

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 01 01 2007 through 06 30 2007

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 07 27 2007

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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">3199.61</td></tr></table>	3199.61
Y	Y	Y	Y									
2	0	0	7									
3199.61												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">3199.61</td></tr></table>	3199.61										
3199.61												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">22453.36</td></tr></table>	22453.36	<table border="1" style="width: 100%;"><tr><td align="right">22453.36</td></tr></table>	22453.36								
22453.36												
22453.36												
(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="right">25652.97</td></tr></table>	25652.97	<table border="1" style="width: 100%;"><tr><td align="right">25652.97</td></tr></table>	25652.97								
25652.97												
25652.97												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">22750.00</td></tr></table>	22750.00	<table border="1" style="width: 100%;"><tr><td align="right">22750.00</td></tr></table>	22750.00								
22750.00												
22750.00												
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="right">2902.97</td></tr></table>	2902.97	<table border="1" style="width: 100%;"><tr><td align="right">2902.97</td></tr></table>	2902.97								
2902.97												
2902.97												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	19677.61	19677.61
(i) Itemized (use Schedule A)	2775.75	2775.75
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22453.36	22453.36
(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)	22453.36	22453.36
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))	22453.36	22453.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22453.36	22453.36

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.....	22750.00	22750.00
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))..	22750.00	22750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	22750.00	22750.00

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)	22453.36	22453.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22453.36	22453.36
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 / 24
	<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) A. Tony Abela		Date of Receipt M M / D D / Y Y Y Y Y 03 / 19 / 2007
Mailing Address 2400 E. Parham Rd.		Transaction ID: SA11A1.4492
City Richmond State VA Zip Code 23228	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		political contribution
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. Tony Abela		Date of Receipt M M / D D / Y Y Y Y Y 04 / 24 / 2007
Mailing Address 2400 E. Parham Rd.		Transaction ID: SA11A1.4493
City Richmond State VA Zip Code 23228	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		political contribution
Name of Employer Parham Health and Rehab Occupation Administrator	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tony Abela		Date of Receipt M M / D D / Y Y Y Y Y 05 / 25 / 2007
Mailing Address 2400 E. Parham Rd.		Transaction ID: SA11A1.4494
City Richmond State VA Zip Code 23228	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		political contribution
Name of Employer Parham Health and Rehab Occupation Administrator	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	360.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 / 24
	<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) A. Tony Abela		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2400 E. Parham Rd.		Transaction ID: SA11A1.4495
City Richmond State VA Zip Code 23228	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		political contribution
Name of Employer Parham Health and Rehab Occupation Administrator	Aggregate Year-to-Date ▼ 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jim Bicking		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address PO Box 398		Transaction ID: SA11A1.4454
City Lovingson State VA Zip Code 22949	Amount of Each Receipt this Period 346.17	
FEC ID number of contributing federal political committee. C		political contribution
Name of Employer Lovingson Healthcare Center Occupation Administrator	Aggregate Year-to-Date ▼ 519.24	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kurt Dullnig		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 2917 Penn Forest Boulevard		Transaction ID: SA11A1.4459
City Roanoke State VA Zip Code 24018	Amount of Each Receipt this Period 420.00	
FEC ID number of contributing federal political committee. C		political contribution
Name of Employer Medical Facilities of America Occupation VP of Census Development	Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	806.17
TOTAL 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 / 24
	<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) A. Kurt Dullnig		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 2917 Penn Forest Boulevard		Transaction ID: SA11A1.4460
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. C		political contribution
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 ▼ 660.00	

Full Name (Last, First, Middle Initial) B. Kurt Dullnig		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2917 Penn Forest Boulevard		Transaction ID: SA11A1.4461
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		political contribution
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 ▼ 780.00	

Full Name (Last, First, Middle Initial) C. W. Heywood Fralin		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address P.O. Box 20069		Transaction ID: SA11A1.4439
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		political contribution
Name of Employer Medical Facilities of America	Occupation CEO/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5360.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 / 24
	<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) A. William Fralin, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address P.O. Box 20487		Transaction ID: SA11A1.4496	
City Roanoke	State VA	Zip Code 24018	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		political contribution	
Name of Employer Medical Facilities of America	Occupation EVP	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Keith Helmer		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007	
Mailing Address 242 Butler Court		Transaction ID: SA11A1.4456	
City Daleville	State VA	Zip Code 24083	Amount of Each Receipt this Period 1346.17
FEC ID number of contributing federal political committee. C		political contribution	
Name of Employer Medical Facilities of America	Occupation COO	Aggregate Year-to-Date ▼ 1346.17	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Keith Helmer		Date of Receipt M M / D D / Y Y Y Y Y 05 / 25 / 2007	
Mailing Address 242 Butler Court		Transaction ID: SA11A1.4457	
City Daleville	State VA	Zip Code 24083	Amount of Each Receipt this Period 769.24
FEC ID number of contributing federal political committee. C		political contribution	
Name of Employer Medical Facilities of America	Occupation COO	Aggregate Year-to-Date ▼ 2115.41	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	4115.41
TOTAL 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 / 24
	<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

A. 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. C		Date of Receipt <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>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.4458 Amount of Each Receipt this Period <table border="1"> <tr> <td>384.56</td> </tr> </table> political contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7	384.56
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	7														
384.56																							
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 ▼ <table border="1"> <tr> <td>2499.97</td> </tr> </table>		2499.97																					
2499.97																							

B. Full Name (Last, First, Middle Initial) Michelle Hinners Mailing Address 1801 Camelot Drive City Virginia Beach State VA Zip Code 23454 FEC ID number of contributing federal political committee. C		Date of Receipt <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>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.4475 Amount of Each Receipt this Period <table border="1"> <tr> <td>60.00</td> </tr> </table> political contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	7	60.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	1		2	0	0	7														
60.00																							
Name of Employer Virginia Beach Health & Rehab Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>240.00</td> </tr> </table>		240.00																					
240.00																							

C. Full Name (Last, First, Middle Initial) Michelle Hinners Mailing Address 1801 Camelot Drive City Virginia Beach State VA Zip Code 23454 FEC ID number of contributing federal political committee. C		Date of Receipt <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>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.4476 Amount of Each Receipt this Period <table border="1"> <tr> <td>60.00</td> </tr> </table> political contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7	60.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	7														
60.00																							
Name of Employer Virginia Beach Health & Rehab Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>300.00</td> </tr> </table>		300.00																					
300.00																							

SUBTOTAL of Receipts This Page (optional)	504.56
TOTAL 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 / 24
	<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) A. Cleopatra Kitt		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 720 Orchard Ave.		Transaction ID: SA11A1.4434	
City State Zip Code Rocky Mount VA 24151	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		political contribution	
Name of Employer Franklin 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. Novel Martin		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 6129 St. Ives Court		Transaction ID: SA11A1.4478	
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 280.00		
FEC ID number of contributing federal political committee. C		political contribution	
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		

Full Name (Last, First, Middle Initial) C. Novel Martin		Date of Receipt M M / D D / Y Y Y Y 05 / 25 / 2007	
Mailing Address 6129 St. Ives Court		Transaction ID: SA11A1.4479	
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 160.00		
FEC ID number of contributing federal political committee. C		political contribution	
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 ▼ 440.00		

SUBTOTAL of Receipts This Page (optional) ▶	740.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 / 24
	<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) A. Novel Martin		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 6129 St. Ives Court		Transaction ID: SA11A1.4480	
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C		political contribution	
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 ▼ 520.00		

Full Name (Last, First, Middle Initial) B. Brenda Moore		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 4241 Kings Court Drive		Transaction ID: SA11A1.4430	
City State Zip Code Roanoke VA 24014	Amount of Each Receipt this Period 269.22		
FEC ID number of contributing federal political committee. C		political contribution	
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 ▼ 269.22		

Full Name (Last, First, Middle Initial) C. Brenda Moore		Date of Receipt M M / D D / Y Y Y Y 05 / 25 / 2007	
Mailing Address 4241 Kings Court Drive		Transaction ID: SA11A1.4431	
City State Zip Code Roanoke VA 24014	Amount of Each Receipt this Period 153.84		
FEC ID number of contributing federal political committee. C		political contribution	
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 ▼ 423.06		

SUBTOTAL of Receipts This Page (optional) ▶	503.06
TOTAL 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 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Brenda Moore		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 4241 Kings Court Drive		Transaction ID: SA11A1.4432	
City State Zip Code Roanoke VA 24014	Amount of Each Receipt this Period 76.92		
FEC ID number of contributing federal political committee. C		political contribution	
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 ▼ 499.98		

Full Name (Last, First, Middle Initial) B. Andrew Munoz		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 2917 Penn Forest Blvd.		Transaction ID: SA11A1.4423	
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C		political contribution	
Name of Employer Medical Facilities of America	Occupation VP of Purchasing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Michael Perry		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 2917 Penn Forest Boulevard		Transaction ID: SA11A1.4468	
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 538.44		
FEC ID number of contributing federal political committee. C		political contribution	
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		

SUBTOTAL of Receipts This Page (optional) ▶	1015.36
TOTAL 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 14 / 24
	<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) A. Michael Perry		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 2917 Penn Forest Boulevard		Transaction ID: SA11A1.4469	
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 307.68		
FEC ID number of contributing federal political committee. C		political contribution	
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 ▼ 846.12		

Full Name (Last, First, Middle Initial) B. Michael Perry		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 2917 Penn Forest Boulevard		Transaction ID: SA11A1.4470	
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 153.84		
FEC ID number of contributing federal political committee. C		political contribution	
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 ▼ 999.96		

Full Name (Last, First, Middle Initial) C. Jennifer Pressman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 2401 Lee Highway		Transaction ID: SA11A1.4449	
City State Zip Code Pulaski VA 24301	Amount of Each Receipt this Period 57.69		
FEC ID number of contributing federal political committee. C		political contribution	
Name of Employer Pulaski Healthcare Center	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76		

SUBTOTAL of Receipts This Page (optional) ▶	519.21
TOTAL 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 15 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Jennifer Pressman		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 2401 Lee Highway		Transaction ID: SA11A1.4450
City Pulaski	State VA	Zip Code 24301
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 38.46
Name of Employer Pulaski Healthcare Center	Occupation Administrator	political contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

Full Name (Last, First, Middle Initial) B. Richard Roark		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 456 East Main Street		Transaction ID: SA11A1.4481
City Waverly	State VA	Zip Code 23890
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Waverly Healthcare Center	Occupation Administrator	political contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Karen H. Waldron		Date of Receipt MM / DD / YYYY 05 / 11 / 2007
Mailing Address Walnut Grove 290 Boners Run Rd.		Transaction ID: SA11A1.4455
City Shawsville	State VA	Zip Code 24162
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 5000.00
Name of Employer Medical Facilities of America	Occupation Senior Vice President	political contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	5538.46
TOTAL 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 16 / 24
	<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) A. Jackie Wood		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 2917 Penn Forest Blvd.		Transaction ID: SA11A1.4441
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 76.92	
FEC ID number of contributing federal political committee. C		political contribution
Name of Employer Medical Facilities of America	Occupation VP of Program Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

Full Name (Last, First, Middle Initial) B. Jackie Wood		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2917 Penn Forest Blvd.		Transaction ID: SA11A1.4442
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. C		political contribution
Name of Employer Medical Facilities of America	Occupation VP of Program Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) C. Todd Yacovone		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 5573 Richmond Road		Transaction ID: SA11A1.4489
City State Zip Code Warsaw VA 22572	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		political contribution
Name of Employer Warsaw Healthcare Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	175.38
TOTAL 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:		PAGE 17 / 24	
	(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"/> 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)
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 ▼
280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	7

Transaction ID: SA11A1.4490

Amount of Each Receipt this Period
40.00

political contribution

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	19677.61

**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 / 24

<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

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

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

Full Name (Last, First, Middle Initial) A. AMERIPAC: THE FUND FOR A GREATER AMERICA		Transaction ID: SB23.4512
Mailing Address 499 S. CAPITOL ST. S.W. #414		Date of Disbursement 05 / 17 / 2007
City WASHINGTON	State DC	Amount of Each Disbursement this Period 2500.00
Zip Code 20003		
Purpose of Disbursement political contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. COLEMAN FOR SENATE 08		Transaction ID: SB23.4525
Mailing Address 7300 HUDSON BLVD SUITE 270A		Date of Disbursement 06 / 11 / 2007
City ST PAUL	State MN	Amount of Each Disbursement this Period 1000.00
Zip Code 55128		
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 00		

Full Name (Last, First, Middle Initial) C. COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE		Transaction ID: SB23.4510
Mailing Address P.O. Box 65314		Date of Disbursement 06 / 15 / 2007
City Washington	State DC	Amount of Each Disbursement this Period 750.00
Zip Code 20036		
Purpose of Disbursement political contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	4250.00
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 19 / 24

<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

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

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

Full Name (Last, First, Middle Initial) A. DAVE CAMP FOR CONGRESS 2008		Transaction ID: SB23.4498 Date of Disbursement
Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City MIDLAND	State MI	Zip Code 48640
Purpose of Disbursement political contribution	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 04	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. ESHOO, ANNA		Transaction ID: SB23.4532 Date of Disbursement
Mailing Address 555 Capitol Mall Suite 1425		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement political contribution	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 14	
		Amount of Each Disbursement this Period <input type="text" value="1500.00"/>

Full Name (Last, First, Middle Initial) C. FRIENDS OF DICK DURBIN COMMITTEE		Transaction ID: SB23.4400 Date of Disbursement
Mailing Address PO BOX 1949		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City SPRINGFIELD	State IL	Zip Code 62705
Purpose of Disbursement political contribution	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 00	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

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

**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 20 / 24

<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

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. FRIENDS OF JAY ROCKEFELLER

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1909

City CHARLESTON State WV Zip Code 25327

Purpose of Disbursement
political contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: WV District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4528

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

500.00

B. FRIENDS OF JIM CLYBURN

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
political contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: SC District: 6

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4396

Date of Disbursement

03 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

C. FRIENDS OF MAX BAUCUS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement
political contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: MT District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4516

Date of Disbursement

04 / 25 / 2007

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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 21 / 24

<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

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF ROY BLUNT		Transaction ID: SB23.4398 Date of Disbursement 03 / 16 / 2007
Mailing Address PO Box 50100 PO Box 50100		Amount of Each Disbursement this Period 1000.00
City Springfield State MO Zip Code 65805	Purpose of Disbursement political contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. JOHN LEWIS FOR CONGRESS		Transaction ID: SB23.4521 Date of Disbursement 02 / 25 / 2007
Mailing Address 2015 Wallace Rd.		Amount of Each Disbursement this Period 750.00
City Atlanta State GA Zip Code 30331	Purpose of Disbursement political contribution Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. PAT ROBERTS FOR SENATE		Transaction ID: SB23.4518 Date of Disbursement 05 / 17 / 2007
Mailing Address PO BOX 433		Amount of Each Disbursement this Period 750.00
City GREAT BEND State KS Zip Code 67530	Purpose of Disbursement political contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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 22 / 24

<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

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

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

Full Name (Last, First, Middle Initial) A. POMEROY FOR MINNESOTA CAMPAIGN		Transaction ID: SB23.4538 Date of Disbursement 05 / 17 / 2007
Mailing Address PO BOX 3483 PO BOX 3483		Amount of Each Disbursement this Period 750.00
City MANKATO	State MN	
Zip Code 56002	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MN District: 01	

Full Name (Last, First, Middle Initial) B. PORTER FOR CONGRESS		Transaction ID: SB23.4534 Date of Disbursement 04 / 06 / 2007
Mailing Address 7840 Red Leaf Drive		Amount of Each Disbursement this Period 750.00
City Las Vegas	State NV	
Zip Code 89131	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NV District: 03	

Full Name (Last, First, Middle Initial) C. PORTER FOR CONGRESS		Transaction ID: SB23.4536 Date of Disbursement 06 / 06 / 2007
Mailing Address 7840 Red Leaf Drive		Amount of Each Disbursement this Period 750.00
City Las Vegas	State NV	
Zip Code 89131	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NV District: 03	

SUBTOTAL of Disbursements This Page (optional)	2250.00
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 23 / 24

<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

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

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

Full Name (Last, First, Middle Initial) A. RANGEL FOR CONGRESS		Transaction ID: SB23.4523 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address PO Box 5577 MANHATTANVILLE STA		Amount of Each Disbursement this Period 2500.00
City New York State NY Zip Code 10027		
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: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. RYAN FOR CONGRESS		Transaction ID: SB23.4514 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address P. O. Box 1919 P. O. Box 1919		Amount of Each Disbursement this Period 500.00
City Janesville State WI Zip Code 53547		
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: WI District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. STABENOW FOR US SENATE		Transaction ID: SB23.4392 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address PO BOX 4945		Amount of Each Disbursement this Period 1500.00
City EAST LANSING State MI Zip Code 48826		
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: MI District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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 24 / 24

<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

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

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

Full Name (Last, First, Middle Initial) A. TEAM SUNUNU		Transaction ID: SB23.4530																					
Mailing Address PO BOX 500		Date of Disbursement																					
City RYE State NH Zip Code 03870		<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>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	7														
Purpose of Disbursement political contribution		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">750.00</td> </tr> </table>		750.00																			
750.00																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008																					
State: NH District: 00		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
		Category/ Type																					

SUBTOTAL of Disbursements This Page (optional)	750.00
TOTAL This Period (last page this line number only)	22750.00