

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
Holston Medical Group, P.C. PAC (HMG PAC)

ADDRESS (number and street) 2323 N. John B Dennis Hwy
 Check if different than previously reported. (ACC)
Kingsport TN 37660

2. **FEC IDENTIFICATION NUMBER** C00453357
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 01 01 2009 through 06 30 2009

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 Mr. William R. Knight
Signature of Treasurer Electronically Filed by Mr. William R. Knight Date 07 20 2009

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. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Holston Medical Group, P.C. PAC (HMGPAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		200.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	200.00									
(c) Total Receipts (from Line 19)	10995.02	10995.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11195.02	11195.02								
7. Total Disbursements (from Line 31)	6000.00	6000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5195.02	5195.02								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Holston Medical Group, P.C. PAC (HMGPAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	8655.79	8655.79
(ii) Unitemized	2339.23	2339.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10995.02	10995.02
(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)	10995.02	10995.02
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))	10995.02	10995.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10995.02	10995.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	1000.00	1000.00
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.....	5000.00	5000.00
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))..	6000.00	6000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	6000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	10995.02	10995.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10995.02	10995.02
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 42
	<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	

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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Scott R Fowler		Date of Receipt
	Mailing Address 1601 Fairidge Pl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Kingsport	TN	37660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4334
Name of Employer Holston Medical Group		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 184.62
		<input type="text"/> 276.93	individual contribution

B.	Full Name (Last, First, Middle Initial) Mr. Scott R Fowler		Date of Receipt
	Mailing Address 1601 Fairidge Pl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Kingsport	TN	37660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4178
Name of Employer Holston Medical Group		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 92.31
		<input type="text"/> 369.24	individual contribution - bi-weekly payroll deducti- on

C.	Full Name (Last, First, Middle Initial) Mr. Scott R Fowler		Date of Receipt
	Mailing Address 1601 Fairidge Pl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Kingsport	TN	37660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4187
Name of Employer Holston Medical Group		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 92.31
		<input type="text"/> 461.55	individual contribution - bi-weekly payroll deducti- on

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 369.24
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Scott R Fowler

Mailing Address 1601 Fairidge PI

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 553.86

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.4196

Amount of Each Receipt this Period
92.31

individual contribution - bi-weekly payroll deduction

B.

Full Name (Last, First, Middle Initial)
Mr. Scott R Fowler

Mailing Address 1601 Fairidge PI

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 646.17

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.4204

Amount of Each Receipt this Period
92.31

individual contribution - bi-weekly payroll deduction

C.

Full Name (Last, First, Middle Initial)
Mr. Scott R Fowler

Mailing Address 1601 Fairidge PI

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 738.48

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.4218

Amount of Each Receipt this Period
92.31

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **276.93**

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

**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 8 / 42
	<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)
Holston Medical Group, P.C. PAC (HMG PAC)

A.	Full Name (Last, First, Middle Initial) Mr. Scott R Fowler	Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2009
	Mailing Address 1601 Fairidge Pl	Transaction ID: SA11AI.4262
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 92.31
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
	Name of Employer: Holston Medical Group Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 830.79	

B.	Full Name (Last, First, Middle Initial) Mr. Scott R Fowler	Date of Receipt M M / D D / Y Y Y Y Y 04 / 10 / 2009
	Mailing Address 1601 Fairidge Pl	Transaction ID: SA11AI.4270
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 92.31
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
	Name of Employer: Holston Medical Group Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 923.10	

C.	Full Name (Last, First, Middle Initial) Mr. Scott R Fowler	Date of Receipt M M / D D / Y Y Y Y Y 04 / 24 / 2009
	Mailing Address 1601 Fairidge Pl	Transaction ID: SA11AI.4278
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 92.31
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
	Name of Employer: Holston Medical Group Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1015.41	

SUBTOTAL of Receipts This Page (optional)	276.93
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 42
(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)
Holston Medical Group, P.C. PAC (HMG PAC)

<p>A. Full Name (Last, First, Middle Initial) Mr. Scott R Fowler</p> <p>Mailing Address 1601 Fairidge PI</p> <p>City State Zip Code Kingsport TN 37660</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Holston Medical Group Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1107.72</p>	<p>Date of Receipt 05 / 08 / 2009</p> <p>Transaction ID: SA11AI.4286</p> <p>Amount of Each Receipt this Period 92.31</p> <p>individual contribution - bi-weekly payroll deducti- on</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Scott R Fowler</p> <p>Mailing Address 1601 Fairidge PI</p> <p>City State Zip Code Kingsport TN 37660</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Holston Medical Group Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1200.03</p>	<p>Date of Receipt 05 / 22 / 2009</p> <p>Transaction ID: SA11AI.4294</p> <p>Amount of Each Receipt this Period 92.31</p> <p>individual contribution - bi-weekly payroll deducti- on</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Scott R Fowler</p> <p>Mailing Address 1601 Fairidge PI</p> <p>City State Zip Code Kingsport TN 37660</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Holston Medical Group Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1292.34</p>	<p>Date of Receipt 06 / 05 / 2009</p> <p>Transaction ID: SA11AI.4315</p> <p>Amount of Each Receipt this Period 92.31</p> <p>individual contribution - bi-weekly payroll deducti- on</p>
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SUBTOTAL of Receipts This Page (optional)	276.93
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. Scott R Fowler

Mailing Address 1601 Fairidge Pl

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.65

Date of Receipt 06 / 19 / 2009

Transaction ID: SA11AI.4323

Amount of Each Receipt this Period 92.31

individual contribution - bi-weekly payroll deduction

B.

Full Name (Last, First, Middle Initial)
Robert M Geer

Mailing Address 4913 Ledges Drive

City Kingsport State TN Zip Code 37664

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt 01 / 02 / 2009

Transaction ID: SA11AI.4335

Amount of Each Receipt this Period 153.84

individual contribution

C.

Full Name (Last, First, Middle Initial)
Robert M Geer

Mailing Address 4913 Ledges Drive

City Kingsport State TN Zip Code 37664

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 01 / 16 / 2009

Transaction ID: SA11AI.4179

Amount of Each Receipt this Period 76.92

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **323.07**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial)
Robert M Geer

Mailing Address 4913 Ledges Drive

City Kingsport State TN Zip Code 37664

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: 01 / 30 / 2009

Transaction ID: SA11AI.4188

Amount of Each Receipt this Period: 76.92

individual contribution - bi-weekly payroll deduction

B.

Full Name (Last, First, Middle Initial)
Robert M Geer

Mailing Address 4913 Ledges Drive

City Kingsport State TN Zip Code 37664

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt: 02 / 13 / 2009

Transaction ID: SA11AI.4197

Amount of Each Receipt this Period: 76.92

individual contribution - bi-weekly payroll deduction

C.

Full Name (Last, First, Middle Initial)
Robert M Geer

Mailing Address 4913 Ledges Drive

City Kingsport State TN Zip Code 37664

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 02 / 27 / 2009

Transaction ID: SA11AI.4205

Amount of Each Receipt this Period: 76.92

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 230.76

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

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 12 / 42
	<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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.	Full Name (Last, First, Middle Initial) Robert M Geer	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 4913 Ledges Drive	Transaction ID: SA11AI.4219
	City Kingsport State TN Zip Code 37664	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Holston Medical Group Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 563.44	

B.	Full Name (Last, First, Middle Initial) Robert M Geer	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 4913 Ledges Drive	Transaction ID: SA11AI.4263
	City Kingsport State TN Zip Code 37664	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
	Name of Employer: Holston Medical Group Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 640.36	

C.	Full Name (Last, First, Middle Initial) Robert M Geer	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address 4913 Ledges Drive	Transaction ID: SA11AI.4271
	City Kingsport State TN Zip Code 37664	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
	Name of Employer: Holston Medical Group Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 717.28	

SUBTOTAL of Receipts This Page (optional)	178.84
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 13 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Holston Medical Group, P.C. PAC (HMGPAC)

A. Full Name (Last, First, Middle Initial)
Robert M Geer

Mailing Address 4913 Ledges Drive

City Kingsport State TN Zip Code 37664

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 794.20

Date of Receipt: 04 / 24 / 2009
Transaction ID: SA11AI.4279
 Amount of Each Receipt this Period: 76.92
 individual contribution - bi-weekly payroll deduction

B. Full Name (Last, First, Middle Initial)
Robert M Geer

Mailing Address 4913 Ledges Drive

City Kingsport State TN Zip Code 37664

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 871.12

Date of Receipt: 05 / 08 / 2009
Transaction ID: SA11AI.4287
 Amount of Each Receipt this Period: 76.92
 individual contribution - bi-weekly payroll deduction

C. Full Name (Last, First, Middle Initial)
Robert M Geer

Mailing Address 4913 Ledges Drive

City Kingsport State TN Zip Code 37664

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 948.04

Date of Receipt: 05 / 22 / 2009
Transaction ID: SA11AI.4295
 Amount of Each Receipt this Period: 76.92
 individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **230.76**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial) Robert M Geer		Date of Receipt MM / DD / YYYY 06 / 05 / 2009
Mailing Address 4913 Ledges Drive		Transaction ID: SA11AI.4316
City Kingsport	State TN	Zip Code 37664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer Holston Medical Group	Occupation	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1024.96	

B.

Full Name (Last, First, Middle Initial) Robert M Geer		Date of Receipt MM / DD / YYYY 06 / 19 / 2009
Mailing Address 4913 Ledges Drive		Transaction ID: SA11AI.4324
City Kingsport	State TN	Zip Code 37664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer Holston Medical Group	Occupation	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1101.88	

C.

Full Name (Last, First, Middle Initial) Richard M Gendron		Date of Receipt MM / DD / YYYY 01 / 02 / 2009
Mailing Address 1909 Fleetwood Drive		Transaction ID: SA11AI.4336
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 184.62
Name of Employer Holston Medical Group	Occupation	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.93	

SUBTOTAL of Receipts This Page (optional)	338.46
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial) Richard M Gendron		Date of Receipt MM / DD / YYYY 01 / 16 / 2009
Mailing Address 1909 Fleetwood Drive		Transaction ID: SA11AI.4180
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 92.31
Name of Employer Holston Medical Group	Occupation	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.24	

B.

Full Name (Last, First, Middle Initial) Richard M Gendron		Date of Receipt MM / DD / YYYY 01 / 30 / 2009
Mailing Address 1909 Fleetwood Drive		Transaction ID: SA11AI.4189
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 92.31
Name of Employer Holston Medical Group	Occupation	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.55	

C.

Full Name (Last, First, Middle Initial) Richard M Gendron		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 1909 Fleetwood Drive		Transaction ID: SA11AI.4198
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 92.31
Name of Employer Holston Medical Group	Occupation	individual contribution - bi-weekly payroll contrib- ution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 553.86	

SUBTOTAL of Receipts This Page (optional)	276.93
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial) Richard M Gendron		Date of Receipt MM / DD / YYYY 02 / 27 / 2009
Mailing Address 1909 Fleetwood Drive		Transaction ID: SA11AI.4206
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 92.31
Name of Employer Holston Medical Group	Occupation	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.17	

B.

Full Name (Last, First, Middle Initial) Richard M Gendron		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 1909 Fleetwood Drive		Transaction ID: SA11AI.4220
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 92.31
Name of Employer Holston Medical Group	Occupation	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 738.48	

C.

Full Name (Last, First, Middle Initial) Richard M Gendron		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
Mailing Address 1909 Fleetwood Drive		Transaction ID: SA11AI.4264
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 92.31
Name of Employer Holston Medical Group	Occupation	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.79	

SUBTOTAL of Receipts This Page (optional)	276.93
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Holston Medical Group, P.C. PAC (HMGPAC)

A. Full Name (Last, First, Middle Initial)
Richard M Gendron

Mailing Address 1909 Fleetwood Drive

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 923.10

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.4272

Amount of Each Receipt this Period 92.31

individual contribution - bi-weekly payroll deduction

B. Full Name (Last, First, Middle Initial)
Richard M Gendron

Mailing Address 1909 Fleetwood Drive

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1015.41

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.4280

Amount of Each Receipt this Period 92.31

individual contribution - bi-weekly payroll deduction

C. Full Name (Last, First, Middle Initial)
Richard M Gendron

Mailing Address 1909 Fleetwood Drive

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1107.72

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.4288

Amount of Each Receipt this Period 92.31

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 276.93

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

<p>A. Full Name (Last, First, Middle Initial) Richard M Gendron</p> <p>Mailing Address 1909 Fleetwood Drive</p> <p>City State Zip Code Kingsport TN 37660</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Holston Medical Group Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1200.03</p>	<p>Date of Receipt MM / DD / YYYY 05 / 22 / 2009</p> <p>Transaction ID: SA11AI.4296</p> <p>Amount of Each Receipt this Period 92.31</p> <p>individual contribution - bi-weekly payroll deduction</p>
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<p>B. Full Name (Last, First, Middle Initial) Richard M Gendron</p> <p>Mailing Address 1909 Fleetwood Drive</p> <p>City State Zip Code Kingsport TN 37660</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Holston Medical Group Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1292.34</p>	<p>Date of Receipt MM / DD / YYYY 06 / 05 / 2009</p> <p>Transaction ID: SA11AI.4317</p> <p>Amount of Each Receipt this Period 92.31</p> <p>individual contribution - bi-weekly payroll deduction</p>
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<p>C. Full Name (Last, First, Middle Initial) Richard M Gendron</p> <p>Mailing Address 1909 Fleetwood Drive</p> <p>City State Zip Code Kingsport TN 37660</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Holston Medical Group Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1384.65</p>	<p>Date of Receipt MM / DD / YYYY 06 / 19 / 2009</p> <p>Transaction ID: SA11AI.4325</p> <p>Amount of Each Receipt this Period 92.31</p> <p>individual contribution - bi-weekly payroll deduction</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>276.93</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. William R. Knight

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.14

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.4176

Amount of Each Receipt this Period 85.38

individual contribution - bi-weekly payroll deduction

B.

Full Name (Last, First, Middle Initial)
Mr. William R. Knight

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 341.52

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.4185

Amount of Each Receipt this Period 85.38

individual contribution - bi-weekly payroll deduction

C.

Full Name (Last, First, Middle Initial)
Mr. William R. Knight

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 426.90

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.4193

Amount of Each Receipt this Period 85.38

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **256.14**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. William R. Knight

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 512.28

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: SA11AI.4202

Amount of Each Receipt this Period
85.38

individual contribution - bi-weekly payroll deduction

B.

Full Name (Last, First, Middle Initial)
Mr. William R. Knight

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 597.66

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: SA11AI.4213

Amount of Each Receipt this Period
85.38

individual contribution

C.

Full Name (Last, First, Middle Initial)
Mr. William R. Knight

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 683.04

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: SA11AI.4260

Amount of Each Receipt this Period
85.38

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 256.14

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. William R. Knight

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 768.42

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.4268

Amount of Each Receipt this Period 85.38

individual contribution - bi-weekly payroll deduction

B.

Full Name (Last, First, Middle Initial)
Mr. William R. Knight

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 853.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4276

Amount of Each Receipt this Period 85.38

individual contribution - bi-weekly payroll deduction

C.

Full Name (Last, First, Middle Initial)
Mr. William R. Knight

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 939.18

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.4284

Amount of Each Receipt this Period 85.38

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 256.14

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial)
Mr. William R. Knight

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1024.56

Date of Receipt 05 / 15 / 2009

Transaction ID: SA11AI.4292

Amount of Each Receipt this Period 85.38

individual contribution - bi-weekly payroll deduction

B.

Full Name (Last, First, Middle Initial)
Mr. William R. Knight

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1109.94

Date of Receipt 05 / 29 / 2009

Transaction ID: SA11AI.4313

Amount of Each Receipt this Period 85.38

individual contribution - bi-weekly payroll deduction

C.

Full Name (Last, First, Middle Initial)
Mr. William R. Knight

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1195.32

Date of Receipt 06 / 12 / 2009

Transaction ID: SA11AI.4321

Amount of Each Receipt this Period 85.38

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 256.14

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

**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 23 / 42
	<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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.	Full Name (Last, First, Middle Initial) Mr. William R. Knight	Date of Receipt MM / DD / YYYY 06 / 26 / 2009
	Mailing Address 612 Chippendale Rd	Transaction ID: SA11AI.4329
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 85.38
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
Name of Employer Holston Medical Group Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.70	

B.	Full Name (Last, First, Middle Initial) Steven G Lauhoff	Date of Receipt MM / DD / YYYY 01 / 09 / 2009
	Mailing Address 700 Yadkin Street	Transaction ID: SA11AI.4177
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 78.46
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
Name of Employer Holston Medical Group Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.38	

C.	Full Name (Last, First, Middle Initial) Steven G Lauhoff	Date of Receipt MM / DD / YYYY 01 / 23 / 2009
	Mailing Address 700 Yadkin Street	Transaction ID: SA11AI.4186
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 78.46
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
Name of Employer Holston Medical Group Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.84	

SUBTOTAL of Receipts This Page (optional)	242.30
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 24 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Holston Medical Group, P.C. PAC (HMGPAC)

A. Full Name (Last, First, Middle Initial)
Steven G Lauhoff
 Mailing Address 700 Yadkin Street
 City Kingsport State TN Zip Code 37660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holston Medical Group Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.30
 Date of Receipt 02 / 06 / 2009
Transaction ID: SA11AI.4195
 Amount of Each Receipt this Period 78.46
 individual contribution - bi-weekly payroll deduction

B. Full Name (Last, First, Middle Initial)
Steven G Lauhoff
 Mailing Address 700 Yadkin Street
 City Kingsport State TN Zip Code 37660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holston Medical Group Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.76
 Date of Receipt 02 / 20 / 2009
Transaction ID: SA11AI.4203
 Amount of Each Receipt this Period 78.46
 individual contribution - bi-weekly payroll deduction

C. Full Name (Last, First, Middle Initial)
Steven G Lauhoff
 Mailing Address 700 Yadkin Street
 City Kingsport State TN Zip Code 37660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holston Medical Group Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 549.22
 Date of Receipt 03 / 06 / 2009
Transaction ID: SA11AI.4216
 Amount of Each Receipt this Period 78.46
 individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 235.38
TOTAL This Period (last page this line number only) ►

**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 25 / 42
	<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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.	Full Name (Last, First, Middle Initial) Steven G Lauhoff		Date of Receipt
	Mailing Address 700 Yadkin Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Kingsport	TN	37660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4261
Name of Employer Holston Medical Group		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 78.46
		<input type="text"/> 627.68	individual contribution - bi-weekly payroll deducti- on

B.	Full Name (Last, First, Middle Initial) Steven G Lauhoff		Date of Receipt
	Mailing Address 700 Yadkin Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Kingsport	TN	37660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4269
Name of Employer Holston Medical Group		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 78.46
		<input type="text"/> 706.14	individual contribution - bi-weekly payroll deducti- on

C.	Full Name (Last, First, Middle Initial) Steven G Lauhoff		Date of Receipt
	Mailing Address 700 Yadkin Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Kingsport	TN	37660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4277
Name of Employer Holston Medical Group		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 78.46
		<input type="text"/> 784.60	individual contribution - bi-weekly payroll deducti- on

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 235.38
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial) Steven G Lauhoff		Date of Receipt MM / DD / YYYY 05 / 01 / 2009
Mailing Address 700 Yadkin Street		Transaction ID: SA11AI.4285
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.46
Name of Employer Holston Medical Group	Occupation	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 863.06	

B.

Full Name (Last, First, Middle Initial) Steven G Lauhoff		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 700 Yadkin Street		Transaction ID: SA11AI.4293
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.46
Name of Employer Holston Medical Group	Occupation	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 941.52	

C.

Full Name (Last, First, Middle Initial) Steven G Lauhoff		Date of Receipt MM / DD / YYYY 05 / 29 / 2009
Mailing Address 700 Yadkin Street		Transaction ID: SA11AI.4314
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.46
Name of Employer Holston Medical Group	Occupation	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1019.98	

SUBTOTAL of Receipts This Page (optional)	235.38
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial)
Steven G Lauhoff

Mailing Address 700 Yadkin Street

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1098.44

Date of Receipt 06 / 12 / 2009

Transaction ID: SA11AI.4322

Amount of Each Receipt this Period 78.46

individual contribution - bi-weekly payroll deduction

B.

Full Name (Last, First, Middle Initial)
Steven G Lauhoff

Mailing Address 700 Yadkin Street

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1176.90

Date of Receipt 06 / 26 / 2009

Transaction ID: SA11AI.4330

Amount of Each Receipt this Period 78.46

individual contribution - bi-weekly payroll deduction

C.

Full Name (Last, First, Middle Initial)
Joseph A Ley

Mailing Address 1005 Sussex Drive

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.38

Date of Receipt 01 / 02 / 2009

Transaction ID: SA11AI.4337

Amount of Each Receipt this Period 156.92

individual contribution

SUBTOTAL of Receipts This Page (optional) ► **313.84**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

<p>A. Full Name (Last, First, Middle Initial) Joseph A Ley</p> <p>Mailing Address 1005 Sussex Drive</p> <hr/> <p>City Kingsport State TN Zip Code 37660</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Holston Medical Group Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 313.84</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: SA11AI.4181</p> <p>Amount of Each Receipt this Period 78.46</p> <p>individual contribution - bi-weekly payroll deducti- on</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												

<p>B. Full Name (Last, First, Middle Initial) Joseph A Ley</p> <p>Mailing Address 1005 Sussex Drive</p> <hr/> <p>City Kingsport State TN Zip Code 37660</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Holston Medical Group Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 392.30</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: SA11AI.4190</p> <p>Amount of Each Receipt this Period 78.46</p> <p>individual contribution - bi-weekly payroll deducti- on</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												

<p>C. Full Name (Last, First, Middle Initial) Joseph A Ley</p> <p>Mailing Address 1005 Sussex Drive</p> <hr/> <p>City Kingsport State TN Zip Code 37660</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Holston Medical Group Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 470.76</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: SA11AI.4201</p> <p>Amount of Each Receipt this Period 78.46</p> <p>individual contribution - bi-weekly payroll deducti- on</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	9												

SUBTOTAL of Receipts This Page (optional)	235.38
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 29 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Holston Medical Group, P.C. PAC (HMGPAC)

A. Full Name (Last, First, Middle Initial)
Joseph A Ley
Mailing Address 1005 Sussex Drive

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 549.22

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.4207

Amount of Each Receipt this Period 78.46

individual contribution - bi-weekly payroll deduction

B. Full Name (Last, First, Middle Initial)
Joseph A Ley
Mailing Address 1005 Sussex Drive

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 574.22

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.4221

Amount of Each Receipt this Period 25.00

individual contribution

C. Full Name (Last, First, Middle Initial)
Joseph A Ley
Mailing Address 1005 Sussex Drive

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 652.68

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.4265

Amount of Each Receipt this Period 78.46

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 181.92

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial) Joseph A Ley		Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 1005 Sussex Drive		Transaction ID: SA11AI.4273
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.46
Name of Employer Holston Medical Group	Occupation	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 731.14	

B.

Full Name (Last, First, Middle Initial) Joseph A Ley		Date of Receipt MM / DD / YYYY 04 / 24 / 2009
Mailing Address 1005 Sussex Drive		Transaction ID: SA11AI.4281
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.46
Name of Employer Holston Medical Group	Occupation	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 809.60	

C.

Full Name (Last, First, Middle Initial) Joseph A Ley		Date of Receipt MM / DD / YYYY 05 / 08 / 2009
Mailing Address 1005 Sussex Drive		Transaction ID: SA11AI.4289
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.46
Name of Employer Holston Medical Group	Occupation	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 888.06	

SUBTOTAL of Receipts This Page (optional)	235.38
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 42

(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial)

Joseph A Ley

Mailing Address 1005 Sussex Drive

City State Zip Code
Kingsport TN 37660

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

Name of Employer Occupation
Holston Medical Group

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 966.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.4297

Amount of Each Receipt this Period
78.46

individual contribution -
bi-weekly payroll deducti-
on

B.

Full Name (Last, First, Middle Initial)

Joseph A Ley

Mailing Address 1005 Sussex Drive

City State Zip Code
Kingsport TN 37660

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

Name of Employer Occupation
Holston Medical Group

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1044.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4318

Amount of Each Receipt this Period
78.46

individual contribution -
bi-weekly payroll deducti-
on

C.

Full Name (Last, First, Middle Initial)

Joseph A Ley

Mailing Address 1005 Sussex Drive

City State Zip Code
Kingsport TN 37660

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

Name of Employer Occupation
Holston Medical Group

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1123.44

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.4326

Amount of Each Receipt this Period
78.46

individual contribution -
bi-weekly payroll deducti-
on

SUBTOTAL of Receipts This Page (optional) ▶

235.38

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

**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 32 / 42
	<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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.	Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt
	Mailing Address 1305 White Street		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37664
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Holston Medical Group		Occupation	Transaction ID: SA11AI.4182
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="221.55"/>	
		Amount of Each Receipt this Period	<input type="text" value="73.85"/>
individual contribution - bi-weekly payroll contribution			

B.	Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt
	Mailing Address 1305 White Street		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37664
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Holston Medical Group		Occupation	Transaction ID: SA11AI.4191
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="295.40"/>	
		Amount of Each Receipt this Period	<input type="text" value="73.85"/>
individual contribution - bi-weekly payroll deduction			

C.	Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt
	Mailing Address 1305 White Street		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37664
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Holston Medical Group		Occupation	Transaction ID: SA11AI.4199
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="369.25"/>	
		Amount of Each Receipt this Period	<input type="text" value="73.85"/>
individual contribution - bi-weekly payroll deduction			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="221.55"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial)
Alan V Meade

Mailing Address 1305 White Street

City Kingsport State TN Zip Code 37664

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 443.10

Date of Receipt: 02 / 27 / 2009

Transaction ID: SA11AI.4208

Amount of Each Receipt this Period: 73.85

individual contribution - bi-weekly payroll deduction

B.

Full Name (Last, First, Middle Initial)
Alan V Meade

Mailing Address 1305 White Street

City Kingsport State TN Zip Code 37664

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 516.95

Date of Receipt: 03 / 13 / 2009

Transaction ID: SA11AI.4222

Amount of Each Receipt this Period: 73.85

individual contribution - bi-weekly payroll deduction

C.

Full Name (Last, First, Middle Initial)
Alan V Meade

Mailing Address 1305 White Street

City Kingsport State TN Zip Code 37664

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 590.80

Date of Receipt: 03 / 27 / 2009

Transaction ID: SA11AI.4266

Amount of Each Receipt this Period: 73.85

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **221.55**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial)
Alan V Meade

Mailing Address 1305 White Street

City Kingsport State TN Zip Code 37664

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 664.65

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.4274

Amount of Each Receipt this Period 73.85

individual contribution - bi-weekly payroll deduction

B.

Full Name (Last, First, Middle Initial)
Alan V Meade

Mailing Address 1305 White Street

City Kingsport State TN Zip Code 37664

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 738.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.4282

Amount of Each Receipt this Period 73.85

individual contribution - bi-weekly payroll deduction

C.

Full Name (Last, First, Middle Initial)
Alan V Meade

Mailing Address 1305 White Street

City Kingsport State TN Zip Code 37664

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 812.35

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.4290

Amount of Each Receipt this Period 73.85

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **221.55**

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

**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 35 / 42
	<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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.	Full Name (Last, First, Middle Initial) Alan V Meade	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 1305 White Street	Transaction ID: SA11AI.4298
	City Kingsport State TN Zip Code 37664	Amount of Each Receipt this Period 73.85
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 886.20	

B.	Full Name (Last, First, Middle Initial) Alan V Meade	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 1305 White Street	Transaction ID: SA11AI.4319
	City Kingsport State TN Zip Code 37664	Amount of Each Receipt this Period 73.85
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.05	

C.	Full Name (Last, First, Middle Initial) Alan V Meade	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1305 White Street	Transaction ID: SA11AI.4327
	City Kingsport State TN Zip Code 37664	Amount of Each Receipt this Period 73.85
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1033.90	

SUBTOTAL of Receipts This Page (optional)	221.55
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 42
(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial)
J Bryston Winegar

Mailing Address 205 Cannongate Road

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.55

Date of Receipt 01 / 02 / 2009

Transaction ID: SA11AI.4339

Amount of Each Receipt this Period 147.70

individual contribution

B.

Full Name (Last, First, Middle Initial)
J Bryston Winegar

Mailing Address 205 Cannongate Road

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.40

Date of Receipt 01 / 16 / 2009

Transaction ID: SA11AI.4183

Amount of Each Receipt this Period 73.85

individual contribution - bi-weekly payroll deduction

C.

Full Name (Last, First, Middle Initial)
J Bryston Winegar

Mailing Address 205 Cannongate Road

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 369.25

Date of Receipt 01 / 30 / 2009

Transaction ID: SA11AI.4192

Amount of Each Receipt this Period 73.85

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 295.40

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

**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 37 / 42
	<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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.	Full Name (Last, First, Middle Initial) J Bryston Winegar	Date of Receipt MM / DD / YYYY 02 / 13 / 2009
	Mailing Address 205 Cannongate Road	Transaction ID: SA11AI.4200
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 73.85
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
	Name of Employer: Holston Medical Group Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 443.10	

B.	Full Name (Last, First, Middle Initial) J Bryston Winegar	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 205 Cannongate Road	Transaction ID: SA11AI.4209
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 73.85
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
	Name of Employer: Holston Medical Group Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 516.95	

C.	Full Name (Last, First, Middle Initial) J Bryston Winegar	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 205 Cannongate Road	Transaction ID: SA11AI.4223
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Holston Medical Group Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 541.95	

SUBTOTAL of Receipts This Page (optional)	172.70
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 38 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Holston Medical Group, P.C. PAC (HMGPAC)

A. Full Name (Last, First, Middle Initial)
J Bryston Winegar

Mailing Address 205 Cannongate Road

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.80

Date of Receipt: 03 / 27 / 2009
Transaction ID: SA11AI.4267
 Amount of Each Receipt this Period: 73.85
 individual contribution - bi-weekly payroll deduction

B. Full Name (Last, First, Middle Initial)
J Bryston Winegar

Mailing Address 205 Cannongate Road

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 689.65

Date of Receipt: 04 / 10 / 2009
Transaction ID: SA11AI.4275
 Amount of Each Receipt this Period: 73.85
 individual contribution - bi-weekly payroll deduction

C. Full Name (Last, First, Middle Initial)
J Bryston Winegar

Mailing Address 205 Cannongate Road

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 763.50

Date of Receipt: 04 / 24 / 2009
Transaction ID: SA11AI.4283
 Amount of Each Receipt this Period: 73.85
 individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **221.55**

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

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

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

FOR LINE NUMBER: PAGE 39 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Holston Medical Group, P.C. PAC (HMGPAC)

A. Full Name (Last, First, Middle Initial)
J Bryston Winegar
Mailing Address 205 Cannongate Road
City Kingsport State TN Zip Code 37660
FEC ID number of contributing federal political committee. **C**
Name of Employer Holston Medical Group Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 837.35
Date of Receipt 05 / 08 / 2009
Transaction ID: SA11AI.4291
Amount of Each Receipt this Period 73.85
individual contribution - bi-weekly payroll deduction

B. Full Name (Last, First, Middle Initial)
J Bryston Winegar
Mailing Address 205 Cannongate Road
City Kingsport State TN Zip Code 37660
FEC ID number of contributing federal political committee. **C**
Name of Employer Holston Medical Group Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 911.20
Date of Receipt 05 / 22 / 2009
Transaction ID: SA11AI.4299
Amount of Each Receipt this Period 73.85
individual contribution - bi-weekly payroll deduction

C. Full Name (Last, First, Middle Initial)
J Bryston Winegar
Mailing Address 205 Cannongate Road
City Kingsport State TN Zip Code 37660
FEC ID number of contributing federal political committee. **C**
Name of Employer Holston Medical Group Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 985.05
Date of Receipt 06 / 05 / 2009
Transaction ID: SA11AI.4320
Amount of Each Receipt this Period 73.85
individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 221.55
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 40 / 42	
	(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)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial) J Bryston Winegar		Date of Receipt	
Mailing Address 205 Cannongate Road		M M / D D / Y Y Y Y 06 / 19 / 2009	
City Kingsport	State TN	Zip Code 37660	Transaction ID: SA11AI.4328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 73.85	
Name of Employer Holston Medical Group	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1058.90		

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)	73.85
TOTAL This Period (last page this line number only)	8655.79

**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 41 / 42

<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)
Holston Medical Group, P.C. PAC (HMG PAC)

A.

Full Name (Last, First, Middle Initial)
MARK R WARNER

Transaction ID: SB23.4344
Date of Disbursement

Mailing Address 201 NORTH UNION SUITE 300

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	0	9

City State Zip Code
ALEXANDRIA VA 22314

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Federal Contribution

--

Category/
Type

Candidate Name
MARK R WARNER

Office Sought: House
 Senate
 President
State: VA District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

**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)

PAGE 42 / 42

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial)
Ron Ramsey for Governor

Transaction ID: SB29.4346
Date of Disbursement

Mailing Address 3311 Highway 126

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	0	9

City Blountville State TN Zip Code 37617

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Non Federal Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

5000.00
