

# 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 \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 28 2006 through 12 31 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 01 30 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**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	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		16223.05
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	101.55									
(c) Total Receipts (from Line 19) .....	3098.06	29226.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	3199.61	45449.61								
7. Total Disbursements (from Line 31) .....	0.00	42250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3199.61	3199.61								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	2720.37	23387.08
(i) Itemized (use Schedule A) .....	377.69	5839.48
(ii) Unitemized .....	3098.06	29226.56
(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) .....	3098.06	29226.56
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)) .....	3098.06	29226.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3098.06	29226.56

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	0.00	42250.00
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))..	0.00	42250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	42250.00

**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) .....	3098.06	29226.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3098.06	29226.56
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: (check only one)	PAGE 6 / 10
	<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	

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)  
Tony Abela

Mailing Address 2400 E. Parham Rd.

City Richmond State VA Zip Code 23228

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

Name of Employer Parham Health and Rehab Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.4380

Amount of Each Receipt this Period  
 120.00

political contribution

**B.** Full Name (Last, First, Middle Initial)  
Jim Bicking

Mailing Address PO Box 398

City Lovingsston State VA Zip Code 22949

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

Name of Employer Lovingsston Healthcare Center Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.4368

Amount of Each Receipt this Period  
 57.69

political contribution

**C.** Full Name (Last, First, Middle Initial)  
Kurt Dullnig

Mailing Address 2917 Penn Forest Boulevard

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 Census Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.4370

Amount of Each Receipt this Period  
 240.00

political contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	417.69
<b>TOTAL</b> 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: (check only one)	PAGE 7 / 10
	<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)  
MEDICAL FACILITIES OF AMERICA INC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Keith Helmer Mailing Address 242 Butler Court City Daleville State VA Zip Code 24083 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.4369 Amount of Each Receipt this Period 769.24 political contribution
Name of Employer: Medical Facilities of America Occupation: COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2980.03		

<b>B.</b> Full Name (Last, First, Middle Initial) Loren Kessinger Mailing Address 2344 Riverside Drive City Danville State VA Zip Code 24540 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.4372 Amount of Each Receipt this Period 150.00 political contribution
Name of Employer: Riverside Healthcare Center Occupation: Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Tim Marshall Mailing Address 2917 Penn Forest Blvd City Roanoke State VA Zip Code 23228 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.4381 Amount of Each Receipt this Period 400.00 political contribution
Name of Employer: Medical Facilities of America Occupation: VP of Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1319.24</b>
<b>TOTAL</b> 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: (check only one)	PAGE 8 / 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 <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) <b>A. Novel Martin</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address 2917 Penn Forest Boulevard Ste 200 P.O Box 29600		<b>Transaction ID: SA11A1.4376</b>	
City State Zip Code Roanoke VA 24018		Amount of Each Receipt this Period 160.00	
FEC ID number of contributing federal political committee. <b>C</b>		political contribution	
Name of Employer Medical Facilities of America Occupation CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 670.00	

Full Name (Last, First, Middle Initial) <b>B. Brenda Moore</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address 4241 Kings Court Drive		<b>Transaction ID: SA11A1.4362</b>	
City State Zip Code Roanoke VA 24014		Amount of Each Receipt this Period 153.84	
FEC ID number of contributing federal political committee. <b>C</b>		political contribution	
Name of Employer Medical Facilities of America Occupation EVP of IS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 614.98	

Full Name (Last, First, Middle Initial) <b>C. Michael Perry</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address 2917 Penn Forest Boulevard		<b>Transaction ID: SA11A1.4374</b>	
City State Zip Code Roanoke VA 24018		Amount of Each Receipt this Period 307.68	
FEC ID number of contributing federal political committee. <b>C</b>		political contribution	
Name of Employer Medical Facilities of America Occupation VP of Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 999.96	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	621.52
<b>TOTAL</b> 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: (check only one)	PAGE 9 / 10
	<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)  
MEDICAL FACILITIES OF AMERICA INC PAC

Full Name (Last, First, Middle Initial) <b>A. Steven Reynolds</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 602 Madison Road		<b>Transaction ID: SA11A1.4378</b>
City State Zip Code Culpeper VA 22701	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		political contribution
Name of Employer Culpeper Health and Rehab	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Scoot Stovall</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 2917 Penn Forest Blvd.		<b>Transaction ID: SA11A1.4377</b>
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		political contribution
Name of Employer Medical Facilities of America	Occupation VP of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Jackie Wood</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 2917 Penn Forest Blvd.		<b>Transaction ID: SA11A1.4364</b>
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 76.92	
FEC ID number of contributing federal political committee. <b>C</b>		political contribution
Name of Employer Medical Facilities of America	Occupation VP of Program Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	301.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 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"/> 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)  
Todd Yacovone

Mailing Address 5573 Richmond Road

City State Zip Code  
Warsaw VA 22572

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

Name of Employer Occupation  
Warsaw Healthcare Center Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	6

Transaction ID: SA11A1.4379

Amount of Each Receipt this Period  
60.00

political contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2720.37