10/13/2006 10:18

Image# 26960457818

### **FEC** FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines MEDICAL FACILITIES OF AMERICA INC PAC 2917 PENN FOREST BOULEVARD STE 200 ADDRESS (number and street) PO BOX 29600 Check if different than previously **ROANOKE** VA 24018 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00405472 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2006 09 30 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Martin Novel Type or Print Name of Treasurer Electronically Filed by Martin Novel 10 13 2006 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003) Only

## SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name MEDICAL FACILITIES OF AMERICA INC PAC <sup>®</sup> D " D 0.7 0 1 2006 0.9 3 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2006 16223.05 January 1 (b) Cash on Hand at 18785.05 Begining of Reporting Period ..... 9692.28 22754.28 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 28477.33 38977.33 6(a) and 6(c) for Column B) ..... 23000.00 33500.00 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 5477.33 5477.33 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) ..... 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

3<sup>D</sup>0

2006

м м 0 9

To:

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA INC PAC

Report Covering the Period: From:

**COLUMN A COLUMN B** I. Receipts **Total This Period** 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) ...... 4547.95 3515.95 (ii) Unitemized ..... (iii) TOTAL (add 9692.28 22754.28 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 9692.28 22754.28 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 9692.28 22754.28 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 9692.28 22754.28 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	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)	0.00	0.00
	(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	0.00	0.00
2.	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
_	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees and Other Political Committees	23000.00	33500.00
4.	Independent Expenditure		
<del>5</del> .	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	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	0.00	0.00
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
).	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	0.00	0.00
	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
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23000.00	33500.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	23000.00	33500.00
	from Line 31)	23000.00	33300.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
33. Total Contributions (other than loans) from Line 11(d), page 3)	9692.28	22754.28				
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9692.28	22754.28				
66. 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				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 6 / 19 (check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stator commercial purposes, other than using the national states are supported in the national states.	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA IN		,,	
۸.	Full Name (Last, First, Middle Initial) Tony Abela			Date of Receipt
	Mailing Address 2400 E. Parham Rd.			09 20 2006
	City Richmond	State VA	Zip Code 23228	Transaction ID: SA11A1.4252  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	LOLLO	120.00
	Name of Employer Parham Health and Rehab	Occupation Administr		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
3.	Full Name (Last, First, Middle Initial) Cindy Barnette			Date of Receipt
	Mailing Address 2917 Penn Forest Blvd.			08 15 2006
	City Roanoke	State VA	Zip Code	Transaction ID: SA11A1.4184
	FEC ID number of contributing federal political committee.	C	24018	Amount of Each Receipt this Period  300.00
	Name of Employer Medical Facilities of Ame- rica		sident of Clinical Services	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Cindy Barnette			Date of Receipt
	Mailing Address 2917 Penn Forest Blvd.			09 29 2006
	City Roanoke	State VA	Zip Code 24018	Transaction ID: SA11A1.4186  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	24010	100.00
	Name of Employer Medical Facilities of Ame- rica		sident of Clinical Services	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SI	JBTOTAL of Receipts This Page (optional)			520.00
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 19	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIVIIZED NEOLII 13		Detailed Summary Page	X 11a   11b   11c   12   13   14   15   16 [	17
Aı	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any person	on for the purpose of soliciting contributions	
Or		lame and add	aress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)  MEDICAL FACILITIES OF AMERICA IN	NC PAC			
_	Full Name (Last, First, Middle Initial)			5. 75 1.	
Α.	Jason Davis  Mailing Address 450 Piney Forest Road			Date of Receipt	
	430 Filley Forest Road			09 20 2006	
	City	State	Zip Code	Transaction ID: SA11A1.4209	
	<u>Danville</u>	VA	24540	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		62.50	
	Name of Employer Piney Forest Healthcare Center	Occupation Administ			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
В.	Full Name (Last, First, Middle Initial) Kurt Dullnig			Date of Receipt	
	Mailing Address 2917 Penn Forest Bould	evard		09 / 29 / 4 2006	
	City	State	Zip Code	Transaction ID: SA11A1.4262	
	Roanoke	VA	24018	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		240.00	
	Name of Employer Medical Facilities of Ame-	Occupation			
	rica Receipt For:		nsus Development e Year-to-Date ▼		
	Primary General	Aggregate		1	
	Other (specify) ▼		420.00		
C.	Full Name (Last, First, Middle Initial)			Date of Receipt	
U.	Samaria Edwards  Mailing Address 200 Hioaks			M M / D D / Y Y Y Y	7
				08 22 2006	
	City	State	Zip Code	Transaction ID: SA11A1.4235	
	Richmond	VA	24557	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer Beufont Healthcare Center	Occupation Administ	rator		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
s	UBTOTAL of Receipts This Page (optional)			602.50	
			·		
T	OTAL This Period (last page this line number o	nly)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 19
	EMIZED RECEIPTS		or each category of the	(check only one)
••	EMIZED RECEIL 10		Detailed Summary Page	X 11a 11b 11c 12
Δ,	y information copied from such Reports and Sta	otomonto mo	reat he cold or used by any nore	13 14 15 16 17
or	for commercial purposes, other than using the i	name and add	dress of any political committee to	osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	MEDICAL FACILITIES OF AMERICA II	NC PAC		
_	Full Name (Last, First, Middle Initial)			
Α.				Date of Receipt
	Mailing Address 200 Hioaks			09 20 2006
	City	State	Zip Code	Transaction ID: SA11A1.4237
	Richmond	VA	24557	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Beufont Healthcare Center	Occupation Administr		
	Receipt For:		e Year-to-Date ▼	
	Primary General		600.00	1
	Other (specify) ▼	0 0	600.00	1
— В.	Full Name (Last, First, Middle Initial) Keith Helmer			Date of Receipt
٥.	Mailing Address 242 Butler Court			M M / D D / Y Y Y Y
				07 27 2006
	City	State	Zip Code	Transaction ID: SA11A1.4257
	Daleville	VA	24083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Medical Facilities of America	Occupation COO	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		480.00	7
	Other (specify)		+00.00	1
<u>с</u> .	Full Name (Last, First, Middle Initial) Keith Helmer			Date of Receipt
	Mailing Address 242 Butler Court			0 8 1 5 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.4258
	Daleville	VA	24083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		576.93
	Name of Employer Medical Facilities of Ame-	Occupation	n	7
	rica Receipt For:		e Year-to-Date ▼	
	Primary General		1050.00	1
	Other (specify) ▼	0 0	1056.93	1
[s	UBTOTAL of Receipts This Page (optional)			916.93
$\vdash$				
Ιт	OTAL This Period (last page this line number of	nlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 19							
	EMIZED RECEIPTS		or each category of the	(check only one)							
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12							
			, ,	13 14 15 16 17							
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
abla	NAME OF COMMITTEE (In Full)										
$\rangle$	MEDICAL FACILITIES OF AMERICA IN	C PAC									
Α.	Full Name (Last, First, Middle Initial) Keith Helmer			Date of Receipt							
	Mailing Address 242 Butler Court			09 29 2006							
	City	State	Zip Code	Transaction ID: SA11A1.4259							
	Daleville	VA	24083	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		769.24							
	Name of Employer Medical Facilities of Ame- rica	Occupation COO	n								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General		1000 17	1							
	Other (specify) ▼	0 0	1826.17								
В.	Full Name (Last, First, Middle Initial) Patsy Hobson			Date of Receipt							
	Mailing Address 131 Lowland Drive			08 22 2006							
	City	State	Zip Code	Transaction ID: SA11A1.4230							
	Martinsville	VA	24112	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Name of Employer Stanleytown Healthcare Ce- nter	Occupation Adminstr									
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General	00 0		1							
	Other (specify) ▼		500.00								
<u> </u>	Full Name (Last, First, Middle Initial) Novel Martin			Date of Receipt							
	Mailing Address 2917 Penn Forest Boulev P.O Box 29600	ard Ste 2	00	09 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: SA11A1.4228							
	Roanoke	VA	24018	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.		C		160.00							
	Name of Employer Medical Facilities of Ame- rica	Occupation CFO	n								
	Receipt For:	Aggregate	e Year-to-Date ▼	7							
	Primary General			1							
	Other (specify) ▼		280.00								
s	UBTOTAL of Receipts This Page (optional)			1429.24							
$\sqsubseteq$											

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

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 10 / 19						
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)						
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12						
			Detailed Summary Page	13 14 15 16 17						
Δr	y information copied from such Reports and Sta	tomonte may	y not be sold or used by any perso							
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
	MEDICAL FACILITIES OF AMERICA IN	IC PAC								
Α.	Full Name (Last, First, Middle Initial) Brenda Moore			Date of Receipt						
	Mailing Address 4241 Kings Court Drive			08 15 2006						
	City	State	Zip Code	Transaction ID: SA11A1.4176						
	Roanoke	VA	24014	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		115.38						
	Name of Employer Medical Facilities of America	Occupation EVP of IS								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		000.00	1						
	Other (specify)		230.38							
В.	Full Name (Last, First, Middle Initial) Brenda Moore			Date of Receipt						
	Mailing Address 4241 Kings Court Drive			M M / D D / Y Y Y Y						
	-			09 29 2006						
	City	State	Zip Code	Transaction ID: SA11A1.4255						
	Roanoke	VA	24014	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		153.84						
	Name of Employer Medical Facilities of Ame-	Occupation EVP of IS		7						
	rica Receipt For:		Year-to-Date ▼	-						
	Primary General	Aggregate	Teal to Bate V	1						
	Other (specify) ▼		384.22							
				1						
<u> </u>	Full Name (Last, First, Middle Initial) Michael Perry			Date of Receipt						
	Mailing Address 2917 Penn Forest Boule	evard		M M / D D / Y Y Y Y						
	City	State	Zip Code	08 15 2006						
	City Roanoke	VA	24018	Transaction ID: SA11A1.4271						
		VA	24010	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		230.76						
	Name of Employer Medical Facilities of Ame-	Occupation								
	rica	VP of Op								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	, , , , , , , , , , , , , , , , , , ,	230.76	1						
	Other (specify)		200.70	1						
_										
				400.00						
s	UBTOTAL of Receipts This Page (optional)			499.98						
$\vdash$				-						

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

			1								
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 19								
ITEMIZED RECEIPTS		or each category of the	(check only one)								
II LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using t	l Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
MEDICAL FACILITIES OF AMERICA	A INC PAC										
Full Name (Last, First, Middle Initial)  A. Michael Perry			Date of Receipt								
Mailing Address 2917 Penn Forest Bo	oulevard		09 29 2006								
City	State	Zip Code	Transaction ID: SA11A1.4273								
Roanoke	VA	24018	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		307.68								
Name of Employer Medical Facilities of Ame- rica	Occupatio VP of Op		7								
Receipt For:		e Year-to-Date ▼									
Primary General			1								
Other (specify) ▼	0 0	538.44									
Full Name (Last, First, Middle Initial)  3. Sean Pressman	•		Date of Receipt								
Mailing Address 1945 Roanoke Blvd			08 22 2006								
City	State	Zip Code	Transaction ID: SA11A1.4239								
Salem	VA	24153	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		300.00								
Name of Employer Salem Health and Rehab	Occupatio Administ										
Receipt For:		Year-to-Date ▼	_								
Primary General	, iggi ogaic	o roal to Bate V	1								
Other (specify) ▼	0 0	300.00									
Full Name (Last, First, Middle Initial)  C. Sean Pressman	l		Date of Receipt								
Mailing Address 1945 Roanoke Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
City	State	Zip Code	Transaction ID: SA11A1.4241								
Salem	VA	24153	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		200.00								
Name of Employer Salem Health and Rehab	Occupatio Administ		7								
Receipt For:		e Year-to-Date ▼									
Primary General Other (specify) ▼		500.00									
SUBTOTAL of Receipts This Page (optional)			807.68								
		•									

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

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/19
ITEMIZED RECEIPTS			or each category of the	(check only one)
TIEMIZED TIEGEII TO			Detailed Summary Page	X 11a 11b 11c 12
Δ.,	ny information copied from such Reports and Sta	atamanta ma	reat he cold or used by one pare	13 14 15 16 17
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	osolicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	MEDICAL FACILITIES OF AMERICA IN	NC PAC		
A.	Full Name (Last, First, Middle Initial) Monique Scholes			Date of Receipt
	Mailing Address PO Box 1310			09 20 2006
	City	State	Zip Code	Transaction ID: SA11A1.4226
	Louisa	VA	23093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Louisa Healthcare Center	Occupation Adminstr		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Sabrina Vaughn			Date of Receipt
	Mailing Address PO Box 577			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4232
	Gretna	VA	24557	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Gretna Healthcare Center	Occupation Administration		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	7
	Other (specify)		300.00	
c.	Full Name (Last, First, Middle Initial) Sabrina Vaughn			Date of Receipt
	Mailing Address PO Box 577			09 20 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.4234
	Gretna	VA	24557	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Gretna Healthcare Center	Occupation Administr		7
	Receipt For:	-1	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			600.00
$\vdash$				_
Ιт	OTAL This Period (last page this line number o	nlv)		

### S П

				1								
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 19								
IT	EMIZED RECEIPTS		or each category of the	(check only one)								
••	EMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12								
				13 14 15 16 17								
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)											
	MEDICAL FACILITIES OF AMERICA IN	C PAC										
A.	Full Name (Last, First, Middle Initial) Jeff Walrond			Date of Receipt								
	Mailing Address 1225 South Reservoir St	reet		08 22 7 2006								
	City	State	Zip Code	Transaction ID: SA11A1.4213								
	Harrisonburg	VA	22801	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		300.00								
	Name of Employer Harrisonburg Health and Rehab	Occupation Administ										
	Receipt For:	Aggregate	e Year-to-Date ▼									
	Primary General		300.00	1								
	Other (specify)	0 0	300.00									
В.	Full Name (Last, First, Middle Initial) Jeff Walrond			Date of Receipt								
	Mailing Address 1225 South Reservoir St	reet		09 20 2006								
	City	State	Zip Code	Transaction ID: SA11A1.4215								
	Harrisonburg	VA	22801	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		200.00								
	Name of Employer Harrisonburg Health and Rehab	Occupation Administ		7								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		500.00	1								
	Other (specify)		500.00									
<u> </u>	Full Name (Last, First, Middle Initial) Greg Yanta			Date of Receipt								
	Mailing Address 688 Kingsborough Squar	re		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O								
	City	State	Zip Code	Transaction ID: SA11A1.4199								
	Chesapeake	VA	23320	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		300.00								
	Name of Employer Chesapeake Healthcare Cen- ter	Occupation Administ		7								
	Receipt For:	l	e Year-to-Date ▼									
	Primary General		000.00	1								
	Other (specify) ▼		300.00									
s	UBTOTAL of Receipts This Page (optional)			800.00								
ட												

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

6176.33

		d by a	(check o 21b 27	22 28a	X	23	24		25	<b>7</b> 26
Any Information copied from such Reports and State or for commercial purposes, other than using the nar		d by a				28b	28c		29	30b
or ror commercial purposes, office than using the hal										
NAME OF COMMITTEE (In Full)	ic and address of any politica	u COIIII	milee io	JUNUIT COLL	uibuli	0113 110	nn auch	COITIII	ce	
MEDICAL FACILITIES OF AMERICA INC	PAC									
Full Name (Last, First, Middle Initial)				1		-	SB23.4	1290		
ALAN MOLLOHAN FOR CONGRESS CO	DMMIIIEE					sburse		Y Y	Y	Y
Mailing Address P. O. Box 1343				0.9	) M	0	<sup>D</sup> /	2	0 Ď 6	
City Fairmont	State Zip Code WV 26555			Amo	unt of	Each	Disburs	ement	this P	∍riod
Purpose of Disbursement				1 L					500.0	٥
political contribution  Candidate Name			togon/							
Callulate Name			ategory/ Type							
Office Sought: X House Disburs Senate	ement For: 2006 Primary X General									
President	Other (specify)									
State: WV District: 01										
Full Name (Last, First, Middle Initial)  BOSWELL FOR CONGRESS						on ID: sburse	SB23.4	1288		
				М	M /	D	D /	YYY	0 ŏ 6	Y
Mailing Address PO Box 6220				0.9		0	/	2	006	
City Des Moines	State Zip Code IA 50309			Amo	unt of	Each	Disburs	ement	this P	riod
Purpose of Disbursement									500.0	<b>o</b>
political contribution  Candidate Name			ategory/							
Cardidate Name			педогу/ Туре							
	ement For: 2006 Primary X General	•								
Senate President	Primary X General Other (specify) ▼									
State: IA District: 03										
Full Name (Last, First, Middle Initial) CONGRESSMAN JOE BARTON COMMI	ITEE. THE					on ID: sburse	SB23.4	1282		
	,			M 7	M /	2	D /	YYY	0 Ď 6	Y
Mailing Address P.O. Box 1444				0 7					000	
City Ennis	State Zip Code TX 75120			Amo	unt of	Each	Disburs	ement	this P	∍riod
Purpose of Disbursement political contribution				1 L				3	500.0	)
Candidate Name		L Ca	ategory/							
			Туре							
Office Sought: X House Disburs Senate	ement For: 2006 Primary X General									
President	Other (specify)									
State: TX District: 06										
SUBTOTAL of Disbursements This Page (optional			▶					45	500.0	ט
TOTAL This Period (last page this line number only	)									

SCILDOLL B (I LOI OIII 3X)	Use seperate schedule(s)		-OR LIN check o	IE NUME nlv one)	BER:		L P.	AGE	15 / 1	9
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X	23 28b	24 28c	H	25 29	26 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)	and address of any poiltical	COITIII		JUNUIL CO	iliibu	10115 110	JIII SUUII	COITII	iiiiee	
MEDICAL FACILITIES OF AMERICA INC F	PAC									
Full Name (Last, First, Middle Initial)				-		-	SB23.4	1292		
FRIENDS OF JIM MARSHALL						isburse / D		Y Y	Y	Υ
Mailing Address PO BOX 125				0	9 <sup>M</sup>	0	7 /	_ 2	0 Ď 6	
	State Zip Code GA 31201			Am	ount c	of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement			-						500.0	0
political contrbution  Candidate Name		Cate	egory/							
Caldidate Name			ype							
Office Sought: X House Disburser Senate	ment For: 2006 Primary X General									
President	Other (specify)									
State: GA District: 08										
Full Name (Last, First, Middle Initial)  FRIENDS OF KENT CONRAD						ion ID: isburse	SB23.4	1274		
				М	M		5 /	YYY	0 ŏ 6	Y
Mailing Address PO BOX 812				0	1	Ŏ	5	. 2	006	
•	State Zip Code ND 58502			Am	ount c	of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement		•	•					, 2	500.0	0
political contribution  Candidate Name		Cate	egory/							
			ype							
Office Sought: House Disburser	ment For: 2006 Primary X General									
President	Other (specify) ▼									
State: ND District: 00  Full Name (Last, First, Middle Initial)										
FRIENDS OF MAX BAUCUS				-		i <b>on ID:</b> isburse	SB23.4 ement	1306		
Mailing Address PO BOX 586				0	7 <sup>M</sup>	<sup>/</sup> 0	5 /	Ý ž	0 0 6	Y
,	State Zip Code MT 59624			Am	ount c	of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement political contributions				7 L				2	500.0	0
Candidate Name			egory/ ype							
Office Sought: House Disburse										
X Senate X President	Primary General Other (specify)									
State: MT District: 00	· · · · · · · · · · · · · · · · · · ·									
SUBTOTAL of Disbursements This Page (optional)			. <b>•</b>					5	500.0	0
TOTAL This Period (last page this line number only)			. •							

		Use seperate schedule(s)		(check o		16/	/ 19					
IE	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28	2 [	23 28b	24 28c	F	25 29	П	26 30b
	Information copied from such Reports and State										s	
	or commercial purposes, other than using the na	me and address of any politic	cal com	mittee to s	SOLICIT C	ontribu	utions fro	om such	comr	nittee		
\	NAME OF COMMITTEE (In Full)	2.04.0										
/ <sup>r</sup>	MEDICAL FACILITIES OF AMERICA IN	J PAC										
	Full Name (Last, First, Middle Initial)				Tra	ansac	tion ID:	SB23.4	1304			
۱. ۱	HILL PAC					ate of I	Disburse		V • V		V	
N	Mailing Address 1717 K Street N.W. Suite 309B				d	9 "	່	2 /	2	0 Ď 6		
	City Washington	State Zip Code DC 20036			Ar	nount	of Each	Disburse	emen	t this F	Perioc	1
_	Purpose of Disbursement	DO 20030	1=		- [				1	000.0	00	
	political contribution				_							
_	Candidate Name			tegory/ Γype								
(	Office Sought: House Disbur Senate	sement For:  Primary Genera	ıl									
,	President State: District:	Other (specify)										
	State: District:											_
_	HOLDING ONTO OREGONS PRIORITI	ES AKA HOOPSPAC			Da	ate of I	Disburse			, · · · ·	V	
N	Mailing Address PO Box 3314				d	9 <sup>M</sup>	່	2 /	2	0 Ď 6		
	City Portland	State Zip Code OR 97208			Ar	nount	of Each	Disburse	emen	t this F	Period	
	Purpose of Disbursement political contribution								. 1	0.000.0	00	_
(	Candidate Name			tegory/ Γype								
	Senate President	sement For: Primary Genera Other (specify) ▼	l									
	State: District:											
_	Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMI	MITTEE				ate of I	Disburse				V	
N	Mailing Address PO Box 87					9	0	7 /	' 2	0 0 6		
	City Uwchland	State Zip Code PA 19480			Ar	nount	of Each	Disburse	emen			$\overline{}$
	Purpose of Disbursement political contribution			•	L				-	500.0	)0	_
_	Candidate Name			tegory/ Type								
	Senate President	sement For: 2006 Primary X Genera Other (specify) ▼	ı									
	State: PA District: 06										_	_
SU	BTOTAL of Disbursements This Page (optiona	I)		▶				· ·	2	500.0	0	
										-		ī
TO	<b>TAL</b> This Period (last page this line number on	v)		•								- 1

TEMPED DIODUDOEMENTO	Use seperate scriedule(s)			e NOMBER. PAGE 17/19  nly one)								
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21		22 28a	ш	23 28b	24 28c		25 29	П	26 30b	
Any Information copied from such Reports and Sta										S		
or for commercial purposes, other than using the n	ame and address of any political co	ommiliee i	O SOII	CIL CONT	ibulic	ons iro	om Such	COITII	muee			
NAME OF COMMITTEE (In Full)	IC DAC											
/ MEDICAL FACILITIES OF AMERICA IN	IC PAC											
Full Name (Last, First, Middle Initial)				Trans	actio	on ID:	SB23.4	298				
KUHL FOR CONGRESS				Date o	of Dis			v • v		V		
Mailing Address 10 GANESVOORT ST SUITE 101	REET			0 9	IVI /	0	7 /		0 Ó 6			
City BATH	State Zip Code NY 14810			Amou	nt of	Each	Disburse	emen	t this F	erio	k	
Purpose of Disbursement	14010		-						500.0	00	٦	
political contribution			Ш									
Candidate Name		Category/ Type										
	ursement For: 2006											
Senate President	Primary X General Other (specify) ▼											
State: NY District: 29	Other (openity)											
Full Name (Last, First, Middle Initial)				Trans	actio	n ID:	SB23.4	.278				
MCCRERY FOR CONGRESS COMMIT	TEE			Date o		sburse	ement			Υ		
Mailing Address Post Office Box 52950 333 Texas Street Suit				0 7		0	5 /	2	0 ŏ 6			
City Shreveport	State Zip Code LA 71135			Amou	nt of	Each	Disburse	emen	t this F	erio	t t	
Purpose of Disbursement political contribution		•	7					3	3500.0	00		
Candidate Name		Category/ Type	_									
Office Sought:  X House Senate President State: LA District: 04	rrsement For: 2006 Primary X General Other (specify) ▼											
Full Name (Last, First, Middle Initial)				_			0000					
MIKE CRAPO FOR US SENATE				Date o		sburse				V		
Mailing Address PO BOX 1948				0 8		1	7 /	2	0 Ď 6			
City BOISE	State Zip Code ID 83701			Amou	nt of	Each	Disburse				L L	
Purpose of Disbursement political contribution			1					. 2	2000.0	00	_	
Candidate Name		Category/ Type	_									
Office Sought:    House   Disbute     X Senate   President     State: ID   District: 00	x Primary General Other (specify)	•										
Otate. 1D District. 00				_	_			_		_	_	
SUBTOTAL of Disbursements This Page (option	al)		<b>&gt;</b>					6	000.0	0		
TOTAL This Desired (lest seem this Person I	-1.0		_				-				٦	
<b>TOTAL</b> This Period (last page this line number of	niv)		•									

S	CHEDULE B (FEC Form 3X)	Use sene	Use seperate schedule(s) FOR LINE NUMBE				R:	PAGE 18/19								
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(ch	eck only 21b 27	one) 22 28a	X 23 28b	24 28c		25 29	26 30b					
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam															
$\rangle$	NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC		, ,,													
١.	Full Name (Last, First, Middle Initial) PEOPLE WITH HART INC					Date of	of Disburs			V	v					
	Mailing Address P.O. Box 435					0 <sup>M</sup> 8	M / D.	17 /	2 (	) Ó 6						
	City Wexford	State PA	Zip Code 15090			Amou	nt of Each	n Disburse			-					
	Purpose of Disbursement political contribution					L.			15	500.0	0					
	Candidate Name			Catego Type	-											
	Senate President	ement For: Primary Other (spe	2006 X General													
_	State: PA District: 04 Full Name (Last, First, Middle Initial)					Trans	action ID	: SB23.4	284							
3.	PRYCE FOR CONGRESS					М	of Disburs	ement	ΥY	Y	Υ					
	Mailing Address 145 E. Rich Street					0.8		17	2 (	) Ď 6						
	City Columbus	State OH	Zip Code 43215			Amou	nt of Each	n Disburse			-					
	Purpose of Disbursement political contribution  Candidate Name			Catego	-				10	0.00	0					
	Office Sought:  X House Senate President State: OH District: 15	ement For: Primary Other (spe	2006 X General	Туре	9											
).	Full Name (Last, First, Middle Initial) SANTORUM 2006						action ID	: SB23.4 sement	302							
	Mailing Address ONE TOWER BRIDGE S	SUITE 144	.0			0 <sup>M</sup> 9	M / D	o 7 /	ž	ó 6	Y					
	City WEST CONSHOHOCKEN	State PA	Zip Code 19428			Amou	nt of Each	n Disburse	ement t	this Pe	eriod					
	Purpose of Disbursement political contribution			v					10	0.00	0					
	Candidate Name			Catego	-											
	X Senate President	ement For: Primary Other (spe	2006 X General ccify) ▼													
	State: PA District: 00							• • •	O.F.	00.0						
S	UBTOTAL of Disbursements This Page (optional)					<u></u>			35	00.00	U .					
т	OTAL This Period (last page this line number only)															

S	CHEDULE B (FEC Form 3X)	Use seperate sched	ule(s)		-	NE NUMBER: PAGE 19 / 19									
IT	EMIZED DISBURSEMENTS	for each category of Detailed Summary F	the	(C	heck or 21b 27	22 28a	X	23 28b	F	24 28c	F	25 29		26 30b	
	y Information copied from such Reports and for commercial purposes, other than using th												IS		
$\rangle$	NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	INC PAC													
Α.	Full Name (Last, First, Middle Initial) SNOWE FOR SENATE					Date	of D	isburs	_			, goó	Y		
	Mailing Address P.O. BOX 2006					0 7			) 5		2	200	3		
	City PORTLAND	State Zip Code ME 04104				Amou	int o	f Each	ı D	Disburse	mer	-		od	
	Purpose of Disbursement Political Contribution			,		<u> </u>						500.	00		
	Candidate Name			Cate Typ											
	Office Sought:  House X Senate President  State: ME District: 00	sbursement For: 2006 Primary X Ger Other (specify)													
В.	Full Name (Last, First, Middle Initial) SWEENEY FOR CONGRESS INC					Date	of D	isburs	en				V/		
	Mailing Address Post Office Box 146	65				0 9	М	<sup>/</sup> D	) <del> </del>		2	0 0	3 <sup>*</sup>		
	City Clifton Park	State Zip Code NY 12065				Amou	int o	f Each	ı C	Disburse	mer	-		od	
	Purpose of Disbursement political contribution									-	-	500.	00		
	Candidate Name			Cate Typ											
	Office Sought:  X House Senate President State: NY District: 20	sbursement For: 2006 Primary X Ger Other (specify)													

SUBTOTAL of Disbursements This Page (optional)		1000.00
TOTAL This Period (last page this line number only)	•	23000.00