

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MEDICAL FACILITIES OF AMERICA INC PAC

ADDRESS (number and street) 2917 PENN FOREST BOULEVARD STE 200
PO BOX 29600
 Check if different than previously reported. (ACC)
ROANOKE VA 24018

2. **FEC IDENTIFICATION NUMBER** C00405472
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 04 2008 in the State of _____

5. Covering Period 10 16 2008 through 11 24 2008

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 12 04 2008

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
MEDICAL FACILITIES OF AMERICA INC PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		14998.54
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	1367.74									
(c) Total Receipts (from Line 19)	872.50	44441.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2240.24	59440.24								
7. Total Disbursements (from Line 31)	2000.00	59200.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	240.24	240.24								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
MEDICAL FACILITIES OF AMERICA INC PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	595.00	39180.36
(i) Itemized (use Schedule A)	277.50	5261.34
(ii) Unitemized	872.50	44441.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	872.50	44441.70
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))	872.50	44441.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	872.50	44441.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	59200.00
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))..	2000.00	59200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	59200.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	872.50	44441.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	872.50	44441.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 10		
	<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

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

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

A.	Full Name (Last, First, Middle Initial) Cassandra Dority		Date of Receipt MM / DD / YYYY 11 / 14 / 2008		
	Mailing Address 5615 Seminole Ave		Transaction ID: SA11AI.5023		
	City Lynchburg	State VA	Zip Code 24502	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		individual contribution		
	Name of Employer Lynchburg Health and Rehab	Occupation Administrator	Aggregate Year-to-Date 220.00		

B.	Full Name (Last, First, Middle Initial) Michelle Hiners		Date of Receipt MM / DD / YYYY 11 / 14 / 2008		
	Mailing Address 1801 Camelot Drive		Transaction ID: SA11AI.5025		
	City Virginia Beach	State VA	Zip Code 23454	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C		individual contribution		
	Name of Employer Virginia Beach Health & Rehab	Occupation Administrator	Aggregate Year-to-Date 240.00		

C.	Full Name (Last, First, Middle Initial) Loren Kessinger		Date of Receipt MM / DD / YYYY 11 / 14 / 2008		
	Mailing Address 2344 Riverside Drive		Transaction ID: SA11AI.5030		
	City Danville	State VA	Zip Code 24540	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		individual contribution		
	Name of Employer Riverside Healthcare Center	Occupation Administrator	Aggregate Year-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	140.00
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: PAGE 7 / 10
(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)
MEDICAL FACILITIES OF AMERICA INC PAC

A.

Full Name (Last, First, Middle Initial)
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: Medical Facilities of America
Occupation: VP of Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt MM / DD / YYYY
11 / 14 / 2008

Transaction ID: SA11AI.5017

Amount of Each Receipt this Period 60.00

individual contribution

B.

Full Name (Last, First, Middle Initial)
Brian Lancenese

Mailing Address 705 Clearview Drive

City State Zip Code
Vinton VA 24179

FEC ID number of contributing federal political committee. C

Name of Employer: Berkshire Healthcare Center
Occupation: EVP of IS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt MM / DD / YYYY
11 / 14 / 2008

Transaction ID: SA11AI.5027

Amount of Each Receipt this Period 20.00

individual contribution

C.

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

Mailing Address 2917 Penn Forest Blvd

City State Zip Code
Roanoke VA 23228

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 ▼ 400.00

Date of Receipt MM / DD / YYYY
11 / 14 / 2008

Transaction ID: SA11AI.5018

Amount of Each Receipt this Period 60.00

individual contribution

SUBTOTAL of Receipts This Page (optional) 140.00

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: PAGE 8 / 10

(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)
MEDICAL FACILITIES OF AMERICA INC PAC

A.

Full Name (Last, First, Middle Initial)
Tom Oneto

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 Physical Plant
rica

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt

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

Transaction ID: SA11AI.5020

Amount of Each Receipt this Period

75.00

individual contribution

B.

Full Name (Last, First, Middle Initial)
Chad Perkey

Mailing Address 602 Madison Road

City State Zip Code
Culpeper VA 22701

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

Name of Employer Occupation
Culpeper Health & Rehab. Administrator
Ctr.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: SA11AI.5028

Amount of Each Receipt this Period

50.00

individual contribution

C.

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

Mailing Address 2401 Lee Highway

City State Zip Code
Pulaski VA 24301

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

Name of Employer Occupation
Pulaski Healthcare Center Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.5022

Amount of Each Receipt this Period

50.00

individual contribution

SUBTOTAL of Receipts This Page (optional)

175.00

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: PAGE 9 / 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James Sparling
Mailing Address PO Box 319
City Highland Springs State VA Zip Code 23075
FEC ID number of contributing federal political committee. **C**
Name of Employer Henrico Healthcare Center Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 11 / 14 / 2008
Transaction ID: SA11AI.5031
Amount of Each Receipt this Period 20.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Todd Yacovone
Mailing Address 5573 Richmond Road
City Warsaw State VA Zip Code 22572
FEC ID number of contributing federal political committee. **C**
Name of Employer Warsaw Healthcare Center Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 810.00
Date of Receipt 11 / 14 / 2008
Transaction ID: SA11AI.5029
Amount of Each Receipt this Period 120.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ► 140.00
TOTAL This Period (last page this line number only) ► 595.00

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

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

A. Full Name (Last, First, Middle Initial)
Coleman Minnesota Recount Committee

Mailing Address 680 Transfer Road
Suite A

City State Zip Code
St. Paul MN 55114

Purpose of Disbursement
contribution to recount fund

Candidate Name
NORM COLEMAN

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.5040
Date of Disbursement

11 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
REPUBLICAN PARTY OF KENTUCKY

Mailing Address PO BOX 1068

City State Zip Code
FRANKFORT KY 40602

Purpose of Disbursement
political contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.5012
Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00