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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. 12FE498

MEDICAL FACILITIES OF AMERICA, INC. PAC

ADDRESS (number and street) 2917 PINE FOREST BOULEVARD
SUITE 200 P.O. BOX 29600
ROANOKE VA 24018 0797

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00403472

3. IS THIS REPORT NEW OR AMENDED
 NEW (N) 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 Year-End 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 1/1/2004 through 12/31/2004

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* Date 1/25/2005

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

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2009)

Page 2

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA, INC. PAC

Report Covering the Period:

From:

1/1 / 2/3 / 2004

To:

1/2 / 3/1 / 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004	0	0
(b) Cash on Hand at Beginning of Reporting Period.....	0	0
(c) Total Receipts (from Line 1B).....	1,000,000	3,000,000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1,000,000	3,000,000
7. Total Disbursements (from Line 31).....	0	0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1,000,000	3,000,000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	0
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	0



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
989 E Street, NW
Washington, DC 20463

Toll Free 800-424-9559
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA, INC. PAC

Report Covering the Period:

From:

11 / 23 / 2004

To:

12 / 31 / 2004

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).....	1,000,000	1,000,000
(ii) Unitemized.....	0	0
(x) TOTAL (add Lines 11(a)(i) and (ii)).....	1,000,000	1,000,000
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 53, page 5).....	1,000,000	1,000,000
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Retires, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b)).....	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....	1,000,000	1,000,000
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....	1,000,000	1,000,000

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 2X (Rev. 02/2003)

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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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. 5441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. 5491(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share		
(ii) Levist Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Line 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0	0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0	0

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 21(d), page 3)	1,000,000.00	1,000,000.00
34. Total Contribution Refunds (from Line 26(d))	2,000.00	2,000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	998,000.00	998,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b))	1,000,000.00	1,000,000.00
37. Offset to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,000,000.00	1,000,000.00

**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	OF
<input checked="" type="checkbox"/>	11A	<input type="checkbox"/>	11B	<input type="checkbox"/>
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	15	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	16	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	17	<input type="checkbox"/>

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

Full Name (Last, First, Middle Initial) A. Eralin, W. Heywood		Date of Receipt 12 / 30 / 2004
Mailing Address P.O. Box 20069		Amount of Each Receipt this Period 500.00
City Roanoke	State Zip Code VA 24018	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 500.00
Name of Employer Medical Facilities of America, Inc.	Occupation CEO and President	
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) B. Waldron, Karen R.		Date of Receipt 12 / 30 / 2004
Mailing Address Helm Grove 290 Boners Run Road		Amount of Each Receipt this Period 500.00
City Shawsville	State Zip Code VA 24162	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 500.00
Name of Employer Medical Facilities of America, Inc.	Occupation Senior Vice President	
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.		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
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 ▼	

SUBTOTAL of Receipts This Page (actions).....▶	1,000.00
TOTAL This Period (last page this line number only).....▶	1,000.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/26/05
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMN</i> PREPARER	6/2/05 DATE PREPARED