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FEDERAL ELECTION COMMISSION
SEP - 3 2 57

MEMORANDUM

Via Courier

To: **Federal Election Commission**

Subject: **Statement of Organization of Medical Facilities of America, Inc. PAC**

September 3, 2004

Enclosed for filing please find the Statement of Organization for Medical Facilities of America, Inc. PAC.

If you have any questions, please feel free to call me at the number listed below.
Thank you.

Jonathan V. Gould
(202) 756-3479

Enclosure

WD001/147097v1

2004 SEP -3 P 2:51

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [] (Check if name is changed) Example: If typing, type over the lines. 1285486

MEDICAL FACILITIES OF AMERICA, INC. PAC

ADDRESS (number and street) 2917 PINE FOREST BOULEVARD SUITE 200, P.O. BOX 29600 ROANOKE VA 24018-0797 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 540 776 7539

2. DATE

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT [X] NEW (N) OR [] AMENDED (A)

I certify that I have examined this statement 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 [Signature] Date 09 26 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or sub(ordinate)) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

MEDICAL FACILITIES OF AMERICA, INC. _____

2917 FERN FOREST BOULEVARD _____

SUITE 200, P.O. BOX 29600 _____

ROANOKE VA 24018 0797 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

7. Custodian of Records: identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

NOVEL MARTIN
 Full Name

2917 PENN FOREST BOULEVARD
 SUITE 200, P.O. BOX 29600
 ROANOKE VA 24018-0797
 Mailing Address

Title or Position CITY STATE ZIP CODE
 Telephone number

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

NOVEL MARTIN
 Full Name of Treasurer

2917 PENN FOREST BOULEVARD
 SUITE 200, P.O. BOX 29600
 ROANOKE VA 24018-0797
 Mailing Address

Title or Position CITY STATE ZIP CODE
 Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE
 Telephone number

8. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, funds accounts, rents, safety deposit boxes or maintenance funds.
Name of Bank, Depository, etc.

WACHOVIA BANK NA
 201 SOUTH JEFFERSON STREET
 ROANOKE VA 24011
 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

 CITY STATE ZIP CODE

Federal Election Commission
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 FOR INCOMING DOCUMENTS**

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