

**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="2012"/>	<input type="text" value="4148.76"/>	<input type="text" value="4148.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16219.23"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10210.36"/>	<input type="text" value="55664.83"/>
(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="26429.59"/>	<input type="text" value="59813.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22631.21"/>	<input type="text" value="56015.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3798.38"/>	<input type="text" value="3798.38"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name

MFA PAC

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

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).....	9845.36	53789.37
(ii) Unitemized	365.00	1875.46
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10210.36	55664.83
(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)	10210.36	55664.83
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))..... ▶	10210.36	55664.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10210.36	55664.83

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	5631.21	11015.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5631.21	11015.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	45000.00
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)) ..	22631.21	56015.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22631.21	56015.21

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)	10210.36	55664.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10210.36	55664.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5631.21	11015.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5631.21	11015.21

**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 19
<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. Adam Edwards
Full Name (Last, First, Middle Initial)
Mailing Address 3433 Springtree Drive NE
City Roanoke State VA Zip Code 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 **400.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.4724
Amount of Each Receipt this Period **400.00**
Individual contribution (\$200.00 on 11/5/12 and 11/19/12)

B. 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 **2250.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.4692
Amount of Each Receipt this Period **1000.00**
Individual contribution (\$250.00 semi-monthly)

C. Bruce Hedrick
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 Development
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **525.29**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.4688
Amount of Each Receipt this Period **280.00**
Individual contribution (\$70.00 semi-monthly)

SUBTOTAL of Receipts This Page (optional).....	1680.00
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.4724

Payroll deduction

Form/Schedule: SA11AI

Transaction ID: SA11AI.4692

Payroll deduction

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4688

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 9 OF 19
	<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. Morgan Hough
Full Name (Last, First, Middle Initial)
Mailing Address 41 Grattan Street
City San Francisco State CA Zip Code 94117
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Facilities of America Occupation Owner
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **10 / 05 / 2012**
Transaction ID : SA11AI.4700
Amount of Each Receipt this Period **5000.00**
Individual contribution

B. 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 **1000.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.4723
Amount of Each Receipt this Period **1000.00**
Individual contribution (\$500.00 on 11/5/12 and 11/19/12)

C. 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 **460.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.4687
Amount of Each Receipt this Period **80.00**
Individual contribution (\$20.00 semi-monthly)

SUBTOTAL of Receipts This Page (optional)..... **6080.00**
TOTAL This Period (last page this line number only).....

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4723

Payroll deduction

Form/Schedule: SA11AI

Transaction ID: SA11AI.4687

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 11 OF 19
	<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

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NAME OF COMMITTEE (In Full)
MFA PAC

Full Name (Last, First, Middle Initial) A. Linda McCauslin		Date of Receipt MM / DD / YYYY 11 / 19 / 2012 Transaction ID : SA11AI.4721
Mailing Address 2917 Penn Forest Blvd.		Amount of Each Receipt this Period 120.00 Individual contribution (\$60.00 on 11/5/12 and 11/19/12)
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Facilities of America	Occupation DAVS Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. Jennifer Pressman		Date of Receipt MM / DD / YYYY 11 / 05 / 2012 Transaction ID : SA11AI.4691
Mailing Address 1945 Roanoke Blvd.		Amount of Each Receipt this Period 300.00 Individual contribution (\$100.00 semi-monthly through 11/5/12)
City Salem	State VA	Zip Code 24153
FEC ID number of contributing federal political committee. C		
Name of Employer Salem Health & Rehab Center	Occupation Administrator	
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. Todd Putney		Date of Receipt MM / DD / YYYY 11 / 19 / 2012 Transaction ID : SA11AI.4690
Mailing Address 2917 Penn Forest Blvd		Amount of Each Receipt this Period 307.68 Individual contribution (\$76.92 semi-monthly)
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 Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 773.52	

SUBTOTAL of Receipts This Page (optional).....▶	727.68
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4721

Payroll deduction

Form/Schedule: SA11AI

Transaction ID: SA11AI.4691

Payroll deduction

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4690

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 14 OF 19
	<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

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NAME OF COMMITTEE (In Full)
MFA PAC

Full Name (Last, First, Middle Initial) A. Charles Rozanski		Date of Receipt MM / DD / YYYY 10 / 05 / 2012 Transaction ID : SA11AI.4702
Mailing Address 17 Cornelia Drive		Amount of Each Receipt this Period 250.00
City Lexington	State NC	Zip Code 27292
FEC ID number of contributing federal political committee.	C	
Name of Employer Lexington Health Care Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Individual contribution

Full Name (Last, First, Middle Initial) B. Monique Scholes		Date of Receipt MM / DD / YYYY 11 / 19 / 2012 Transaction ID : SA11AI.4696
Mailing Address 505 West Rio Road		Amount of Each Receipt this Period 800.00
City Charlottesville	State VA	Zip Code 22901
FEC ID number of contributing federal political committee.	C	
Name of Employer CharlottesvilleHealth/RehabCtr	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		Individual contribution (\$200.00 semi-monthly)

Full Name (Last, First, Middle Initial) C. Sabrina Vaughn		Date of Receipt MM / DD / YYYY 11 / 19 / 2012 Transaction ID : SA11AI.4695
Mailing Address Route 40 West PO Box 577		Amount of Each Receipt this Period 307.68
City Gretna	State VA	Zip Code 24557
FEC ID number of contributing federal political committee.	C	
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 ▼ 384.60	
		Individual contribution (\$76.92 semi-monthly)

SUBTOTAL of Receipts This Page (optional).....▶	1357.68
TOTAL This Period (last page this line number only).....▶	9845.36

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4702

Payroll deduction

Form/Schedule: SA11AI

Transaction ID: SA11AI.4696

Payroll deduction

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4695

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

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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.4718

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. 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.4719

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.4686

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

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NAME OF COMMITTEE (In Full)
MFA PAC

Full Name (Last, First, Middle Initial)

A. BENISHEK FOR CONGRESS, INC.

Mailing Address PO BOX 108

City State Zip Code
GLADSTONE MI 49837

Purpose of Disbursement
Political contribution

011

Candidate Name

DANIEL J. M.D. BENISHEK

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : SB23.4708

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE JOYCE

Mailing Address 320 KENARDEN DRIVE

City State Zip Code
CLEVELAND OH 44143

Purpose of Disbursement
Political contribution

011

Candidate Name

DAVID P JOYCE

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 14

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : SB23.4714

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City State Zip Code
WADSWORTH OH 44281

Purpose of Disbursement
Political contribution

011

Candidate Name

JAMES B RENACCI

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : SB23.4717

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

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NAME OF COMMITTEE (In Full)
MFA PAC

Full Name (Last, First, Middle Initial)

A. JON RUNYAN FOR CONGRESS, INC

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement
Political contribution

011

Candidate Name

JON RUNYAN

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : **SB23.4711**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Political contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : **SB23.4704**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Political contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : **SB23.4705**

Amount of Each Disbursement this Period

9500.00

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

13000.00

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

17000.00