

# 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 2006 through 09 30 2006

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 Martin Novel

Signature of Treasurer Electronically Filed by Martin Novel Date 10 13 2006

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

**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

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">16223.05</td></tr></table>	16223.05
Y	Y	Y	Y									
2	0	0	6									
16223.05												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">18785.05</td></tr></table>	18785.05										
18785.05												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">9692.28</td></tr></table>	9692.28	<table border="1" style="width: 100%;"><tr><td align="center">22754.28</td></tr></table>	22754.28								
9692.28												
22754.28												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="center">28477.33</td></tr></table>	28477.33	<table border="1" style="width: 100%;"><tr><td align="center">38977.33</td></tr></table>	38977.33								
28477.33												
38977.33												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">23000.00</td></tr></table>	23000.00	<table border="1" style="width: 100%;"><tr><td align="center">33500.00</td></tr></table>	33500.00								
23000.00												
33500.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="center">5477.33</td></tr></table>	5477.33	<table border="1" style="width: 100%;"><tr><td align="center">5477.33</td></tr></table>	5477.33								
5477.33												
5477.33												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6176.33	18206.33
(i) Itemized (use Schedule A) .....	3515.95	4547.95
(ii) Unitemized .....	9692.28	22754.28
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9692.28	22754.28
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	0.00
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)) .....	9692.28	22754.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9692.28	22754.28

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	33500.00
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))..	23000.00	33500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	23000.00	33500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9692.28	22754.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9692.28	22754.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Tony Abela</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 2400 E. Parham Rd.		<b>Transaction ID: SA11A1.4252</b>
City Richmond State VA Zip Code 23228	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Parham Health and Rehab Occupation Administrator	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Cindy Barnette</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006
Mailing Address 2917 Penn Forest Blvd.		<b>Transaction ID: SA11A1.4184</b>
City Roanoke State VA Zip Code 24018	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Facilities of America Occupation Vice President of Clinical Services	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Cindy Barnette</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 2917 Penn Forest Blvd.		<b>Transaction ID: SA11A1.4186</b>
City Roanoke State VA Zip Code 24018	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Facilities of America Occupation Vice President of Clinical Services	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	520.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Jason Davis		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006
Mailing Address 450 Piney Forest Road		<b>Transaction ID:</b> SA11A1.4209
City Danville	State VA	Zip Code 24540
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 62.50
Name of Employer Piney Forest Healthcare Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kurt Dullnig		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006
Mailing Address 2917 Penn Forest Boulevard		<b>Transaction ID:</b> SA11A1.4262
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 240.00
Name of Employer Medical Facilities of America	Occupation VP of Census Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Samaria Edwards		Date of Receipt M M / D D / Y Y Y Y Y 08 / 22 / 2006
Mailing Address 200 Hioaks		<b>Transaction ID:</b> SA11A1.4235
City Richmond	State VA	Zip Code 24557
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 300.00
Name of Employer Beufont Healthcare Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	602.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Samaria Edwards</b>		Date of Receipt MM / DD / YYYY 09 / 20 / 2006
Mailing Address 200 Hioaks		<b>Transaction ID: SA11A1.4237</b>
City Richmond	State VA	Zip Code 24557
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Beufont Healthcare Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Keith Helmer</b>		Date of Receipt MM / DD / YYYY 07 / 27 / 2006
Mailing Address 242 Butler Court		<b>Transaction ID: SA11A1.4257</b>
City Daleville	State VA	Zip Code 24083
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Medical Facilities of America	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Keith Helmer</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2006
Mailing Address 242 Butler Court		<b>Transaction ID: SA11A1.4258</b>
City Daleville	State VA	Zip Code 24083
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 576.93
Name of Employer Medical Facilities of America	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1056.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>916.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Keith Helmer Mailing Address 242 Butler Court City Daleville State VA Zip Code 24083 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.4259 Amount of Each Receipt this Period 769.24
Name of Employer: Medical Facilities of America Occupation: COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1826.17		

<b>B.</b> Full Name (Last, First, Middle Initial) Patsy Hobson Mailing Address 131 Lowland Drive City Martinsville State VA Zip Code 24112 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.4230 Amount of Each Receipt this Period 500.00
Name of Employer: Stanleytown Healthcare Center Occupation: Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> 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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.4228 Amount of Each Receipt this Period 160.00
Name of Employer: Medical Facilities of America Occupation: CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1429.24</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Brenda Moore</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address 4241 Kings Court Drive		<b>Transaction ID: SA11A1.4176</b>	
City State Zip Code Roanoke VA 24014	Amount of Each Receipt this Period 115.38		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical Facilities of America	Occupation EVP of IS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.38		

Full Name (Last, First, Middle Initial) <b>B. Brenda Moore</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 4241 Kings Court Drive		<b>Transaction ID: SA11A1.4255</b>	
City State Zip Code Roanoke VA 24014	Amount of Each Receipt this Period 153.84		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical Facilities of America	Occupation EVP of IS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.22		

Full Name (Last, First, Middle Initial) <b>C. Michael Perry</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address 2917 Penn Forest Boulevard		<b>Transaction ID: SA11A1.4271</b>	
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 230.76		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical Facilities of America	Occupation VP of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	499.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Michael Perry</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 2917 Penn Forest Boulevard		<b>Transaction ID: SA11A1.4273</b>	
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 307.68		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical Facilities of America	Occupation VP of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44		

Full Name (Last, First, Middle Initial) <b>B. Sean Pressman</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6	
Mailing Address 1945 Roanoke Blvd		<b>Transaction ID: SA11A1.4239</b>	
City State Zip Code Salem VA 24153	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Salem Health and Rehab	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Sean Pressman</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6	
Mailing Address 1945 Roanoke Blvd		<b>Transaction ID: SA11A1.4241</b>	
City State Zip Code Salem VA 24153	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Salem Health and Rehab	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	807.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Monique Scholes</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address PO Box 1310		<b>Transaction ID: SA11A1.4226</b>	
City Louisa	State VA	Amount of Each Receipt this Period 100.00	
Zip Code 23093		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Louisa Healthcare Center	Occupation Adminstrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Sabrina Vaughn</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006	
Mailing Address PO Box 577		<b>Transaction ID: SA11A1.4232</b>	
City Gretna	State VA	Amount of Each Receipt this Period 300.00	
Zip Code 24557		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Gretna Healthcare Center	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Sabrina Vaughn</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address PO Box 577		<b>Transaction ID: SA11A1.4234</b>	
City Gretna	State VA	Amount of Each Receipt this Period 200.00	
Zip Code 24557		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Gretna Healthcare Center	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
Jeff Walrond

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 and Rehab

Occupation  
Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2006

Transaction ID: SA11A1.4213

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Jeff Walrond

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 and Rehab

Occupation  
Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2006

Transaction ID: SA11A1.4215

Amount of Each Receipt this Period  
200.00

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

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  
Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2006

Transaction ID: SA11A1.4199

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6176.33</b>

**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 14 / 19

<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

Full Name (Last, First, Middle Initial) <b>A. ALAN MOLLOHAN FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.4290 Date of Disbursement
Mailing Address P. O. Box 1343		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City Fairmont	State WV	Zip Code 26555
Purpose of Disbursement political contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 01		

Full Name (Last, First, Middle Initial) <b>B. BOSWELL FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4288 Date of Disbursement
Mailing Address PO Box 6220		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City Des Moines	State IA	Zip Code 50309
Purpose of Disbursement political contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 03		

Full Name (Last, First, Middle Initial) <b>C. CONGRESSMAN JOE BARTON COMMITTEE, THE</b>		<b>Transaction ID:</b> SB23.4282 Date of Disbursement
Mailing Address P.O. Box 1444		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City Ennis	State TX	Zip Code 75120
Purpose of Disbursement political contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3500.00"/>
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

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<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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JIM MARSHALL</b>		<b>Transaction ID: SB23.4292</b> Date of Disbursement 09 / 07 / 2006
Mailing Address PO BOX 125		Amount of Each Disbursement this Period 500.00
City MACON	State GA	
Zip Code 31201		Category/ Type
Purpose of Disbursement political contribution		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 08	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF KENT CONRAD</b>		<b>Transaction ID: SB23.4274</b> Date of Disbursement 07 / 05 / 2006
Mailing Address PO BOX 812		Amount of Each Disbursement this Period 2500.00
City BISMARCK	State ND	
Zip Code 58502		Category/ Type
Purpose of Disbursement political contribution		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ND District: 00	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MAX BAUCUS</b>		<b>Transaction ID: SB23.4306</b> Date of Disbursement 07 / 05 / 2006
Mailing Address PO BOX 586		Amount of Each Disbursement this Period 2500.00
City HELENA	State MT	
Zip Code 59624		Category/ Type
Purpose of Disbursement political contributions		
Candidate Name		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MT District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<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)

PAGE 16 / 19

<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

Full Name (Last, First, Middle Initial) <b>A. HILL PAC</b>		<b>Transaction ID: SB23.4304</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 1717 K Street N.W. Suite 309B		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036	Purpose of Disbursement political contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. HOLDING ONTO OREGONS PRIORITIES AKA HOOSPAC</b>		<b>Transaction ID: SB23.4311</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address PO Box 3314		Amount of Each Disbursement this Period 1000.00
City Portland State OR Zip Code 97208	Purpose of Disbursement political contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. JIM GERLACH FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.4294</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address PO Box 87		Amount of Each Disbursement this Period 500.00
City Uwchland State PA Zip Code 19480	Purpose of Disbursement political contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<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)

PAGE 17 / 19

<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

Full Name (Last, First, Middle Initial) <b>A. KUHL FOR CONGRESS</b>		<b>Transaction ID: SB23.4298</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 10 GANESVOORT STREET SUITE 101		Amount of Each Disbursement this Period 500.00
City BATH State NY Zip Code 14810	Purpose of Disbursement political contribution Candidate Name Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MCCRERY FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.4278</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 3500.00
City Shreveport State LA Zip Code 71135	Purpose of Disbursement political contribution Candidate Name Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MIKE CRAPO FOR US SENATE</b>		<b>Transaction ID: SB23.4309</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address PO BOX 1948		Amount of Each Disbursement this Period 2000.00
City BOISE State ID Zip Code 83701	Purpose of Disbursement political contribution Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<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)

PAGE 18 / 19

<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

Full Name (Last, First, Middle Initial) <b>A. PEOPLE WITH HART INC</b>		<b>Transaction ID: SB23.4286</b> Date of Disbursement
Mailing Address P.O. Box 435		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Wexford	State PA	Zip Code 15090
Purpose of Disbursement political contribution	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 04	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. PRYCE FOR CONGRESS</b>		<b>Transaction ID: SB23.4284</b> Date of Disbursement
Mailing Address 145 E. Rich Street		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement political contribution	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 15	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. SANTORUM 2006</b>		<b>Transaction ID: SB23.4302</b> Date of Disbursement
Mailing Address ONE TOWER BRIDGE SUITE 1440		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City WEST CONSHOHOCKEN	State PA	Zip Code 19428
Purpose of Disbursement political contribution	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 00	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 19 / 19

<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

Full Name (Last, First, Middle Initial) <b>A. SNOWE FOR SENATE</b>		<b>Transaction ID: SB23.4167</b>	
Mailing Address P.O. BOX 2006		Date of Disbursement 07 / 05 / 2006	
City PORTLAND	State ME	Zip Code 04104	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ME	District: 00		

Full Name (Last, First, Middle Initial) <b>B. SWEENEY FOR CONGRESS INC</b>		<b>Transaction ID: SB23.4296</b>	
Mailing Address Post Office Box 1465		Date of Disbursement 09 / 07 / 2006	
City Clifton Park	State NY	Zip Code 12065	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement political contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY	District: 20		

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

1000.00

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

23000.00