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Image# 13941153364

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL DA	or Other Than An Auth	orized Committee	Office Use Only
1. NAME OF TOO COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Holston Medical Group,	P.C. PAC (HMGPAC	C)	
ADDRESS (number and street)	2323 N. John B Dennis Hwy		
Check if different			
than previously reported. (ACC)	Kingsport		TN 37660
2. FEC IDENTIFICATION NUI	MBER ▼ CITY	′ ▲	STATE ▲ ZIP CODE ▲
C C00453357	3. IS	THIS X NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5	(Non-Election Year Only)
(a) Quarterly Reports:	Mar 2	20 (M3) Jun 20 (M6	Sep 20 (M9) Dec 20 (M1) (Non-Election Year Only)
April 15		Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE
Quarterly Report (Q1	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R
Quarterly Report (Q2 October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3	3)	M M / D D /	in the
January 31 Year-End Report (YE	Election	on	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (308
Termination Report (TER)	Election	on/	in the State of
5. Covering Period 04	/ D D / Y Y Y Y 1 Y 1 2013	through 06	30 2013
I certify that I have examined this	Report and to the best of r	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Mr. Scott R Fowler		
Signature of Treasurer Mr. Sc.	ott R Fowler	[Electronically Filed]	Date 07 15 2013
NOTE: Submission of false, erroned	ous, 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

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE DF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name Holston Medical Group, P.C. PAC ((HMGPAC)	
Report Covering the Period: From: 04	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	o: 06 30 / 2013
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		5084.45
(b) Cash on Hand at Beginning of Reporting Period	5084.45	
(c) Total Receipts (from Line 19)	700.00	700.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5784.45	5784.45
7. Total Disbursements (from Line 31)	550.00	550.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5234.45	5234.45
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 multical	ndidate committee. (see FEC FORM 1M)	
F	For further information contact:	
	Federal Election Commission	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

R	eport Covering the Period: From: 04	01 / 2013 T	o: 06 30 / 2013
	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)	500.00	500.00
	(ii) Unitemized(iii) TOTAL (add	200.00	200.00
	Lines 11(a)(i) and (ii)	700.00	700.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	700.00	700.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.)	0.00	0.00
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	700.00	700.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	700.00	700.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	. Disbursements COLUMN A Total This Period			
. Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Cilou	Calendar Year-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
("). No. 5. 1. 1. 1. 01.	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	0.00		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))►	0.00	0.00		
Transfers to Affiliated/Other Party		0.00		
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures	7			
(use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00			
(use Schedule F)	0.00	0.00		
Loan Panaymento Mada	0.00	0.00		
Loan Repayments Made	5.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	0.00	0.00		
(I) Bullitari Bull Committee	0.00	0.00		
(b) Political Party Committees(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
, , , , , , , , , , , , , , , , , , ,				
(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	550.00	550.00		
Other Dispursements	330.00	000.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(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	222			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	550.00	550.00		
,,,,,,,,,,	300.00	330.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	550.00	550.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	700.00	700.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	700.00	700.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. 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	NU	MBER	:	PAGE	6	OF	8
(chec	k only	or	ıe)					
X	11a		11b		11c	12		
	13		14		15	16		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 t	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Holston Medical Group, P.C. F		
Full Name (Last, First, Middle Initial) Richard M Gendron Mailing Address 1909 Fleetwood Drive	Date of Receipt	
City Kingsport	State Zip Code TN 37660	05 03 2013 Transaction ID : SA11Al.4611
FEC ID number of contributing federal political committee.	C 37000	Amount of Each Receipt this Period 100.00
Name of Employer Holston Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00	Bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) Richard M Gendron Mailing Address 1909 Fleetwood Drive City	State Zip Code	Date of Receipt 05 17 2013
Kingsport FEC ID number of contributing federal political committee.	TN 37660	Transaction ID : SA11AI.4612 Amount of Each Receipt this Period 100.00 Bi-weekly payroll deduction
Name of Employer Holston Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 400.00	2
Full Name (Last, First, Middle Initial) Richard M Gendron Mailing Address 1909 Fleetwood Drive	•	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kingsport FEC ID number of contributing federal political committee.	State Zip Code TN 37660	Transaction ID : SA11AI.4613 Amount of Each Receipt this Period 100.00
Name of Employer Holston Medical Group Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	Bi-weekly payroll deduction
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number	`	300.00
TOTAL This Period (last page this line number	51 ∪111y)	

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

	FOR LINE	NUMBER:	PAGE	7 0	F 8
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
,,	13	14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee the pace (HMGPAC)	
Full Name (Last, First, Middle Initial) Richard M Gendron Mailing Address 1909 Fleetwood Drive City Kingsport FEC ID number of contributing federal political committee. Name of Employer Holston Medical Group Receipt For: Primary General Other (specify)	State Zip Code TN 37660 C Occupation Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Richard M Gendron Mailing Address 1909 Fleetwood Drive City Kingsport FEC ID number of contributing federal political committee. Name of Employer Holston Medical Group Receipt For: Primary General Other (specify)	State Zip Code TN 37660 C Occupation Physician Aggregate Year-to-Date ▼ 700.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line num	ner only)	500.00

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 8				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	21b 27	22 23 28b	24 25 26 28c × 29 30		
Any information conied from such Baranta and Clather	conto mou not ha sald acces					
Any information copied from such Reports and Stater or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
Holston Medical Group, P.C. PAC	(HMGPAC)					
<i>'</i>	,					
	Full Name (Last, First, Middle Initial)					
- Sullivan County Republican Party	Sullivan County Republican Party					
Mailing Address 612 Ridgefield Road			05 22 2013			
•	State Zip Code TN 37660		Transaction ID : SB	29.4616		
Kingsport Purpose of Disbursement	TN 37660					
Reagan Day Dinner		003	Amount of Each Disb	ursement this Period		
Candidate Name		Category/				
Holston Medical Group, P.C. PAC	(HMGPAC)	Type		550.00		
Office Sought: House Disburser						
	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B.			Date of Disbursemen	t		
			M = M / D = D	/ Y Y Y Y Y		
Mailing Address						
0.1						
City	State Zip Code					
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name	Category/					
Office Country House		Туре		, , , ,		
Office Sought: House Disburser Senate	nent For: Primary General					
President	Other (specify)					
State: District:	(- /)					
Full Name (Last, First, Middle Initial)						
C.			Date of Disbursemen	t		
			M M / D D	/ Y = Y = Y		
Mailing Address						
City	State Zip Code					
•	'					
Purpose of Disbursement						
Candidate Name			Amount of Each Disb	ursement this Period		
Candidate Name		Category/ Type				
Office Sought: House Disburser	nent For:	туре		,		
	Primary General					
President	Other (specify) ▼					
State: District:						
				550.00		
SUBTOTAL of Disbursements This Page (optional)		••••••		550.00		
				550.00		
TOTAL This Period (last page this line number only)				555.55		