

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 MFA PAC

ADDRESS (number and street) PO Box 21664 Check if different than previously reported. (ACC) ROANOKE VA 24018

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00467639 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) 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 / 2011 through 06 / 30 / 2011

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 Novel Martin [Electronically Filed] Date 10 / 24 / 2011

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

Office Use Only FE6AN026 FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MFA PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="3813.62"/>	<input type="text" value="3813.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3813.62"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="50330.77"/>	<input type="text" value="50330.77"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="54144.39"/>	<input type="text" value="54144.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23843.12"/>	<input type="text" value="23843.12"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="30301.27"/>	<input type="text" value="30301.27"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**MFA PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2011 To: M M / D D / Y Y Y Y 06 / 30 / 2011

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		
(i) Itemized (use Schedule A).....	48803.41	48803.41
(ii) Unitemized .....	1527.36	1527.36
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50330.77	50330.77
(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) .....	50330.77	50330.77
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 Transfers (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))..... ▶	50330.77	50330.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50330.77	50330.77

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	4843.12	4843.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4843.12	4843.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	19000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	23843.12	23843.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23843.12	23843.12

**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) .....	50330.77	50330.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50330.77	50330.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4843.12	4843.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4843.12	4843.12

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
<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)  
**MFA PAC**

Full Name (Last, First, Middle Initial) <b>A. Cindy Barnette</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2011 <b>Transaction ID : SA11AI.4462</b>
Mailing Address 2917 Penn Forest Blvd		Amount of Each Receipt this Period 1500.00
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C		Individual contribution
Name of Employer Medical Facilities of America	Occupation VP of Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. William Blackwell</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2011 <b>Transaction ID : SA11AI.4448</b>
Mailing Address 120 Anderson Ave PO Box 967		Amount of Each Receipt this Period 250.00
City Bowling Green	State VA	Zip Code 22427
FEC ID number of contributing federal political committee. C		Individual contribution
Name of Employer Bowling Green Healthcare Ctr	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Trevor Holly Cates</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2011 <b>Transaction ID : SA11AI.4472</b>
Mailing Address 6035 Mountain Ranch Dr		Amount of Each Receipt this Period 1000.00
City Park City	State UT	Zip Code 84098
FEC ID number of contributing federal political committee. C		Individual contribution
Name of Employer Self-employed	Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<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	<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)  
**MFA PAC**

Full Name (Last, First, Middle Initial) <b>A. Andrew Dameron</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2011 <b>Transaction ID : SA11AI.4451</b>
Mailing Address 1735 Toddville Road		Amount of Each Receipt this Period 230.76 Individual contribution (\$19.23 biweekly)
City Charlotte	State NC	Zip Code 28214
FEC ID number of contributing federal political committee. C	Name of Employer Charlotte 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	

Full Name (Last, First, Middle Initial) <b>B. Kristen Dehr</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2011 <b>Transaction ID : SA11AI.4461</b>
Mailing Address 2917 Penn Forest Blvd		Amount of Each Receipt this Period 1000.00 Individual contribution
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C	Name of Employer Medical Facilities of America	Occupation Corp Dir of Foods & Nutrition
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Kurt Dullnig</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2011 <b>Transaction ID : SA11AI.4423</b>
Mailing Address 2917 Penn Forest Blvd.		Amount of Each Receipt this Period 375.00 Individual contribution (\$125.00 biweekly beginning 5/25/2011)
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C	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 ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1605.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4451

Payroll deduction

Form/Schedule: SA11AI

Transaction ID: SA11AI.4423

Payroll deduction



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<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	<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)  
**MFA PAC**

Full Name (Last, First, Middle Initial)  
**A. Mary Durham**

Mailing Address 17 Cornelia Drive

City Lexington State NC Zip Code 27292

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

Name of Employer Lexington Healthcare Center Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
06 / 17 / 2011  
**Transaction ID : SA11AI.4455**

Amount of Each Receipt this Period  
50.00

Individual contribution

Full Name (Last, First, Middle Initial)  
**B. Kay Leigh Ferguson**

Mailing Address Native Meadow 1050 Broomley Road

City Charlottesville State VA Zip Code 22901

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

Name of Employer Self-employed Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
05 / 18 / 2011  
**Transaction ID : SA11AI.4478**

Amount of Each Receipt this Period  
5000.00

Individual contribution

Full Name (Last, First, Middle Initial)  
**C. W. Heywood Fralin Sr.**

Mailing Address 2917 Penn Forest Blvd.

City Roanoke State VA Zip Code 24018

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

Name of Employer Medical Facilities of America Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 30 / 2011  
**Transaction ID : SA11AI.4468**

Amount of Each Receipt this Period  
5000.00

Individual contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 10050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<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	<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)  
**MFA PAC**

**A. William H Fralin Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2917 Penn Forest Blvd.  
 City Roanoke State VA Zip Code 24018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Facilities of America Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 06 / 2011  
**Transaction ID : SA11AI.4471**  
 Amount of Each Receipt this Period 5000.00  
 Individual contribution

**B. Danni Gary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8319 Lee Davis Road  
 City Mechanicsville State VA Zip Code 31222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hanover Healthcare Center Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 17 / 2011  
**Transaction ID : SA11AI.4446**  
 Amount of Each Receipt this Period 500.00  
 Individual contribution (\$125.00 biweekly beginning 5/6/2011)

**C. Quinn Graeff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2917 Penn Forest Blvd  
 City Roanoke State VA Zip Code 24018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Facilities of America Occupation Associate General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 06 / 2011  
**Transaction ID : SA11AI.4469**  
 Amount of Each Receipt this Period 1000.00  
 Individual contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4446

Payroll deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
	<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)  
**MFA PAC**

Full Name (Last, First, Middle Initial) <b>A. Keith Helmer</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2011 <b>Transaction ID : SA11AI.4464</b>
Mailing Address 2917 Penn Forest Blvd		Amount of Each Receipt this Period 5000.00
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C		Individual contribution (one-time payroll deduction)
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 ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Jones</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2011 <b>Transaction ID : SA11AI.4437</b>
Mailing Address 450 Piney Forest Road		Amount of Each Receipt this Period 800.00
City Danville	State VA	Zip Code 24540
FEC ID number of contributing federal political committee. C		Individual contribution (\$200.00 biweekly beginning on 5/6/2011)
Name of Employer Piney Forest Healthcare Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Cleopatra Kitt</b>		Date of Receipt MM / DD / YYYY 06 / 03 / 2011 <b>Transaction ID : SA11AI.4457</b>
Mailing Address 1527 Grandin Road SW		Amount of Each Receipt this Period 500.00
City Roanoke	State VA	Zip Code 24015
FEC ID number of contributing federal political committee. C		Individual contribution
Name of Employer Raleigh Ct Health & Rehab Ctr	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4464

Payroll deduction

Form/Schedule: SA11AI

Transaction ID: SA11AI.4437

Payroll deduction

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<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)  
**MFA PAC**

**A. Cleopatra Kitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1527 Grandin Road SW

City Roanoke	State VA	Zip Code 24015
-----------------	-------------	-------------------

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

Name of Employer Raleigh Ct Health & Rehab Ctr	Occupation Administrator
---	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		17		2011

**Transaction ID : SA11AI.4459**

Amount of Each Receipt this Period  
250.00

Individual contribution (payroll deduction)

**B. Ms Carol Kroboth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2917 Penn Forest Blvd.

City Roanoke	State VA	Zip Code 24018
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		06		2011

**Transaction ID : SA11AI.4427**

Amount of Each Receipt this Period  
500.00

Individual contribution

**C. Ms Carol Kroboth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2917 Penn Forest Blvd.

City Roanoke	State VA	Zip Code 24018
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		17		2011

**Transaction ID : SA11AI.4426**

Amount of Each Receipt this Period  
60.00

Individual contribution (\$20.00 biweekly beginning 5/25/2011)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	810.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4459

Payroll deduction

Form/Schedule: SA11AI

Transaction ID: SA11AI.4426

Payroll deduction

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 30
	<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	<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)  
**MFA PAC**

**A. Tim Marshall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2917 Penn Forest Blvd.  
City Roanoke State VA Zip Code 24018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Medical Facilities of America Occupation VP of Finance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 240.00

Date of Receipt 06 / 17 / 2011  
**Transaction ID : SA11AI.4422**  
Amount of Each Receipt this Period 240.00  
Individual contribution (\$20.00 biweekly)

**B. Novel Martin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2917 Penn Forest Blvd. Suite 100  
City Roanoke State VA Zip Code 24018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Medical Facilities of America Occupation CFO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 04 / 08 / 2011  
**Transaction ID : SA11AI.4460**  
Amount of Each Receipt this Period 5000.00  
Individual contribution (one-time payroll deduction)

**C. Ms Brenda Moore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4241 Kings Court Drive  
City Roanoke State VA Zip Code 24014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Medical Facilities of America Occupation Executive Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 04 / 08 / 2011  
**Transaction ID : SA11AI.4463**  
Amount of Each Receipt this Period 5000.00  
Individual contribution

**SUBTOTAL** of Receipts This Page (optional)..... 10240.00  
**TOTAL** This Period (last page this line number only).....



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4422

Payroll deduction

Form/Schedule: SA11AI

Transaction ID: SA11AI.4460

Payroll deduction

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**MFA PAC**

**A. Andrew Munoz**  
Full Name (Last, First, Middle Initial)

Mailing Address 2917 Penn Forest Blvd

City Roanoke State VA Zip Code 24018

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

Name of Employer Medical Facilities of America Occupation VP of Materials Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2011

**Transaction ID : SA11AI.4431**

Amount of Each Receipt this Period  
 500.00

Individual contribution

**B. Andrew Munoz**  
Full Name (Last, First, Middle Initial)

Mailing Address 2917 Penn Forest Blvd

City Roanoke State VA Zip Code 24018

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

Name of Employer Medical Facilities of America Occupation VP of Materials Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 581.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2011

**Transaction ID : SA11AI.4429**

Amount of Each Receipt this Period  
 81.00

Individual contribution (\$27.00 biweekly beginning 5/25/2011)

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

Mailing Address PO Box 21133

City Roanoke State VA Zip Code 24018

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

Name of Employer Premier Consulting Services Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2011

**Transaction ID : SA11AI.4481**

Amount of Each Receipt this Period  
 2500.00

Individual contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3081.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4429

Payroll deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 30
	<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)  
**MFA PAC**

**A. Richard Roark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 456 East Main Street  
PO Box 641  
City Waverly State VA Zip Code 23890  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Waverly Healthcare Center Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2011  
**Transaction ID : SA11AI.4438**  
Amount of Each Receipt this Period  
300.00  
Individual contribution (\$100.00 biweekly beginning 5/6/2011 and ending 6/3/2011)

**B. Cynthia Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 235 Evergreen Ave.  
City Appomattox State VA Zip Code 24522  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Appomattox Health & Rehab Ctr Occupation Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2011  
**Transaction ID : SA11AI.4474**  
Amount of Each Receipt this Period  
500.00  
Individual contribution

**C. Ayn Cates Sullivan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4444 Via Bendita  
City Santa Barbara State CA Zip Code 93110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Investor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2011  
**Transaction ID : SA11AI.4476**  
Amount of Each Receipt this Period  
1000.00  
Individual contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1800.00  
**TOTAL** This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4438

Payroll deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 30
	<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)  
**MFA PAC**

Full Name (Last, First, Middle Initial) <b>A. Sabrina Vaughn</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2011 <b>Transaction ID : SA11AI.4456</b>
Mailing Address Route 40 West PO Box 577		Amount of Each Receipt this Period 666.65
City Gretna	State VA	Zip Code 24557
FEC ID number of contributing federal political committee. C	Individual contribution (\$133.33 biweekly beginning 4/22/2011)	
Name of Employer Gretna Healthcare Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.65	

Full Name (Last, First, Middle Initial) <b>B. Karen Waldron</b>		Date of Receipt MM / DD / YYYY 05 / 27 / 2011 <b>Transaction ID : SA11AI.4480</b>
Mailing Address 2917 Penn Forest Blvd		Amount of Each Receipt this Period 5000.00
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C	Individual contribution	
Name of Employer Medical Facilities of America	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5666.65
<b>TOTAL</b> This Period (last page this line number only).....▶	48803.41

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4456

Payroll deduction

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**MFA PAC**

Full Name (Last, First, Middle Initial)

**A. Alston & Bird, LLP**

Mailing Address 950 F St. N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Legal expenses

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4521**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Medical Facilities of America, Inc.**

Mailing Address 2917 Penn Forest Blvd.

City Roanoke State VA Zip Code 24018

Purpose of Disbursement  
Administrative expenses

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4484**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Medical Facilities of America, Inc.**

Mailing Address 2917 Penn Forest Blvd.

City Roanoke State VA Zip Code 24018

Purpose of Disbursement  
Administrative Expenses

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.4497**

Amount of Each Disbursement this Period

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

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**MFA PAC**

Full Name (Last, First, Middle Initial)

**A. Medical Facilities of America, Inc.**

Mailing Address 2917 Penn Forest Blvd.

City Roanoke State VA Zip Code 24018

Purpose of Disbursement  
Administrative expenses

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4513**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**MFA PAC**

Full Name (Last, First, Middle Initial)

**A. DAVE CAMP FOR CONGRESS**

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2011

Mailing Address 5915 EASTMAN AVENUE  
SUITE 100

City MIDLAND State MI Zip Code 48640

**Transaction ID : SB23.4501**

Purpose of Disbursement  
Political contribution

011  
Category/  
Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

**DAVID LEE CAMP**

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2011

Mailing Address 430 SOUTH CAPITOL STREET, SE  
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

**Transaction ID : SB23.4528**

Purpose of Disbursement  
Political contribution

011  
Category/  
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MAX BAUCUS**

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2011

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

**Transaction ID : SB23.4510**

Purpose of Disbursement  
Political contribution

011  
Category/  
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

**MAX BAUCUS**

Office Sought:  House  
 Senate  
 President  
State: MT District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

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

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

5500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**MFA PAC**

Full Name (Last, First, Middle Initial)

**A. HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement  
Political contribution

011

Candidate Name

**ORRIN G HATCH**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	27	/	2011

Transaction ID : **SB23.4522**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. MCCASKILL FOR MISSOURI 2012**

Mailing Address 700 13TH STREET NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement  
Political contribution

011

Candidate Name

**CLAIRE MCCASKILL**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	13	/	2011

Transaction ID : **SB23.4505**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MCCONNELL SENATE COMMITTEE '14**

Mailing Address PO BOX 1496

City State Zip Code  
LOUISVILLE KY 40201

Purpose of Disbursement  
Political contribution

011

Candidate Name

**MITCH MCCONNELL**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2011

Transaction ID : **SB23.4485**

Amount of Each Disbursement this Period

2500.00
---------

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

6000.00
---------

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

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**MFA PAC**

Full Name (Last, First, Middle Initial)

**A. NELSON 2012**

Mailing Address PO BOX 8666

City OMAHA State NE Zip Code 68108

Purpose of Disbursement  
Political contribution

011

Candidate Name  
**E BENJAMIN NELSON**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NE District: 00

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2011

Transaction ID : **SB23.4489**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. PAT ROBERTS FOR U S SENATE INC**

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement  
Political contribution

011

Candidate Name  
**PAT ROBERTS**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: KS District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2011

Transaction ID : **SB23.4525**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. SCOTT BROWN FOR US SENATE COMMITTEE INC**

Mailing Address P.O. BOX 395

City WRENTHAM State MA Zip Code 02903

Purpose of Disbursement  
Political contribution

011

Candidate Name  
**SCOTT P BROWN**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MA District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2011

Transaction ID : **SB23.4518**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**MFA PAC**

Full Name (Last, First, Middle Initial)

**A. SNOWE FOR SENATE**

Mailing Address PO BOX 2012

City PORTLAND State ME Zip Code 04104

Purpose of Disbursement  
Political contribution

011

Candidate Name

**OLYMPIA J SNOWE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ME District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2011

Transaction ID : **SB23.4509**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. STABENOW FOR US SENATE**

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement  
Political contribution

011

Candidate Name

**DEBBIE MS STABENOW**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 00

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2011

Transaction ID : **SB23.4498**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. WALLY HERGER FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 1007

City WILLOWS State CA Zip Code 95988

Purpose of Disbursement  
Political contribution

011

Candidate Name

**WALLY HERGER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2011

Transaction ID : **SB23.4514**

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**MFA PAC**

Full Name (Last, First, Middle Initial)

**A. WILSON FOR SENATE**

Mailing Address PO BOX 10248

City ALBUQUERQUE State NM Zip Code 87184

Purpose of Disbursement  
Political contribution

011

Category/  
Type

Candidate Name  
**HEATHER A WILSON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NM District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2011

Transaction ID : SB23.4493

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

500.00

19000.00