

**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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIPCODE**

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 (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 through

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

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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
MFA PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		13300.48
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	13510.65									
(c) Total Receipts (from Line 19)	12808.75	38734.95								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26319.40	52035.43								
7. Total Disbursements (from Line 31)	24045.60	49761.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2273.80	2273.80								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
MFA PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	11629.14	36172.27
(ii) Unitemized	1179.61	2562.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12808.75	38734.95
(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)	12808.75	38734.95
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))	12808.75	38734.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12808.75	38734.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1045.60	16261.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1045.60	16261.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	33500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	24045.60	49761.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24045.60	49761.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	12808.75	38734.95
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12808.75	38734.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1045.60	16261.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1045.60	16261.63

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 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"/> 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.

Full Name (Last, First, Middle Initial)
Kristen Dehr

Mailing Address 2917 Penn Forest Blvd

City State Zip Code
Roanoke VA 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 02 / 2010
Transaction ID: SA11AI.4311
 Amount of Each Receipt this Period: 1000.00
 Individual contribution

B.

Full Name (Last, First, Middle Initial)
Mary Durham

Mailing Address 17 Cornelia Drive

City State Zip Code
Lexington NC 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 ▼ 280.00

Date of Receipt: 09 / 24 / 2010
Transaction ID: SA11AI.4309
 Amount of Each Receipt this Period: 280.00
 Individual contribution (\$40.00 biweekly)

C.

Full Name (Last, First, Middle Initial)
Adam Edwards

Mailing Address 3433 Springtree Drive NE

City State Zip Code
Roanoke VA 24012

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

Name of Employer: Springtree Health & Rehab Ctr
Occupation: Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 09 / 24 / 2010
Transaction ID: SA11AI.4303
 Amount of Each Receipt this Period: 700.00
 Individual contribution (\$100 biweekly)

SUBTOTAL of Receipts This Page (optional) ► 1980.00

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

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4309**

Payroll deduction

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4303**

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 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

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NAME OF COMMITTEE (In Full)
MFA PAC

A.	Full Name (Last, First, Middle Initial) Robert Fralin		Date of Receipt
	Mailing Address 3263 Somerset St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2010
	City	State	Zip Code
	Roanoke	VA	24014
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4315
Name of Employer Fralin Companies		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Individual contribution

B.	Full Name (Last, First, Middle Initial) Danni Gary		Date of Receipt
	Mailing Address 8319 Lee Davis Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2010
	City	State	Zip Code
	Mechanicsville	VA	31222
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4301
Name of Employer Hanover Healthcare Center		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Individual contribution (\$125.00 biweekly through 7/16/2010, \$50.00 biweekly after 7/16/2010)

C.	Full Name (Last, First, Middle Initial) Michael Jones		Date of Receipt
	Mailing Address 450 Piney Forest Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 27 / 2010
	City	State	Zip Code
	Danville	VA	24540
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4283
Name of Employer Piney Forest Healthcare Center		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Individual contribution (\$100 biweekly, ending 08-/27/2010)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 6000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4301**

Payroll deduction

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4283**

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 10 / 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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MFA PAC

A.

Full Name (Last, First, Middle Initial)
Ms Carol Kroboth

Mailing Address 2917 Penn Forest Blvd.

City State Zip Code
Roanoke VA 24018

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

Name of Employer Occupation
Medical Facilities of Ame- VP of Reimbursement
rica

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y
09 24 2010

Transaction ID: SA11AI.4273

Amount of Each Receipt this Period

140.00

Individual contribution
(\$20 biweekly)

B.

Full Name (Last, First, Middle Initial)
Tim Marshall

Mailing Address 2917 Penn Forest Blvd.

City State Zip Code
Roanoke VA 24018

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

Name of Employer Occupation
Medical Facilities of Ame- VP of Finance
rica

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y
09 24 2010

Transaction ID: SA11AI.4279

Amount of Each Receipt this Period

140.00

Individual contribution
(\$20.00 biweekly)

C.

Full Name (Last, First, Middle Initial)
Novel Martin

Mailing Address 2917 Penn Forest Blvd.
Suite 100

City State Zip Code
Roanoke VA 24018

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

Name of Employer Occupation
Medical Facilities of Ame- CFO
rica

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3076.90

Date of Receipt

M M / D D / Y Y Y Y
09 24 2010

Transaction ID: SA11AI.4276

Amount of Each Receipt this Period

769.18

Individual contribution
(\$192.31 biweekly)

SUBTOTAL of Receipts This Page (optional)

1049.18

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4273**

Payroll deduction

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4279**

Payroll deduction

C. Form/Schedule : **SA11AI**

Payroll deduction

Transaction ID : **SA11AI.4276**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 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"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MFA PAC

A.

Full Name (Last, First, Middle Initial)
Ms Brenda Moore

Mailing Address 4241 Kings Court Drive

City State Zip Code
Roanoke VA 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 ▼ 2499.97

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: SA11AI.4272

Amount of Each Receipt this Period
192.25

Individual contribution (\$192.25 biweekly ending on 07/09/2010)

B.

Full Name (Last, First, Middle Initial)
Jennifer Pressman

Mailing Address 1945 Roanoke Blvd.

City State Zip Code
Salem VA 24153

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

Name of Employer Salem Health & Rehab Center
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.4274

Amount of Each Receipt this Period
134.61

Individual contribution (\$19.23 biweekly)

C.

Full Name (Last, First, Middle Initial)
Richard Roark

Mailing Address 456 East Main Street
PO Box 641

City State Zip Code
Waverly VA 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
07 / 30 / 2010

Transaction ID: SA11AI.4291

Amount of Each Receipt this Period
300.00

Individual contribution (\$100.00 biweekly ending 07/30/2010)

SUBTOTAL of Receipts This Page (optional) ▶ **626.86**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4272**

Payroll deduction

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4274**

Payroll deduction

C. Form/Schedule : **SA11AI**

Payroll deduction

Transaction ID : **SA11AI.4291**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 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"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MFA PAC

A.

Full Name (Last, First, Middle Initial)
Monique Scholes

Mailing Address 505 West Rio Road

City State Zip Code
Charlottesville VA 22901

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

Name of Employer Occupation
CharlottesvilleHealth/RehabCtr Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11AI.4305

Amount of Each Receipt this Period
1000.00

Individual contribution (\$250.00 biweekly through 08/13/2010)

B.

Full Name (Last, First, Middle Initial)
Sabrina Vaughn

Mailing Address Route 40 West
PO Box 577

City State Zip Code
Gretna VA 24557

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

Name of Employer Occupation
Gretna Healthcare Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 923.10

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.4313

Amount of Each Receipt this Period
923.10

Individual contribution (\$153.85 biweekly)

C.

Full Name (Last, First, Middle Initial)
Todd Yacovone

Mailing Address 5573 Richmond Rd.

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 ▼ 650.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2010

Transaction ID: SA11AI.4278

Amount of Each Receipt this Period
50.00

Individual contribution (\$50.00 biweekly ending 07/02/2010)

SUBTOTAL of Receipts This Page (optional) ► 1973.10

TOTAL This Period (last page this line number only) ► 11629.14

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4305**

Payroll deduction

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.4313**

Payroll deduction

C. Form/Schedule : **SA11AI**

Payroll deduction

Transaction ID : **SA11AI.4278**

**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 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

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NAME OF COMMITTEE (In Full)
MFA PAC

A.	Full Name (Last, First, Middle Initial) Medical Facilities of America, Inc.	Transaction ID: SB21B.4340 Date of Disbursement
	Mailing Address 2917 Penn Forest Blvd.	<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Roanoke State VA Zip Code 24018	Amount of Each Disbursement this Period
	Purpose of Disbursement Administrative Expenses Candidate Name	<input type="text" value="545.60"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Medical Facilities of America, Inc.	Transaction ID: SB21B.4344 Date of Disbursement
	Mailing Address 2917 Penn Forest Blvd.	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Roanoke State VA Zip Code 24018	Amount of Each Disbursement this Period
	Purpose of Disbursement Administrative expenses Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1045.60"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1045.60"/>

**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

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NAME OF COMMITTEE (In Full)
MFA PAC

A.

Full Name (Last, First, Middle Initial)
ANNA ESHOO FOR CONGRESS

Transaction ID: SB23.4334

Date of Disbursement

Mailing Address 555 Capitol Mall, Suite 1425

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	0

City Sacramento State CA Zip Code 95814

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political contribution

011

Category/
Type

Candidate Name
ANNA ESHOO

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: CA District: 14

B.

Full Name (Last, First, Middle Initial)
BOEHNER FOR SPEAKER COMMITTEE

Transaction ID: SB23.4332

Date of Disbursement

Mailing Address 631-B Pennsylvania Ave., SE
Basement Unit

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	0

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Political contribution

011

Category/
Type

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Transaction ID: SB23.4341

Date of Disbursement

Mailing Address 120 MARYLAND AVE NE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	0

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Political contribution

011

Category/
Type

Candidate Name

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

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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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

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NAME OF COMMITTEE (In Full)
MFA PAC

A. Full Name (Last, First, Middle Initial)
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 EAST MAIN STREET, SUITE 200

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement
Political contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4316
Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
KIRK FOR SENATE

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Political contribution

Candidate Name
MARK STEVEN KIRK

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 00

Transaction ID: SB23.4326
Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Political contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4342
Date of Disbursement

09 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

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)

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

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NAME OF COMMITTEE (In Full)
MFA PAC

A.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SB23.4338
Date of Disbursement

Mailing Address 320 FIRST STREET SE

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
Political contribution

011
Category/ Type

2000.00

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SB23.4337
Date of Disbursement

Mailing Address 320 FIRST STREET SE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	0

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
Political contribution

011
Category/ Type

3000.00

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
NUNNELEE FOR CONGRESS

Transaction ID: SB23.4318
Date of Disbursement

Mailing Address 438 EAST MAIN ST
PO BOX 7092

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

City TUPELO State MS Zip Code 38802

Amount of Each Disbursement this Period

Purpose of Disbursement
Political contribution

011
Category/ Type

1000.00

Candidate Name
PATRICK ALAN NUNNELEE

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: MS District: 01

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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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

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NAME OF COMMITTEE (In Full)
MFA PAC

A. Full Name (Last, First, Middle Initial)
PORTMAN FOR SENATE COMMITTEE

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement
Political Contribution

Candidate Name
ROB PORTMAN

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.4321
Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
PROSPERITY PAC

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Political contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4324
Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
SNOWE FOR SENATE

Mailing Address PO BOX 2012

City PORTLAND State ME Zip Code 04104

Purpose of Disbursement
Political contribution

Candidate Name
OLYMPIA J SNOWE

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ME District: 00

Transaction ID: SB23.4329
Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

2400.00

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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

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NAME OF COMMITTEE (In Full)
MFA PAC

A.	Full Name (Last, First, Middle Initial) SNOWE FOR SENATE	Transaction ID: SB23.4345
	Mailing Address PO BOX 2012	Date of Disbursement 08 / 04 / 2010
	City PORTLAND State ME Zip Code 04104	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement Political contribution	011 Category/ Type
	Candidate Name OLYMPIA J SNOWE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: ME District: 00	

SUBTOTAL of Disbursements This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	23000.00