 2344 Riverside Drive

City Danville State VA Zip Code 24540

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

Name of Employer Riverside Healthcare Center Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2009

Transaction ID: SA11AI.5287

Amount of Each Receipt this Period 100.00

Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **345.00**

**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 12 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Loren Kessinger

Mailing Address 2344 Riverside Drive

City Danville State VA Zip Code 24540

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

Name of Employer Riverside Healthcare Center Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 10 / 2009

Transaction ID: SA11AI.5288

Amount of Each Receipt this Period 100.00

Individual contribution

**B.** Full Name (Last, First, Middle Initial)  
Loren Kessinger

Mailing Address 2344 Riverside Drive

City Danville State VA Zip Code 24540

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

Name of Employer Riverside Healthcare Center Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2009

Transaction ID: SA11AI.5289

Amount of Each Receipt this Period 150.00

Individual contribution

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

Mailing Address 720 Orchard Ave.

City Rocky Mount State VA Zip Code 24151

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

Name of Employer Franklin Healthcare Center Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2009

Transaction ID: SA11AI.5252

Amount of Each Receipt this Period 250.00

Individual Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00

**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 13 / 43  
(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 |

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

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

**A.**

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

Mailing Address 2917 Penn Forest Blvd.

City State Zip Code  
Roanoke VA 24018

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 07 / 15 / 2009  
**Transaction ID: SA11AI.5244**  
 Amount of Each Receipt this Period: 40.00  
 Individual Contribution

**B.**

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

Mailing Address 2917 Penn Forest Blvd.

City State Zip Code  
Roanoke VA 24018

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 08 / 10 / 2009  
**Transaction ID: SA11AI.5245**  
 Amount of Each Receipt this Period: 40.00  
 Individual Contribution

**C.**

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

Mailing Address 2917 Penn Forest Blvd.

City State Zip Code  
Roanoke VA 24018

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 16 / 2009  
**Transaction ID: SA11AI.5246**  
 Amount of Each Receipt this Period: 20.00  
 Individual Contribution

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

**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 14 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 2917 Penn Forest Blvd

City State Zip Code  
Roanoke VA 23228

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Finance

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 07 / 15 / 2009  
**Transaction ID: SA11AI.5315**  
 Amount of Each Receipt this Period: 40.00  
 Individual contribution

**B.** Full Name (Last, First, Middle Initial)  
Tim Marshall

Mailing Address 2917 Penn Forest Blvd

City State Zip Code  
Roanoke VA 23228

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Finance

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 08 / 10 / 2009  
**Transaction ID: SA11AI.5316**  
 Amount of Each Receipt this Period: 40.00  
 Individual contribution

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

Mailing Address 2917 Penn Forest Blvd

City State Zip Code  
Roanoke VA 23228

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Finance

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 09 / 16 / 2009  
**Transaction ID: SA11AI.5317**  
 Amount of Each Receipt this Period: 40.00  
 Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

**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 15 / 43  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Tim Marshall

Mailing Address 2917 Penn Forest Blvd

City State Zip Code  
Roanoke VA 23228

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 09 / 24 / 2009  
Transaction ID: SA11AI.5319  
Amount of Each Receipt this Period: 20.00  
Individual contribution

**B.**

Full Name (Last, First, Middle Initial)  
Tim Marshall

Mailing Address 2917 Penn Forest Blvd

City State Zip Code  
Roanoke VA 23228

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 10 / 16 / 2009  
Transaction ID: SA11AI.5320  
Amount of Each Receipt this Period: 40.00  
Individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
Tim Marshall

Mailing Address 2917 Penn Forest Blvd

City State Zip Code  
Roanoke VA 23228

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 03 / 2009  
Transaction ID: SA11AI.5321  
Amount of Each Receipt this Period: 20.00  
Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00

**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 16 / 43  
(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

**A.**

|                                                                                                                                 |                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>Tim Marshall                                                                         |                                    | Date of Receipt<br>MM / DD / YYYY<br>12 / 02 / 2009 |
| Mailing Address 2917 Penn Forest Blvd                                                                                           |                                    | <b>Transaction ID:</b> SA11AI.5323                  |
| City<br>Roanoke                                                                                                                 | State<br>VA                        | Zip Code<br>23228                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                          |                                    | Amount of Each Receipt this Period<br>40.00         |
| Name of Employer<br>Medical Facilities of America                                                                               | Occupation<br>VP of Finance        | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>540.00 |                                                     |

**B.**

|                                                                                                                                 |                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>Novel Martin                                                                         |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 10 / 2009 |
| Mailing Address 2917 Penn Forest Boulevard Ste 200<br>P.O Box 29600                                                             |                                    | <b>Transaction ID:</b> SA11AI.5298                  |
| City<br>Roanoke                                                                                                                 | State<br>VA                        | Zip Code<br>24018                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                          |                                    | Amount of Each Receipt this Period<br>384.62        |
| Name of Employer<br>Medical Facilities of America                                                                               | Occupation<br>CFO                  | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>576.93 |                                                     |

**C.**

|                                                                                                                                 |                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>Novel Martin                                                                         |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 16 / 2009 |
| Mailing Address 2917 Penn Forest Boulevard Ste 200<br>P.O Box 29600                                                             |                                    | <b>Transaction ID:</b> SA11AI.5299                  |
| City<br>Roanoke                                                                                                                 | State<br>VA                        | Zip Code<br>24018                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                          |                                    | Amount of Each Receipt this Period<br>384.62        |
| Name of Employer<br>Medical Facilities of America                                                                               | Occupation<br>CFO                  | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>961.55 |                                                     |

|                                                                  |               |
|------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>809.24</b> |
| <b>TOTAL</b> 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 17 / 43  
(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 |

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

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

**A.**

|                                                                                                                                 |                                     |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>Novel Martin                                                                         |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 24 / 2009 |
| Mailing Address 2917 Penn Forest Boulevard Ste 200<br>P.O Box 29600                                                             |                                     | Transaction ID: SA11AI.5300                         |
| City<br>Roanoke                                                                                                                 | State<br>VA                         | Zip Code<br>24018                                   |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                     | Amount of Each Receipt this Period<br>192.31        |
| Name of Employer<br>Medical Facilities of America                                                                               | Occupation<br>CFO                   | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1153.86 |                                                     |

**B.**

|                                                                                                                                 |                                     |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>Novel Martin                                                                         |                                     | Date of Receipt<br>MM / DD / YYYY<br>10 / 16 / 2009 |
| Mailing Address 2917 Penn Forest Boulevard Ste 200<br>P.O Box 29600                                                             |                                     | Transaction ID: SA11AI.5301                         |
| City<br>Roanoke                                                                                                                 | State<br>VA                         | Zip Code<br>24018                                   |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                     | Amount of Each Receipt this Period<br>384.62        |
| Name of Employer<br>Medical Facilities of America                                                                               | Occupation<br>CFO                   | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1538.48 |                                                     |

**C.**

|                                                                                                                                 |                                     |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>Novel Martin                                                                         |                                     | Date of Receipt<br>MM / DD / YYYY<br>11 / 03 / 2009 |
| Mailing Address 2917 Penn Forest Boulevard Ste 200<br>P.O Box 29600                                                             |                                     | Transaction ID: SA11AI.5302                         |
| City<br>Roanoke                                                                                                                 | State<br>VA                         | Zip Code<br>24018                                   |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                     | Amount of Each Receipt this Period<br>192.31        |
| Name of Employer<br>Medical Facilities of America                                                                               | Occupation<br>CFO                   | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1730.79 |                                                     |

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 769.24 |
| <b>TOTAL</b> 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 18 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 2917 Penn Forest Boulevard Ste 200  
P.O Box 29600

City Roanoke State VA Zip Code 24018

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

Name of Employer Medical Facilities of America Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.41

Date of Receipt 12 / 02 / 2009  
Transaction ID: SA11AI.5304  
Amount of Each Receipt this Period 384.62  
Individual contribution

**B.** Full Name (Last, First, Middle Initial)  
Robert McAndrews

Mailing Address 688 Kingsborough Square

City Chesapeake State VA Zip Code 23320

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

Name of Employer Chesapeake Healthcare Center Occupation Asst. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 15 / 2009  
Transaction ID: SA11AI.5305  
Amount of Each Receipt this Period 200.00  
Individual contribution

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

Mailing Address 688 Kingsborough Square

City Chesapeake State VA Zip Code 23320

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

Name of Employer Chesapeake Healthcare Center Occupation Asst. Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 10 / 2009  
Transaction ID: SA11AI.5306  
Amount of Each Receipt this Period 200.00  
Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 784.62

**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 19 / 43  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Robert McAndrews

Mailing Address 688 Kingsborough Square

City State Zip Code  
Chesapeake VA 23320

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

Name of Employer Chesapeake Healthcare Center  
Occupation Asst. Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2009

**Transaction ID:** SA11AI.5307

Amount of Each Receipt this Period  
300.00

Individual contribution

**B.**

Full Name (Last, First, Middle Initial)  
Donna McCarty

Mailing Address 1225 South Reservoir Street

City State Zip Code  
Harrisonburg VA 22801

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

Name of Employer Harrisonburg Health&Rehab Ctr  
Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2009

**Transaction ID:** SA11AI.5257

Amount of Each Receipt this Period  
90.00

Individual Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Linda McCauslin

Mailing Address 332 Roseneath Road

City State Zip Code  
Richmond VA 23221

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

Name of Employer Medical Facilities of America  
Occupation DAV Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2009

**Transaction ID:** SA11AI.5279

Amount of Each Receipt this Period  
50.00

Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **440.00**

**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 20 / 43  
(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

**A.**

|                                                                                                                                 |                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>Linda McCauslin                                                                      |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 10 / 2009 |
| Mailing Address 332 Roseneath Road                                                                                              |                                    | <b>Transaction ID:</b> SA11AI.5280                  |
| City Richmond                                                                                                                   | State VA                           | Zip Code 23221                                      |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                    | Amount of Each Receipt this Period<br>50.00         |
| Name of Employer<br>Medical Facilities of America                                                                               | Occupation<br>DAV Director         | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>285.00 |                                                     |

**B.**

|                                                                                                                                 |                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>Linda McCauslin                                                                      |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 16 / 2009 |
| Mailing Address 332 Roseneath Road                                                                                              |                                    | <b>Transaction ID:</b> SA11AI.5281                  |
| City Richmond                                                                                                                   | State VA                           | Zip Code 23221                                      |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                    | Amount of Each Receipt this Period<br>50.00         |
| Name of Employer<br>Medical Facilities of America                                                                               | Occupation<br>DAV Director         | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>335.00 |                                                     |

**C.**

|                                                                                                                                 |                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>Linda McCauslin                                                                      |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 24 / 2009 |
| Mailing Address 332 Roseneath Road                                                                                              |                                    | <b>Transaction ID:</b> SA11AI.5283                  |
| City Richmond                                                                                                                   | State VA                           | Zip Code 23221                                      |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                    | Amount of Each Receipt this Period<br>25.00         |
| Name of Employer<br>Medical Facilities of America                                                                               | Occupation<br>DAV Director         | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>360.00 |                                                     |

|                                                                  |   |        |
|------------------------------------------------------------------|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 125.00 |
| <b>TOTAL</b> 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 21 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Linda McCauslin

Mailing Address 332 Roseneath Road

City Richmond State VA Zip Code 23221

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

Name of Employer Medical Facilities of America Occupation DAV Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 10 / 16 / 2009

Transaction ID: SA11AI.5284

Amount of Each Receipt this Period 50.00

Individual contribution

**B.** Full Name (Last, First, Middle Initial)  
Linda McCauslin

Mailing Address 332 Roseneath Road

City Richmond State VA Zip Code 23221

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

Name of Employer Medical Facilities of America Occupation DAV Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt 11 / 03 / 2009

Transaction ID: SA11AI.5285

Amount of Each Receipt this Period 25.00

Individual contribution

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

Mailing Address 332 Roseneath Road

City Richmond State VA Zip Code 23221

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

Name of Employer Medical Facilities of America Occupation DAV Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt 12 / 02 / 2009

Transaction ID: SA11AI.5286

Amount of Each Receipt this Period 50.00

Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00

**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 22 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 4241 Kings Court Drive

City State Zip Code  
Roanoke VA 24014

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.93

Date of Receipt: 08 / 10 / 2009  
**Transaction ID: SA11AI.5232**  
 Amount of Each Receipt this Period: 384.62  
 Individual Contribution

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

Mailing Address 4241 Kings Court Drive

City State Zip Code  
Roanoke VA 24014

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
961.55

Date of Receipt: 09 / 16 / 2009  
**Transaction ID: SA11AI.5233**  
 Amount of Each Receipt this Period: 384.62  
 Individual Contribution

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

Mailing Address 4241 Kings Court Drive

City State Zip Code  
Roanoke VA 24014

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1153.86

Date of Receipt: 09 / 24 / 2009  
**Transaction ID: SA11AI.5234**  
 Amount of Each Receipt this Period: 192.31  
 Individual Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **961.55**

**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: (check only one)                                                                                                           | PAGE 23 / 43 |
|                                                                         | <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

|           |                                                                                                                                                                                                                                              |                                                     |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Brenda Moore                                                                                                                                                                                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 16 / 2009 |
|           | Mailing Address 4241 Kings Court Drive                                                                                                                                                                                                       | <b>Transaction ID:</b> SA11AI.5235                  |
|           | City State Zip Code<br>Roanoke VA 24014                                                                                                                                                                                                      | Amount of Each Receipt this Period<br>384.62        |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                                              | Individual Contribution                             |
|           | Name of Employer: Medical Facilities of America<br>Occupation: EVP of IS<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1538.48 |                                                     |

|           |                                                                                                                                                                                                                                              |                                                     |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Brenda Moore                                                                                                                                                                                      | Date of Receipt<br>MM / DD / YYYY<br>11 / 03 / 2009 |
|           | Mailing Address 4241 Kings Court Drive                                                                                                                                                                                                       | <b>Transaction ID:</b> SA11AI.5236                  |
|           | City State Zip Code<br>Roanoke VA 24014                                                                                                                                                                                                      | Amount of Each Receipt this Period<br>192.31        |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                                              | Individual Contribution                             |
|           | Name of Employer: Medical Facilities of America<br>Occupation: EVP of IS<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1730.79 |                                                     |

|           |                                                                                                                                                                                                                                              |                                                     |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Brenda Moore                                                                                                                                                                                      | Date of Receipt<br>MM / DD / YYYY<br>12 / 02 / 2009 |
|           | Mailing Address 4241 Kings Court Drive                                                                                                                                                                                                       | <b>Transaction ID:</b> SA11AI.5237                  |
|           | City State Zip Code<br>Roanoke VA 24014                                                                                                                                                                                                      | Amount of Each Receipt this Period<br>384.62        |
|           | FEC ID number of contributing federal political committee.<br>C                                                                                                                                                                              | Individual Contribution                             |
|           | Name of Employer: Medical Facilities of America<br>Occupation: EVP of IS<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2115.41 |                                                     |

|                                                                  |   |        |
|------------------------------------------------------------------|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 961.55 |
| <b>TOTAL</b> 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 24 / 43  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Andrew Munoz

Mailing Address 2917 Penn Forest Blvd.

City State Zip Code  
Roanoke VA 24018

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

Name of Employer Medical Facilities of America  
Occupation VP of Purchasing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2009

**Transaction ID:** SA11AI.5228

Amount of Each Receipt this Period  
400.00

Individual Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Tom Oneto

Mailing Address 2917 Penn Forest Blvd

City State Zip Code  
Roanoke VA 24018

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

Name of Employer Medical Facilities of America  
Occupation VP of Physical Plant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2009

**Transaction ID:** SA11AI.5329

Amount of Each Receipt this Period  
50.00

Individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
Tom Oneto

Mailing Address 2917 Penn Forest Blvd

City State Zip Code  
Roanoke VA 24018

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

Name of Employer Medical Facilities of America  
Occupation VP of Physical Plant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** SA11AI.5330

Amount of Each Receipt this Period  
50.00

Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**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: (check only one)                                                                                                           | PAGE 25 / 43 |
|                                                                         | <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

|                                                                                                                                 |                                                                     |                                    |          |                                                     |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|----------|-----------------------------------------------------|--|--|
| <b>A.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Tom Oneto                |                                    |          | Date of Receipt<br>MM / DD / YYYY<br>09 / 16 / 2009 |  |  |
|                                                                                                                                 | Mailing Address 2917 Penn Forest Blvd                               |                                    |          | <b>Transaction ID:</b> SA11AI.5331                  |  |  |
|                                                                                                                                 | City                                                                | State                              | Zip Code | Amount of Each Receipt this Period                  |  |  |
|                                                                                                                                 | Roanoke                                                             | VA                                 | 24018    | 50.00                                               |  |  |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                    |          | Individual contribution                             |  |  |
| Name of Employer<br>Medical Facilities of America                                                                               |                                                                     | Occupation<br>VP of Physical Plant |          |                                                     |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼<br>350.00 |          |                                                     |  |  |

|                                                                                                                                 |                                                                     |                                    |          |                                                     |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|----------|-----------------------------------------------------|--|--|
| <b>B.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Tom Oneto                |                                    |          | Date of Receipt<br>MM / DD / YYYY<br>09 / 24 / 2009 |  |  |
|                                                                                                                                 | Mailing Address 2917 Penn Forest Blvd                               |                                    |          | <b>Transaction ID:</b> SA11AI.5333                  |  |  |
|                                                                                                                                 | City                                                                | State                              | Zip Code | Amount of Each Receipt this Period                  |  |  |
|                                                                                                                                 | Roanoke                                                             | VA                                 | 24018    | 25.00                                               |  |  |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                    |          | Individual contribution                             |  |  |
| Name of Employer<br>Medical Facilities of America                                                                               |                                                                     | Occupation<br>VP of Physical Plant |          |                                                     |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼<br>375.00 |          |                                                     |  |  |

|                                                                                                                                 |                                                                     |                                    |          |                                                     |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|----------|-----------------------------------------------------|--|--|
| <b>C.</b>                                                                                                                       | Full Name (Last, First, Middle Initial)<br>Tom Oneto                |                                    |          | Date of Receipt<br>MM / DD / YYYY<br>10 / 16 / 2009 |  |  |
|                                                                                                                                 | Mailing Address 2917 Penn Forest Blvd                               |                                    |          | <b>Transaction ID:</b> SA11AI.5334                  |  |  |
|                                                                                                                                 | City                                                                | State                              | Zip Code | Amount of Each Receipt this Period                  |  |  |
|                                                                                                                                 | Roanoke                                                             | VA                                 | 24018    | 50.00                                               |  |  |
|                                                                                                                                 | FEC ID number of contributing federal political committee. <b>C</b> |                                    |          | Individual contribution                             |  |  |
| Name of Employer<br>Medical Facilities of America                                                                               |                                                                     | Occupation<br>VP of Physical Plant |          |                                                     |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                     | Aggregate Year-to-Date ▼<br>425.00 |          |                                                     |  |  |

|                                                                  |   |        |
|------------------------------------------------------------------|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 125.00 |
| <b>TOTAL</b> 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 26 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Tom Oneto

Mailing Address 2917 Penn Forest Blvd

City State Zip Code  
Roanoke VA 24018

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Physical Plant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 11 / 03 / 2009  
**Transaction ID: SA11AI.5335**  
 Amount of Each Receipt this Period: 25.00  
 Individual contribution

**B.** Full Name (Last, First, Middle Initial)  
Tom Oneto

Mailing Address 2917 Penn Forest Blvd

City State Zip Code  
Roanoke VA 24018

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Physical Plant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 02 / 2009  
**Transaction ID: SA11AI.5336**  
 Amount of Each Receipt this Period: 50.00  
 Individual contribution

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

Mailing Address 2917 Penn Forest Boulevard

City State Zip Code  
Roanoke VA 24018

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

Name of Employer: Medical Facilities of America  
Occupation: VP of Operations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: 07 / 15 / 2009  
**Transaction ID: SA11AI.5291**  
 Amount of Each Receipt this Period: 153.84  
 Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 228.84

**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 27 / 43  
(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

**A.**

|                                                                                                                                 |                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>Michael Perry                                                                        |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 10 / 2009 |
| Mailing Address 2917 Penn Forest Boulevard                                                                                      |                                    | <b>Transaction ID:</b> SA11AI.5292                  |
| City<br>Roanoke                                                                                                                 | State<br>VA                        | Zip Code<br>24018                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                          |                                    | Amount of Each Receipt this Period<br>153.84        |
| Name of Employer<br>Medical Facilities of America                                                                               | Occupation<br>VP of Operations     | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>538.44 |                                                     |

**B.**

|                                                                                                                                 |                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>Michael Perry                                                                        |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 16 / 2009 |
| Mailing Address 2917 Penn Forest Boulevard                                                                                      |                                    | <b>Transaction ID:</b> SA11AI.5293                  |
| City<br>Roanoke                                                                                                                 | State<br>VA                        | Zip Code<br>24018                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                          |                                    | Amount of Each Receipt this Period<br>153.84        |
| Name of Employer<br>Medical Facilities of America                                                                               | Occupation<br>VP of Operations     | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>692.28 |                                                     |

**C.**

|                                                                                                                                 |                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>Michael Perry                                                                        |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 24 / 2009 |
| Mailing Address 2917 Penn Forest Boulevard                                                                                      |                                    | <b>Transaction ID:</b> SA11AI.5294                  |
| City<br>Roanoke                                                                                                                 | State<br>VA                        | Zip Code<br>24018                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                          |                                    | Amount of Each Receipt this Period<br>76.92         |
| Name of Employer<br>Medical Facilities of America                                                                               | Occupation<br>VP of Operations     | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>769.20 |                                                     |

|                                                                  |               |
|------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>384.60</b> |
| <b>TOTAL</b> 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 28 / 43  
(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"/>            |     | <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

**A.**

Full Name (Last, First, Middle Initial)  
Michael Perry

Mailing Address 2917 Penn Forest Boulevard

City State Zip Code  
Roanoke VA 24018

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

Name of Employer Medical Facilities of America  
Occupation VP of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
846.12

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2009

**Transaction ID:** SA11AI.5295

Amount of Each Receipt this Period  
76.92

Individual contribution

**B.**

Full Name (Last, First, Middle Initial)  
Sean Pressman

Mailing Address 1945 Roanoke Blvd

City State Zip Code  
Salem VA 24153

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

Name of Employer Salem Health and Rehab  
Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** SA11AI.5309

Amount of Each Receipt this Period  
200.00

Individual contribution

**C.**

Full Name (Last, First, Middle Initial)  
Sean Pressman

Mailing Address 1945 Roanoke Blvd

City State Zip Code  
Salem VA 24153

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

Name of Employer Salem Health and Rehab  
Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2009

**Transaction ID:** SA11AI.5310

Amount of Each Receipt this Period  
200.00

Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **476.92**

**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 29 / 43  
(check only one)  
 11a    11b    11c    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

**A.** Full Name (Last, First, Middle Initial)  
Sean Pressman  
 Mailing Address 1945 Roanoke Blvd  
 City Salem State VA Zip Code 24153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Salem Health and Rehab Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00  
 Date of Receipt 09 / 24 / 2009  
**Transaction ID:** SA11AI.5311  
 Amount of Each Receipt this Period 100.00  
 Individual contribution

**B.** Full Name (Last, First, Middle Initial)  
Sean Pressman  
 Mailing Address 1945 Roanoke Blvd  
 City Salem State VA Zip Code 24153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Salem Health and Rehab Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00  
 Date of Receipt 10 / 16 / 2009  
**Transaction ID:** SA11AI.5312  
 Amount of Each Receipt this Period 200.00  
 Individual contribution

**C.** Full Name (Last, First, Middle Initial)  
Sean Pressman  
 Mailing Address 1945 Roanoke Blvd  
 City Salem State VA Zip Code 24153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Salem Health and Rehab Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00  
 Date of Receipt 11 / 03 / 2009  
**Transaction ID:** SA11AI.5313  
 Amount of Each Receipt this Period 100.00  
 Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00  
**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 30 / 43  
(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 |

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

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

**A.**

|                                                                                                                                 |                                     |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>Sean Pressman                                                                        |                                     | Date of Receipt<br>MM / DD / YYYY<br>12 / 02 / 2009 |
| Mailing Address 1945 Roanoke Blvd                                                                                               |                                     | <b>Transaction ID:</b> SA11AI.5314                  |
| City<br>Salem                                                                                                                   | State<br>VA                         | Zip Code<br>24153                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                          |                                     | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>Salem Health and Rehab                                                                                      | Occupation<br>Administrator         | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |                                                     |

**B.**

|                                                                                                                                 |                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>Monique Scholes                                                                      |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 15 / 2009 |
| Mailing Address PO Box 1310                                                                                                     |                                    | <b>Transaction ID:</b> SA11AI.5296                  |
| City<br>Louisa                                                                                                                  | State<br>VA                        | Zip Code<br>23093                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                          |                                    | Amount of Each Receipt this Period<br>200.00        |
| Name of Employer<br>Louisa Healthcare Center                                                                                    | Occupation<br>Adminstrator         | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |                                                     |

**C.**

|                                                                                                                                 |                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>James Sparling                                                                       |                                    | Date of Receipt<br>MM / DD / YYYY<br>12 / 02 / 2009 |
| Mailing Address PO Box 319                                                                                                      |                                    | <b>Transaction ID:</b> SA11AI.5271                  |
| City<br>Highland Springs                                                                                                        | State<br>VA                        | Zip Code<br>23075                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                          |                                    | Amount of Each Receipt this Period<br>40.00         |
| Name of Employer<br>Henrico Healthcare Center                                                                                   | Occupation<br>Administrator        | Individual contribution                             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>220.00 |                                                     |

|                                                                  |               |
|------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>340.00</b> |
| <b>TOTAL</b> 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 31 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Sabrina Vaughn  
Mailing Address 595 Vaden Drive  
City Gretna State VA Zip Code 24557  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gretna Health & Rehab Ctr Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 08 / 10 / 2009  
Transaction ID: SA11AI.5347  
Amount of Each Receipt this Period 200.00  
Individual Contribution

**B.** Full Name (Last, First, Middle Initial)  
Sabrina Vaughn  
Mailing Address 595 Vaden Drive  
City Gretna State VA Zip Code 24557  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gretna Health & Rehab Ctr Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 09 / 18 / 2009  
Transaction ID: SA11AI.5348  
Amount of Each Receipt this Period 300.00  
Individual Contribution

**C.** Full Name (Last, First, Middle Initial)  
Sabrina Vaughn  
Mailing Address 595 Vaden Drive  
City Gretna State VA Zip Code 24557  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gretna Health & Rehab Ctr Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00  
Date of Receipt 10 / 16 / 2009  
Transaction ID: SA11AI.5349  
Amount of Each Receipt this Period 200.00  
Individual Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00  
**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 32 / 43  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Sabrina Vaughn

Mailing Address 595 Vaden Drive

City State Zip Code  
Gretna VA 24557

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

Name of Employer Occupation  
Gretna Health & Rehab Ctr Administrator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.5350

Amount of Each Receipt this Period

200.00

Individual Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Anita Willis

Mailing Address 2319 Winsor Avenue, SW

City State Zip Code  
Roanoke VA 24015

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

Name of Employer Occupation  
Raleigh Court Healthcare Centre Administrator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.5230

Amount of Each Receipt this Period

150.00

Individual Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Jackie Wood

Mailing Address 2917 Penn Forest Blvd.

City State Zip Code  
Roanoke VA 24018

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.5261

Amount of Each Receipt this Period

100.00

Individual contribution

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

450.00

**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 33 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jackie Wood  
Mailing Address 2917 Penn Forest Blvd.  
City State Zip Code  
Roanoke VA 24018  
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 ▼ 300.00  
Date of Receipt 09 / 24 / 2009  
Transaction ID: SA11AI.5262  
Amount of Each Receipt this Period 50.00  
Individual contribution

**B.** Full Name (Last, First, Middle Initial)  
Jackie Wood  
Mailing Address 2917 Penn Forest Blvd.  
City State Zip Code  
Roanoke VA 24018  
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 ▼ 400.00  
Date of Receipt 10 / 16 / 2009  
Transaction ID: SA11AI.5263  
Amount of Each Receipt this Period 100.00  
Individual contribution

**C.** Full Name (Last, First, Middle Initial)  
Jackie Wood  
Mailing Address 2917 Penn Forest Blvd.  
City State Zip Code  
Roanoke VA 24018  
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 ▼ 450.00  
Date of Receipt 11 / 03 / 2009  
Transaction ID: SA11AI.5264  
Amount of Each Receipt this Period 50.00  
Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00  
**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 34 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jackie Wood  
Mailing Address 2917 Penn Forest Blvd.  
City State Zip Code  
Roanoke VA 24018  
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 ▼ 550.00  
Date of Receipt MM / DD / YYYY 12 / 02 / 2009  
Transaction ID: SA11AI.5265  
Amount of Each Receipt this Period 100.00  
Individual contribution

**B.** Full Name (Last, First, Middle Initial)  
Todd Yacovone  
Mailing Address 5573 Richmond Road  
City State Zip Code  
Warsaw VA 22572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Warsaw Healthcare Center Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 730.00  
Date of Receipt MM / DD / YYYY 07 / 15 / 2009  
Transaction ID: SA11AI.5324  
Amount of Each Receipt this Period 100.00  
Individual contribution

**C.** Full Name (Last, First, Middle Initial)  
Todd Yacovone  
Mailing Address 5573 Richmond Road  
City State Zip Code  
Warsaw VA 22572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Warsaw Healthcare Center Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 830.00  
Date of Receipt MM / DD / YYYY 08 / 10 / 2009  
Transaction ID: SA11AI.5325  
Amount of Each Receipt this Period 100.00  
Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00  
**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 35 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Todd Yacovone

Mailing Address 5573 Richmond Road

City State Zip Code  
Warsaw VA 22572

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

Name of Employer Occupation  
Warsaw Healthcare Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1010.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2009

**Transaction ID:** SA11AI.5326

Amount of Each Receipt this Period  
180.00

Individual contribution

**B.** Full Name (Last, First, Middle Initial)  
Todd Yacovone

Mailing Address 5573 Richmond Road

City State Zip Code  
Warsaw VA 22572

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

Name of Employer Occupation  
Warsaw Healthcare Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1110.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2009

**Transaction ID:** SA11AI.5327

Amount of Each Receipt this Period  
100.00

Individual contribution

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

Mailing Address 5573 Richmond Road

City State Zip Code  
Warsaw VA 22572

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

Name of Employer Occupation  
Warsaw Healthcare Center Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2009

**Transaction ID:** SA11AI.5328

Amount of Each Receipt this Period  
150.00

Individual contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 430.00

**TOTAL** This Period (last page this line number only) ..... ► 12736.56

**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)

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

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

|    |                                                                                                                                                       |                                                                                                                                                      |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br>CHARLIE CRIST FOR US SENATE                                                                                | Transaction ID: SB23.5188<br>Date of Disbursement                                                                                                    |
|    | Mailing Address PO BOX 1694                                                                                                                           | <input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>                                                |
|    | City TALLAHASSEE State FL Zip Code 32302                                                                                                              | Amount of Each Disbursement this Period                                                                                                              |
|    | Purpose of Disbursement Political contribution                                                                                                        | <input type="text" value="1000.00"/>                                                                                                                 |
|    | Candidate Name CHARLIE CRIST                                                                                                                          | <input type="text" value="011"/> Category/Type                                                                                                       |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 00 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                                       |                                                                                                                                                      |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial)<br>COMMITTEE TO ELECT CHRIS MURPHY                                                                            | Transaction ID: SB23.5195<br>Date of Disbursement                                                                                                    |
|    | Mailing Address P.O. Box 127                                                                                                                          | <input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                                                |
|    | City Cheshire State CT Zip Code 06410                                                                                                                 | Amount of Each Disbursement this Period                                                                                                              |
|    | Purpose of Disbursement Political contribution                                                                                                        | <input type="text" value="500.00"/>                                                                                                                  |
|    | Candidate Name CHRISTOPHER MURPHY                                                                                                                     | <input type="text" value="011"/> Category/Type                                                                                                       |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District: 05 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |                                                                                                                                      |                                                                                                                                                      |
|----|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial)<br>DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE                                                  | Transaction ID: SB23.5175<br>Date of Disbursement                                                                                                    |
|    | Mailing Address 120 MARYLAND AVENUE NE                                                                                               | <input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                                                |
|    | City WASHINGTON State DC Zip Code 20002                                                                                              | Amount of Each Disbursement this Period                                                                                                              |
|    | Purpose of Disbursement Political contribution                                                                                       | <input type="text" value="1900.00"/>                                                                                                                 |
|    | Candidate Name                                                                                                                       | <input type="text" value="011"/> Category/Type                                                                                                       |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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)

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>ENZI FOR US SENATE<br><hr/> Mailing Address PO BOX 2775<br><hr/> City CODY State WY Zip Code 82414<br><hr/> Purpose of Disbursement<br>Political contribution<br>Candidate Name<br>MICHAEL B ENZI<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WY District: 00<br><hr/> Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                 | Transaction ID: SB23.5185<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 18 / 2009                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Amount of Each Disbursement this Period<br>1000.00                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Category/<br>Type<br>011                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>EVERY REPUBLICAN IS CRUCIAL (ERICPAC)<br><hr/> Mailing Address 25 East Main Street, Suite 200<br><hr/> City Richmond State VA Zip Code 23219<br><hr/> Purpose of Disbursement<br>Political contribution<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                          | Transaction ID: SB23.5162<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2009                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Amount of Each Disbursement this Period<br>2000.00                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Category/<br>Type<br>011                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>FRANK KRATOVIŁ FOR CONGRESS<br><hr/> Mailing Address 222 Main Sail Drive<br>PO Box 518<br><hr/> City Stevensville State MD Zip Code 21666<br><hr/> Purpose of Disbursement<br>Political contribution<br>Candidate Name<br>FRANK M MR. JR KRATOVIŁ<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MD District: 01<br><hr/> Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.5215<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 04 / 2009                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Amount of Each Disbursement this Period<br>500.00                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Category/<br>Type<br>011                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

3500.00

**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)

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

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

|        |                                                                                                                                                       |                                                                                                                                                                                                                                                    |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.     | Full Name (Last, First, Middle Initial)<br>FRIENDS OF BYRON DORGAN                                                                                    | Transaction ID: SB23.5207<br>Date of Disbursement                                                                                                                                                                                                  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address PO BOX 871                                                                                                                            | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 0 | 4 |  | 2 | 0 | 0 |
| M      | M                                                                                                                                                     | /                                                                                                                                                                                                                                                  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 1      | 2                                                                                                                                                     |                                                                                                                                                                                                                                                    | 0      | 4 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City BISMARCK State ND Zip Code 58502                                                                                                                 | Amount of Each Disbursement this Period                                                                                                                                                                                                            |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement Political contribution                                                                                                        | <table border="1"><tr><td>500.00</td></tr></table>                                                                                                                                                                                                 | 500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 500.00 |                                                                                                                                                       |                                                                                                                                                                                                                                                    |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name BYRON L DORGAN                                                                                                                         | <table border="1"><tr><td>011</td></tr></table> Category/Type                                                                                                                                                                                      | 011    |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011    |                                                                                                                                                       |                                                                                                                                                                                                                                                    |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ND District: 00 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                               |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |                                                                                                                                                       |                                                                                                                                                                                                                                                    |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>FRIENDS OF CHRIS DODD                                                                                      | Transaction ID: SB23.5204<br>Date of Disbursement                                                                                                                                                                                                  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address PO BOX 270701                                                                                                                         | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 |  | 0 | 4 |  | 2 | 0 | 0 |
| M       | M                                                                                                                                                     | /                                                                                                                                                                                                                                                  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 1       | 1                                                                                                                                                     |                                                                                                                                                                                                                                                    | 0       | 4 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City WEST HARTFORD State CT Zip Code 06127                                                                                                            | Amount of Each Disbursement this Period                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Political contribution                                                                                                        | <table border="1"><tr><td>1000.00</td></tr></table>                                                                                                                                                                                                | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1000.00 |                                                                                                                                                       |                                                                                                                                                                                                                                                    |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name CHRISTOPHER J DODD                                                                                                                     | <table border="1"><tr><td>011</td></tr></table> Category/Type                                                                                                                                                                                      | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011     |                                                                                                                                                       |                                                                                                                                                                                                                                                    |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District: 00 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                               |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |                                                                                                                                                       |                                                                                                                                                                                                                                                    |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>FRIENDS OF JOHN BOEHNER                                                                                    | Transaction ID: SB23.5159<br>Date of Disbursement                                                                                                                                                                                                  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 7908-I Cincinnati Dayton Road                                                                                                         | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 0 | 1 |  | 2 | 0 | 0 |
| M       | M                                                                                                                                                     | /                                                                                                                                                                                                                                                  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 7                                                                                                                                                     |                                                                                                                                                                                                                                                    | 0       | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City West Chester State OH Zip Code 45069                                                                                                             | Amount of Each Disbursement this Period                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Political contribution                                                                                                        | <table border="1"><tr><td>2000.00</td></tr></table>                                                                                                                                                                                                | 2000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 2000.00 |                                                                                                                                                       |                                                                                                                                                                                                                                                    |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name JOHN A BOEHNER                                                                                                                         | <table border="1"><tr><td>011</td></tr></table> Category/Type                                                                                                                                                                                      | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011     |                                                                                                                                                       |                                                                                                                                                                                                                                                    |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 08 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                               |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|                                                                  |                                                     |         |
|------------------------------------------------------------------|-----------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>3500.00</td></tr></table> | 3500.00 |
| 3500.00                                                          |                                                     |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td> </td></tr></table>       |         |
|                                                                  |                                                     |         |

# 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)

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

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

|    |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                         |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br><b>FRIENDS OF MARIA</b><br><hr/> Mailing Address <b>PO BOX 12740</b><br><hr/> City <b>SEATTLE</b> State <b>WA</b> Zip Code <b>98111</b><br><hr/> Purpose of Disbursement<br>Political contribution                                                                                                                              | <b>Transaction ID: SB23.5169</b><br>Date of Disbursement<br>08 / 10 / 2009<br><hr/> Amount of Each Disbursement this Period<br>1000.00  |
|    | Candidate Name<br><b>MARIA CANTWELL</b><br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: <b>WA</b> District: <b>00</b><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | 011<br>Category/<br>Type                                                                                                                |
| B. | Full Name (Last, First, Middle Initial)<br><b>FRIENDS OF MARIA</b><br><hr/> Mailing Address <b>PO BOX 12740</b><br><hr/> City <b>SEATTLE</b> State <b>WA</b> Zip Code <b>98111</b><br><hr/> Purpose of Disbursement<br>Political contribution (check voided)                                                                                                               | <b>Transaction ID: SB23.5356</b><br>Date of Disbursement<br>12 / 31 / 2009<br><hr/> Amount of Each Disbursement this Period<br>-1000.00 |
|    | Candidate Name<br><b>MARIA CANTWELL</b><br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: <b>WA</b> District: <b>00</b><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | 011<br>Category/<br>Type                                                                                                                |
| C. | Full Name (Last, First, Middle Initial)<br><b>FRIENDS OF TREY GRAYSON</b><br><hr/> Mailing Address <b>PO BOX 175726</b><br><hr/> City <b>FT MITCHELL</b> State <b>KY</b> Zip Code <b>41017</b><br><hr/> Purpose of Disbursement<br>Political contribution                                                                                                                  | <b>Transaction ID: SB23.5182</b><br>Date of Disbursement<br>09 / 18 / 2009<br><hr/> Amount of Each Disbursement this Period<br>1000.00  |
|    | Candidate Name<br><b>C M 'TREY' GRAYSON</b><br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: <b>KY</b> District: <b>00</b><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | 011<br>Category/<br>Type                                                                                                                |

|                                                                    |                |
|--------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box)    |

# 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)

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

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

**A.** Full Name (Last, First, Middle Initial)  
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement  
Political contribution

Candidate Name  
ORRIN G HATCH

Office Sought:  House  
 Senate  
 President

State: UT District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5164  
Date of Disbursement

07 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
HOOSIERS FOR HILL

Mailing Address PO Box 1071

City State Zip Code  
Seymour IN 47274

Purpose of Disbursement  
Political contribution

Candidate Name  
BARON PAUL HILL

Office Sought:  House  
 Senate  
 President

State: IN District: 09

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5192  
Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

500.00

011  
Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
MCNERNEY FOR CONGRESS

Mailing Address 6520 Village Parkway  
Second Floor

City State Zip Code  
Dublin CA 94568

Purpose of Disbursement  
Political contribution

Candidate Name  
JERRY MCNERNEY

Office Sought:  House  
 Senate  
 President

State: CA District: 11

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5198  
Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

500.00

011  
Category/  
Type

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

2000.00

**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)

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

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

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                               |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial)<br><b>MIKE CRAPO FOR US SENATE</b><br><br>Mailing Address <b>PO BOX 1948</b><br><br>City <b>BOISE</b> State ID <b>ID</b> Zip Code <b>83701</b><br><br>Purpose of Disbursement<br>Political contribution<br>Candidate Name<br><b>MICHAEL D CRAPO</b><br><br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br><br>State: ID District: 00 | Transaction ID: SB23.5172<br>Date of Disbursement<br>08 / 10 / 2009<br><br>Amount of Each Disbursement this Period<br>1000.00<br><br>011<br>Category/<br>Type |
| B. | Full Name (Last, First, Middle Initial)<br><b>NORTH DAKOTA DEMOCRATIC-NONPARTISAN LEAGUE PARTY</b><br><br>Mailing Address <b>1902 E Divide Ave</b><br><br>City <b>Bismarck</b> State ID <b>ND</b> Zip Code <b>58501</b><br><br>Purpose of Disbursement<br>Political contribution<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br><br>State: District:           | Transaction ID: SB23.5177<br>Date of Disbursement<br>09 / 15 / 2009<br><br>Amount of Each Disbursement this Period<br>1500.00<br><br>011<br>Category/<br>Type |
| C. | Full Name (Last, First, Middle Initial)<br><b>PAC TO THE FUTURE</b><br><br>Mailing Address <b>607 14th Street, NW<br/>Suite 800</b><br><br>City <b>Washington</b> State ID <b>DC</b> Zip Code <b>20005</b><br><br>Purpose of Disbursement<br>Political contribution<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br><br>State: District:                        | Transaction ID: SB23.5167<br>Date of Disbursement<br>08 / 10 / 2009<br><br>Amount of Each Disbursement this Period<br>2000.00<br><br>011<br>Category/<br>Type |

|                                                                    |                |
|--------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>4500.00</b> |
| <b>TOTAL</b> 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)

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

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

**A.** Full Name (Last, First, Middle Initial)  
PAT ROBERTS VICTORY COMMITTEE, THE

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
Political contribution

011  
Category/  
Type

Candidate Name  
PAT ROBERTS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: KS District: 00

Transaction ID: SB23.5165  
Date of Disbursement

07 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
PEOPLE FOR ENGLISH

Mailing Address PO BOX 1940

City ERIE State PA Zip Code 16507

Purpose of Disbursement  
Political Contribution (check voided; contribution itemized in October 2008 report)

011  
Category/  
Type

Candidate Name  
PHILIP S. ENGLISH

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Transaction ID: SB23.5355  
Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

-500.00

**C.** Full Name (Last, First, Middle Initial)  
PORTMAN FOR SENATE COMMITTEE

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement  
Political contribution

011  
Category/  
Type

Candidate Name  
ROB PORTMAN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.5219  
Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

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

1500.00

**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 43 / 43

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

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

A.

Full Name (Last, First, Middle Initial)  
ZACK SPACE FOR CONGRESS COMMITTEE

Transaction ID: SB23.5199

Date of Disbursement

Mailing Address 726 Sixteenth Street NE

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 9 |   | 2 | 0 | 0 | 9 |

City State Zip Code  
Massillon OH 44646

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Purpose of Disbursement  
Political contribution

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name  
ZACHARY T SPACE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 18

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

|        |
|--------|
| 500.00 |
|--------|

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

|         |
|---------|
| 1990.00 |
|---------|