

**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

CITY

STATE

ZIP CODE

C00405472

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- X 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

04

01

2006

through

06

30

2006

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

11

01

2006

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. 02/2003)

Page 2

Write or Type Committee Name
 MEDICAL FACILITIES OF AMERICA INC PAC

Report Covering the Period: From: ^M04 [:]01 ^Y2006 To: ^M06 [:]30 ^Y2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2006		16223.05
(b) Cash on Hand at Beginning of Reporting Period	16026.05	
(c) Total Receipts (from Line 19)	12509.00	13062.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28535.05	29285.05
<hr/>		
7. Total Disbursements (from Line 31)	9750.00	10500.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18785.05	18785.05
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA INC PAC

Report Covering the Period: From: ^M04 ⁻01 ⁻2006 To: ^M06 ⁻30 ⁻2006

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)	11910.00	12030.00
(ii) Unitemized	599.00	1032.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	12509.00	13062.00
(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)	12509.00	13062.00
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))	12509.00	13062.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12509.00	13062.00

DETAILED SUMMARY PAGE

of Disbursements

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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.....	9750.00	10500.00
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 ActMty (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))..	9750.00	10500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	9750.00	10500.00

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 11(d), page 3)	12509.00	13062.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12509.00	13062.00
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 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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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. W. Heywood Frain		Date of Receipt M / D / Y 05 / 31 / 2006
Mailing Address P.O. Box 20089		Transaction ID: SA11A1.4158
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Medical Facilities of America	Occupation CEO/President	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William Frain, Jr.		Date of Receipt M / D / Y 06 / 23 / 2006
Mailing Address P.O. Box 20487		Transaction ID: SA11A1.4146
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Medical Facilities of America	Occupation EVP	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Keith Heimer		Date of Receipt M / D / Y 04 / 26 / 2006
Mailing Address 242 Butler Court		Transaction ID: SA11A1.4142
City Daleville	State VA	Zip Code 24083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Medical Facilities of America	Occupation COO	Aggregate Year-to-Date ▼ 320.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	6540.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 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

Full Name (Last, First, Middle Initial) A. Keith Helmer		Date of Receipt M / D / Y 05 / 02 / 2008
Mailing Address 242 Butler Court		Transaction ID: SA11A1.4143
City Daleville	State VA	Zip Code 24083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Medical Facilities of America	Occupation OOO	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Keith Helmer		Date of Receipt M / D / Y 05 / 31 / 2008
Mailing Address 242 Butler Court		Transaction ID: SA11A1.4144
City Daleville	State VA	Zip Code 24083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Medical Facilities of America	Occupation OOO	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Keith Helmer		Date of Receipt M / D / Y 08 / 23 / 2008
Mailing Address 242 Butler Court		Transaction ID: SA11A1.4145
City Daleville	State VA	Zip Code 24083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Medical Facilities of America	Occupation OOO	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
or 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

Full Name (Last, First, Middle Initial) A. Cynthia Smith		Date of Receipt M / D / Y 06 / 23 / 2006
Mailing Address 358D Old Evergreen Road		Transaction ID: SA11A1.4150
City Appomattox	State VA	Zip Code 24522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Appomattox Healthcare Center	Occupation Administrator	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Karen H. Waldron		Date of Receipt M / D / Y 05 / 31 / 2006
Mailing Address Walnut Grove 280 Boners Run Rd.		Transaction ID: SA11A1.4156
City Shawsville	State VA	Zip Code 24162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Medical Facilities of America	Occupation Senior Vice President	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TNs Page (optional)	▶	5250.00
TOTAL This Period (last page this line number only)	▶	11910.00

**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)

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<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

Full Name (Last, First, Middle Initial)
A. CAMPAIGN FOR AMERICAS FUTURE

Mailing Address 175 S. WEST TEMPLE SUITE 050

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB23.4137
Date of Disbursement
06 / 20 / 2006

Amount of Each Disbursement this Period
2000.00

Full Name (Last, First, Middle Initial)
B. CONGRESSIONAL MAJORITY COMMITTEE

Mailing Address P. O. BOX 746

City Bakersfield State CA Zip Code 09302

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB23.4135
Date of Disbursement
06 / 19 / 2006

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. FRIENDS OF JOHN BOEHNER

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: OH District 08

Disbursement For: 2006 Primary General Other (specify) ▼

Category/Type

Transaction ID: SB23.4129
Date of Disbursement
05 / 18 / 2006

Amount of Each Disbursement this Period
1750.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4750.00**

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 10 / 10

<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

Full Name (Last, First, Middle Initial)
A. KEEP OUR MAJORITY PAC

Mailing Address PO Box 20209

City Alexandria State VA Zip Code 22320

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.4131

Date of Disbursement

06 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

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

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.4133

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. PEOPLE FOR ENGLISH

Mailing Address PO BOX 1940

City ERIE State PA Zip Code 16507

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: PA District 03

Disbursement For: 2006 Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.4139

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

9750.00