

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. 12FE4M5 MFA PAC

ADDRESS (number and street) PO Box 21664 ROANOKE VA 24018

2. FEC IDENTIFICATION NUMBER C C00467639 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 [Electronically Filed] Date 01 / 22 / 2016

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MFA PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="18054.05"/>	<input type="text" value="18054.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18180.19"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5944.25"/>	<input type="text" value="15844.30"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="24124.44"/>	<input type="text" value="33898.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15569.32"/>	<input type="text" value="25343.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8555.12"/>	<input type="text" value="8555.12"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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. 06/2004)

Write or Type Committee Name

MFA PAC

Report Covering the Period: From: / / To: / /

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).....	5944.25	15769.30
(ii) Unitemized	0.00	75.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5944.25	15844.30
(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)	5944.25	15844.30
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 Transfers (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))..... ▶	5944.25	15844.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5944.25	15844.30

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) Allocated 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	3069.32	5843.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3069.32	5843.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	19500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	15569.32	25343.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15569.32	25343.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	5944.25	15844.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5944.25	15844.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3069.32	5843.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3069.32	5843.23

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
MFA PAC

Full Name (Last, First, Middle Initial)
A. Novel Martin

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 America CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2769.30

Date of Receipt
MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SA11AI.4931

Amount of Each Receipt this Period
679.25

Individual contribution (\$153.85 semi-monthly)

Full Name (Last, First, Middle Initial)
B. Mark Tubbs

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
Raleigh Court Health & Rehabil Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period
175.00

Individual contribution (\$25 semi-monthly)

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

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 America Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2015

Transaction ID : SA11AI.4930

Amount of Each Receipt this Period
5000.00

Individual contribution

SUBTOTAL of Receipts This Page (optional).....	5944.25
TOTAL This Period (last page this line number only).....	5944.25

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4931

Payroll deduction

Form/Schedule: SA11AI

Transaction ID: SA11AI.4932

Payroll deduction

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
MFA PAC

Full Name (Last, First, Middle Initial)

A. Alston & Bird, LLP

Mailing Address 950 F St. N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal expenses

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2015

Transaction ID : SB21B.4937

Amount of Each Disbursement this Period

909.50

Full Name (Last, First, Middle Initial)

B. Medical Facilities of America, Inc.

Mailing Address 2917 Penn Forest Blvd.

City Roanoke State VA Zip Code 24018

Purpose of Disbursement
Administrative expenses

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SB21B.4935

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Medical Facilities of America, Inc.

Mailing Address 2917 Penn Forest Blvd.

City Roanoke State VA Zip Code 24018

Purpose of Disbursement
Administrative expenses

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : SB21B.4940

Amount of Each Disbursement this Period

804.60

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2464.10

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
MFA PAC

Full Name (Last, First, Middle Initial)

A. Medical Facilities of America, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Mailing Address 2917 Penn Forest Blvd.

Transaction ID : SB21B.4948

City Roanoke State VA Zip Code 24018

Amount of Each Disbursement this Period

310.00

Purpose of Disbursement
Administrative expenses

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2015

Mailing Address 4206 Electric Road

Transaction ID : SB21B.4934

City Roanoke State VA Zip Code 24018

Amount of Each Disbursement this Period

49.23

Purpose of Disbursement
Administrative expenses - bank charge

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		11		2015

Mailing Address 4206 Electric Road

Transaction ID : SB21B.4936

City Roanoke State VA Zip Code 24018

Amount of Each Disbursement this Period

50.94

Purpose of Disbursement
Administrative expenses - bank charge

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

410.17

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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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
MFA PAC

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 4206 Electric Road

City Roanoke State VA Zip Code 24018

Purpose of Disbursement
Administrative expenses - bank charge

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4938

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 4206 Electric Road

City Roanoke State VA Zip Code 24018

Purpose of Disbursement
Administrative expenses - bank charge

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4939

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 4206 Electric Road

City Roanoke State VA Zip Code 24018

Purpose of Disbursement
Administrative expenses - bank charge

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4942

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
MFA PAC

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 4206 Electric Road

City Roanoke State VA Zip Code 24018

Purpose of Disbursement
Administrative expenses - bank charge

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4947

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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)

<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)
MFA PAC

Full Name (Last, First, Middle Initial)

A. MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Political contribution

011

Candidate Name
KEVIN MCCARTHY

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2015
 Primary General
 Other (specify) Other

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SB23.4941

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PROSPERITY ACTION INC.

Mailing Address 320 1ST STREET SE

City WASHINGTON State DC Zip Code 22314

Purpose of Disbursement
Political contribution

011

Candidate Name
PAUL D. RYAN

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For: 2015
 Primary General
 Other (specify) Other

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : SB23.4946

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. REPUBLICAN PARTY OF KENTUCKY

Mailing Address PO BOX 1068

City FRANKFORT State KY Zip Code 40602

Purpose of Disbursement
Political contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) Other

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : SB23.4944

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

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

12500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.4944

Contribution to Federal Account

Form/Schedule:

Transaction ID: