

# 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 (12S)  
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 07 01 2010 through 09 30 2010

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 10 12 2010

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									
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**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:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		59.45
(b) Cash on Hand at Beginning of Reporting Period .....	2034.45	
(c) Total Receipts (from Line 19) .....	1050.00	3025.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	3084.45	3084.45
7. Total Disbursements (from Line 31) .....	3000.00	3000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	84.45	84.45
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1050.00	2650.00
(ii) Unitemized .....	0.00	375.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1050.00	3025.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1050.00	3025.00
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)) .....	1050.00	3025.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1050.00	3025.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	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.....	2000.00	2000.00
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))..	3000.00	3000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	3000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1050.00	3025.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1050.00	3025.00
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: PAGE 6 / 12  
(check only one)  
 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 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)  
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: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: 07 / 02 / 2010  
Transaction ID: SA11AI.4480  
Amount of Each Receipt this Period: 100.00  
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: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 07 / 16 / 2010  
Transaction ID: SA11AI.4482  
Amount of Each Receipt this Period: 100.00  
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: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 07 / 30 / 2010  
Transaction ID: SA11AI.4484  
Amount of Each Receipt this Period: 100.00  
Bi-weekly payroll deduction.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**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 7 / 12  
(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: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt: 08 / 13 / 2010  
Transaction ID: SA11AI.4486  
Amount of Each Receipt this Period: 100.00  
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: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: 08 / 27 / 2010  
Transaction ID: SA11AI.4488  
Amount of Each Receipt this Period: 100.00  
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: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt: 09 / 10 / 2010  
Transaction ID: SA11AI.4490  
Amount of Each Receipt this Period: 100.00  
Bi-weekly payroll deduction.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 300.00

**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 8 / 12  
(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: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 24 / 2010

Transaction ID: SA11AI.4492

Amount of Each Receipt this Period: 100.00

Bi-weekly payroll deduction.

**B.** Full Name (Last, First, Middle Initial)  
Shelton P Hager

Mailing Address 601 Red Oak Plantation Drive

City Kingsport State TN Zip Code 37663

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

Name of Employer: Holston Medical Group   Occupation: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt: 07 / 02 / 2010

Transaction ID: SA11AI.4481

Amount of Each Receipt this Period: 50.00

Bi-weekly payroll deduction.

**C.** Full Name (Last, First, Middle Initial)  
Shelton P Hager

Mailing Address 601 Red Oak Plantation Drive

City Kingsport State TN Zip Code 37663

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

Name of Employer: Holston Medical Group   Occupation: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt: 07 / 16 / 2010

Transaction ID: SA11AI.4483

Amount of Each Receipt this Period: 50.00

Bi-weekly payroll deduction.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

**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 / 12  
(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)  
Shelton P Hager

Mailing Address 601 Red Oak Plantation Drive

City Kingsport State TN Zip Code 37663

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

Name of Employer: Holston Medical Group   Occupation: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt: 07 / 30 / 2010  
Transaction ID: SA11AI.4485  
Amount of Each Receipt this Period: 50.00  
Bi-weekly payroll deduction.

**B.** Full Name (Last, First, Middle Initial)  
Shelton P Hager

Mailing Address 601 Red Oak Plantation Drive

City Kingsport State TN Zip Code 37663

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

Name of Employer: Holston Medical Group   Occupation: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt: 08 / 13 / 2010  
Transaction ID: SA11AI.4487  
Amount of Each Receipt this Period: 50.00  
Bi-weekly payroll deduction.

**C.** Full Name (Last, First, Middle Initial)  
Shelton P Hager

Mailing Address 601 Red Oak Plantation Drive

City Kingsport State TN Zip Code 37663

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

Name of Employer: Holston Medical Group   Occupation: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 925.00

Date of Receipt: 08 / 27 / 2010  
Transaction ID: SA11AI.4489  
Amount of Each Receipt this Period: 50.00  
Bi-weekly payroll deduction.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 / 12  
(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)  
Shelton P Hager

Mailing Address 601 Red Oak Plantation Drive

City State Zip Code  
Kingsport TN 37663

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

Name of Employer: Holston Medical Group   Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
975.00

Date of Receipt: 09 / 10 / 2010  
**Transaction ID: SA11AI.4491**  
 Amount of Each Receipt this Period: 50.00  
 Bi-weekly payroll deduction.

**B.** Full Name (Last, First, Middle Initial)  
Shelton P Hager

Mailing Address 601 Red Oak Plantation Drive

City State Zip Code  
Kingsport TN 37663

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

Name of Employer: Holston Medical Group   Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1025.00

Date of Receipt: 09 / 24 / 2010  
**Transaction ID: SA11AI.4493**  
 Amount of Each Receipt this Period: 50.00  
 Bi-weekly payroll deduction.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

**TOTAL** This Period (last page this line number only) ..... ► **1050.00**

**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 11 / 12

<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)  
BOUCHER FOR CONGRESS COMMITTEE

Transaction ID: SB23.4516

Date of Disbursement

Mailing Address PO Box 2000

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

City Abingdon State VA Zip Code 24212

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Federal Contribution

--

Category/  
Type

Candidate Name  
BOUCHER FOR CONGRESS COMMITTEE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: VA District: 09

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

1000.00
---------

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

1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input 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 (HMG PAC)

**A.** Full Name (Last, First, Middle Initial)  
The Campaign of Bill Haslam for Governor

Mailing Address 1701 West End Ave Ste. 300

City Nashville State TN Zip Code 37203

Purpose of Disbursement  
Non Federal Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4515

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
The Campaign of Nathan Vaughn

Mailing Address P.O. Box 693

City Kingsport State TN Zip Code 37662

Purpose of Disbursement  
Non Federal Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4514

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
The Campaign of Tony Shipley

Mailing Address 4017 Lakewood Drive

City Kingsport State TN Zip Code 37663

Purpose of Disbursement  
Non Federal Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4513

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2000.00

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

2000.00