

**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)<br><b>A. Mary Durham</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 17 / 2011<br><b>Transaction ID : SA11AI.4455</b> |
| Mailing Address 17 Cornelia Drive   |                                    | Amount of Each Receipt this Period<br>50.00  |
| City Lexington  | State NC                           | Zip Code 27292   |
| FEC ID number of contributing federal political committee. C  |                                    | Individual contribution  |
| Name of Employer Lexington Healthcare Center  | Occupation Administrator           |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kay Leigh Ferguson</b>   |                                     | Date of Receipt<br>MM / DD / YYYY<br>05 / 18 / 2011<br><b>Transaction ID : SA11AI.4478</b> |
| Mailing Address Native Meadow 1050 Broomley Road  |                                     | Amount of Each Receipt this Period<br>5000.00  |
| City Charlottesville  | State VA                            | Zip Code 22901   |
| FEC ID number of contributing federal political committee. C  |                                     | Individual contribution  |
| Name of Employer Self-employed  | Occupation Partner                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. W. Heywood Fralin Sr.</b>  |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2011<br><b>Transaction ID : SA11AI.4468</b> |
| Mailing Address 2917 Penn Forest Blvd.  |                                     | Amount of Each Receipt this Period<br>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 President                |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 10050.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |          |