

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 8X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA, INC. PAC

Report Covering the Period: From: 01 / 01 / 2005 To: 03 / 31 / 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005	2,000.00	1,000.00
(b) Cash on Hand at Beginning of Reporting Period	1,000.00	
(c) Total Receipts (from Line 19)	1,000.00	1,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2,000.00	2,000.00
7. Total Disbursements (from Line 31)	8,500.00	8,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,150.00	1,150.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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

25038781432

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA, INC. PAC

Report Covering the Period: From: 01 / 01 / 2005 To: 03 / 31 / 2005

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).....
 - (ii) Unitemized.....
 - (ii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1,000,000.00

1,000,000.00

0

0

1,000,000.00

1,000,000.00

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0

0

0

0

1,000,000.00

1,000,000.00

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, Rebates, 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)).....▶

1,000,000.00

1,000,000.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1,000,000.00

1,000,000.00

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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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	0	0
(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.....	8,500.00	8,500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(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. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add ... Lines 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)) ..	8,500.00	8,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8,500.00	8,500.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

1,000,000.00
0
1,000,000.00
0
0
0

1,000,000.00
0
1,000,000.00
0
0
0

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**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 7			
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
MEDICAL FACILITIES OF AMERICA, INC. PAC

Full Name (Last, First, Middle Initial)
A. Fralin, W. Heywood

Mailing Address
P/O. Box 20069

City State Zip Code
Roanoke VA 24018

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

Name of Employer Occupation
Medical Facilities of America CEO/President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5,000.00

Date of Receipt
03 / 22 / 2005

Amount of Each Receipt this Period
5,000.00

Full Name (Last, First, Middle Initial)
B. Waldron, Karen H.

Mailing Address
Walnut Grove 290 Boners Run Road

City State Zip Code
Shawsville VA 24162

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

Name of Employer Occupation
Medical Facilities of America Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5,000.00

Date of Receipt
03 / 28 / 2005

Amount of Each Receipt this Period
5,000.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ **10,000.00**

TOTAL This Period (last page this line number only).....▶ **10,000.00**

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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)				PAGE 7 OF 7	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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)
Keep Our Majority PAC

Date of Disbursement
03 / 28 / 2005

Mailing Address
P.O. Box 20209

City State Zip Code
Alexandria VA 22320

Purpose of Disbursement
political contribution

Candidate Name
011
Category/Type

Amount of Each Disbursement this Period
500000

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

State: District:

B.

Full Name (Last, First, Middle Initial)
Snowe For Senate

Date of Disbursement
03 / 28 / 2005

Mailing Address
P.O. Box 2006

City State Zip Code
Portland ME 04104

Purpose of Disbursement
political contribution

Candidate Name
011
Category/Type

Amount of Each Disbursement this Period
150000

Office Sought: House Senate President
Disbursement For: **2006** Primary General Other (specify)

State: ME District:

C.

Full Name (Last, First, Middle Initial)
Friends of Kent Conrad

Date of Disbursement
03 / 28 / 2005

Mailing Address
P.O. Box 812

City State Zip Code
Bismark ND 58502

Purpose of Disbursement
political contribution

Candidate Name
011
Category/Type

Amount of Each Disbursement this Period
200000

Office Sought: House Senate President
Disbursement For: **2006** Primary General Other (specify)


State: ND District:

SUBTOTAL of Disbursements This Page (optional)..... **850000**

TOTAL This Period (last page this line number only)..... **850000**

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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) 4/11/05
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	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
	4/16/05
PREPARER (3/2005)	DATE PREPARED

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