

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 07 01 2009 through 12 31 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 01 27 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 **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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

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"><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	5195.02									
(c) Total Receipts (from Line 19)	7166.94	18161.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12361.96	18361.96								
7. Total Disbursements (from Line 31)	12302.51	18302.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59.45	59.45								
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 multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

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)	7166.94	15822.73
(ii) Unitemized	0.00	2339.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7166.94	18161.96
(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)	7166.94	18161.96
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))	7166.94	18161.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7166.94	18161.96

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.....	12302.51	12302.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12302.51	12302.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	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.....	0.00	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))..	12302.51	18302.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12302.51	18302.51

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)	7166.94	18161.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7166.94	18161.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12302.51	12302.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12302.51	12302.51

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 36
(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

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

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: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1476.96

Date of Receipt: MM / DD / YYYY 07 / 03 / 2009

Transaction ID: SA11AI.4354

Amount of Each Receipt this Period: 92.31

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: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1569.27

Date of Receipt: MM / DD / YYYY 07 / 17 / 2009

Transaction ID: SA11AI.4362

Amount of Each Receipt this Period: 92.31

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: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1661.58

Date of Receipt: MM / DD / YYYY 07 / 31 / 2009

Transaction ID: SA11AI.4370

Amount of Each Receipt this Period: 92.31

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 7 / 36
(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) Mr. Scott R Fowler</p> <p>Mailing Address 1601 Fairidge PI</p> <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: Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1753.89</p>	<p>Date of Receipt 08 / 14 / 2009</p> <p>Transaction ID: SA11AI.4378</p> <p>Amount of Each Receipt this Period 92.31</p> <p>bi-weekly payroll deduction</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 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: Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1846.20</p>	<p>Date of Receipt 08 / 28 / 2009</p> <p>Transaction ID: SA11AI.4386</p> <p>Amount of Each Receipt this Period 92.31</p> <p>bi-weekly payroll deduction</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 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: Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1938.51</p>	<p>Date of Receipt 09 / 11 / 2009</p> <p>Transaction ID: SA11AI.4394</p> <p>Amount of Each Receipt this Period 92.31</p> <p>bi-weekly payroll deduction</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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36
(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)
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: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2030.82

Date of Receipt: 09 / 25 / 2009

Transaction ID: SA11AI.4402

Amount of Each Receipt this Period: 92.31

bi-weekly payroll deduction

B. 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: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2123.13

Date of Receipt: 10 / 09 / 2009

Transaction ID: SA11AI.4410

Amount of Each Receipt this Period: 92.31

bi-weekly payroll deduction

C. 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: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2215.44

Date of Receipt: 10 / 23 / 2009

Transaction ID: SA11AI.4418

Amount of Each Receipt this Period: 92.31

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 9 / 36

(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 State Zip Code
Kingsport TN 37660

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

Name of Employer Occupation
Holston Medical Group Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2307.75

Date of Receipt

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

Transaction ID: SA11AI.4426

Amount of Each Receipt this Period

92.31

bi-weekly payroll deduction

B.

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

Mailing Address 1601 Fairidge PI

City State Zip Code
Kingsport TN 37660

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

Name of Employer Occupation
Holston Medical Group Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.06

Date of Receipt

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

Transaction ID: SA11AI.4435

Amount of Each Receipt this Period

92.31

bi-weekly payroll deduction

C.

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

Mailing Address 4913 Ledges Drive

City State Zip Code
Kingsport TN 37664

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

Name of Employer Occupation
Holston Medical Group Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1178.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.4355

Amount of Each Receipt this Period

76.92

bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶

261.54

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 10 / 36
	<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
	Mailing Address 4913 Ledges Drive		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37664
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4363
Name of Employer Holston Medical Group		Occupation Physician	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" value="1255.72"/>	<input type="text" value="76.92"/>
bi-weekly payroll deduction			

B.	Full Name (Last, First, Middle Initial) Robert M Geer		Date of Receipt
	Mailing Address 4913 Ledges Drive		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37664
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4371
Name of Employer Holston Medical Group		Occupation Physician	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" value="1332.64"/>	<input type="text" value="76.92"/>
bi-weekly payroll deduction			

C.	Full Name (Last, First, Middle Initial) Robert M Geer		Date of Receipt
	Mailing Address 4913 Ledges Drive		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37664
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4379
Name of Employer Holston Medical Group		Occupation Physician	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" value="1409.56"/>	<input type="text" value="76.92"/>
bi-weekly payroll deduction			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="230.76"/>
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 11 / 36

(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 State Zip Code
Kingsport TN 37664

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

Name of Employer Occupation
Holston Medical Group Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1486.48

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.4387

Amount of Each Receipt this Period

76.92

bi-weekly payroll deduction

B.

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

Mailing Address 4913 Ledges Drive

City State Zip Code
Kingsport TN 37664

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

Name of Employer Occupation
Holston Medical Group Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1563.40

Date of Receipt

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

Transaction ID: SA11AI.4395

Amount of Each Receipt this Period

76.92

bi-weekly payroll deduction

C.

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

Mailing Address 4913 Ledges Drive

City State Zip Code
Kingsport TN 37664

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

Name of Employer Occupation
Holston Medical Group Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1640.32

Date of Receipt

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

Transaction ID: SA11AI.4403

Amount of Each Receipt this Period

76.92

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 12 / 36

(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 State Zip Code
Kingsport TN 37664

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

Name of Employer Occupation
Holston Medical Group Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1717.24

Date of Receipt

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

Transaction ID: SA11AI.4411

Amount of Each Receipt this Period

76.92

bi-weekly payroll deduction

B.

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

Mailing Address 4913 Ledges Drive

City State Zip Code
Kingsport TN 37664

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

Name of Employer Occupation
Holston Medical Group Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1794.16

Date of Receipt

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

Transaction ID: SA11AI.4419

Amount of Each Receipt this Period

76.92

bi-weekly payroll deduction

C.

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

Mailing Address 4913 Ledges Drive

City State Zip Code
Kingsport TN 37664

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

Name of Employer Occupation
Holston Medical Group Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1871.08

Date of Receipt

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

Transaction ID: SA11AI.4427

Amount of Each Receipt this Period

76.92

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 13 / 36
(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 Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1948.00

Date of Receipt 11 / 20 / 2009

Transaction ID: SA11AI.4436

Amount of Each Receipt this Period 76.92

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 ▼ 1476.96

Date of Receipt 07 / 03 / 2009

Transaction ID: SA11AI.4356

Amount of Each Receipt this Period 92.31

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 ▼ 1569.27

Date of Receipt 07 / 17 / 2009

Transaction ID: SA11AI.4364

Amount of Each Receipt this Period 92.31

bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ **261.54**

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 / 36

(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 07 / 31 / 2009
	Mailing Address 1909 Fleetwood Drive	Transaction ID: SA11AI.4372
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 92.31
	FEC ID number of contributing federal political committee. C	bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1661.58	

B.	Full Name (Last, First, Middle Initial) Richard M Gendron	Date of Receipt MM / DD / YYYY 08 / 14 / 2009
	Mailing Address 1909 Fleetwood Drive	Transaction ID: SA11AI.4380
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 92.31
	FEC ID number of contributing federal political committee. C	bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1753.89	

C.	Full Name (Last, First, Middle Initial) Richard M Gendron	Date of Receipt MM / DD / YYYY 08 / 28 / 2009
	Mailing Address 1909 Fleetwood Drive	Transaction ID: SA11AI.4388
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 92.31
	FEC ID number of contributing federal political committee. C	bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1846.20	

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 15 / 36
(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
							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 09 / 11 / 2009		
	Mailing Address 1909 Fleetwood Drive		Transaction ID: SA11AI.4396		
	City Kingsport	State TN	Zip Code 37660	Amount of Each Receipt this Period 92.31	
	FEC ID number of contributing federal political committee. C		bi-weekly payroll deduction		
	Name of Employer Holston Medical Group	Occupation Physician	Aggregate Year-to-Date 1938.51		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Richard M Gendron		Date of Receipt MM / DD / YYYY 09 / 25 / 2009		
	Mailing Address 1909 Fleetwood Drive		Transaction ID: SA11AI.4404		
	City Kingsport	State TN	Zip Code 37660	Amount of Each Receipt this Period 92.31	
	FEC ID number of contributing federal political committee. C		bi-weekly payroll deduction		
	Name of Employer Holston Medical Group	Occupation Physician	Aggregate Year-to-Date 2030.82		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Richard M Gendron		Date of Receipt MM / DD / YYYY 10 / 09 / 2009		
	Mailing Address 1909 Fleetwood Drive		Transaction ID: SA11AI.4412		
	City Kingsport	State TN	Zip Code 37660	Amount of Each Receipt this Period 92.31	
	FEC ID number of contributing federal political committee. C		bi-weekly payroll deduction		
	Name of Employer Holston Medical Group	Occupation Physician	Aggregate Year-to-Date 2123.13		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 / 36
(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
	Mailing Address 1909 Fleetwood Drive		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4420
Name of Employer Holston Medical Group		Occupation Physician	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" value="2215.44"/>	<input type="text" value="92.31"/>
			bi-weekly payroll deduction

B.	Full Name (Last, First, Middle Initial) Richard M Gendron		Date of Receipt
	Mailing Address 1909 Fleetwood Drive		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4428
Name of Employer Holston Medical Group		Occupation Physician	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" value="2307.75"/>	<input type="text" value="92.31"/>
			bi-weekly payroll deduction

C.	Full Name (Last, First, Middle Initial) Richard M Gendron		Date of Receipt
	Mailing Address 1909 Fleetwood Drive		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4437
Name of Employer Holston Medical Group		Occupation Physician	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" value="2400.06"/>	<input type="text" value="92.31"/>
			bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="276.93"/>
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 17 / 36
(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: Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1366.08

Date of Receipt: 07 / 10 / 2009

Transaction ID: SA11AI.4360

Amount of Each Receipt this Period: 85.38

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: Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1451.46

Date of Receipt: 07 / 24 / 2009

Transaction ID: SA11AI.4368

Amount of Each Receipt this Period: 85.38

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: Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1536.84

Date of Receipt: 08 / 07 / 2009

Transaction ID: SA11AI.4376

Amount of Each Receipt this Period: 85.38

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 18 / 36
(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)
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 Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1622.22
 Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.4384
 Amount of Each Receipt this Period 85.38
 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 Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1707.60
 Date of Receipt 09 / 04 / 2009
Transaction ID: SA11AI.4392
 Amount of Each Receipt this Period 85.38
 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 Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1792.98
 Date of Receipt 09 / 18 / 2009
Transaction ID: SA11AI.4400
 Amount of Each Receipt this Period 85.38
 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 19 / 36
(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)
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: Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1878.36

Date of Receipt: 10 / 02 / 2009

Transaction ID: SA11AI.4408

Amount of Each Receipt this Period: 85.38

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: Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1963.74

Date of Receipt: 10 / 16 / 2009

Transaction ID: SA11AI.4416

Amount of Each Receipt this Period: 85.38

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: Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2049.12

Date of Receipt: 10 / 30 / 2009

Transaction ID: SA11AI.4424

Amount of Each Receipt this Period: 85.38

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 / 36
(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: Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2134.50

Date of Receipt: 11 / 13 / 2009

Transaction ID: SA11AI.4432

Amount of Each Receipt this Period: 85.38

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: Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2219.88

Date of Receipt: 11 / 27 / 2009

Transaction ID: SA11AI.4441

Amount of Each Receipt this Period: 85.38

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: Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1255.36

Date of Receipt: 07 / 10 / 2009

Transaction ID: SA11AI.4361

Amount of Each Receipt this Period: 78.46

bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **249.22**

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 / 36
(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) Steven G Lauhoff</p> <p>Mailing Address 700 Yadkin Street</p> <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: Chief Operating Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1333.82</p>	<p>Date of Receipt MM / DD / YYYY 07 / 24 / 2009</p> <p>Transaction ID: SA11AI.4369</p> <p>Amount of Each Receipt this Period 78.46</p> <p>bi-weekly payroll deduction</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Steven G Lauhoff</p> <p>Mailing Address 700 Yadkin Street</p> <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: Chief Operating Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1412.28</p>	<p>Date of Receipt MM / DD / YYYY 08 / 07 / 2009</p> <p>Transaction ID: SA11AI.4377</p> <p>Amount of Each Receipt this Period 78.46</p> <p>bi-weekly payroll deduction</p>
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<p>C. Full Name (Last, First, Middle Initial) Steven G Lauhoff</p> <p>Mailing Address 700 Yadkin Street</p> <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: Chief Operating Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1490.74</p>	<p>Date of Receipt MM / DD / YYYY 08 / 21 / 2009</p> <p>Transaction ID: SA11AI.4385</p> <p>Amount of Each Receipt this Period 78.46</p> <p>bi-weekly payroll deduction</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>235.38</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: (check only one)	PAGE 22 / 36
	<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 09 / 04 / 2009
	Mailing Address 700 Yadkin Street	Transaction ID: SA11AI.4393
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 78.46
	FEC ID number of contributing federal political committee. C	bi-weekly payroll deduction
	Name of Employer: Holston Medical Group Occupation: Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 1569.20	

B.	Full Name (Last, First, Middle Initial) Steven G Lauhoff	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 700 Yadkin Street	Transaction ID: SA11AI.4401
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 78.46
	FEC ID number of contributing federal political committee. C	bi-weekly payroll deduction
	Name of Employer: Holston Medical Group Occupation: Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 1647.66	

C.	Full Name (Last, First, Middle Initial) Steven G Lauhoff	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 700 Yadkin Street	Transaction ID: SA11AI.4409
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 78.46
	FEC ID number of contributing federal political committee. C	bi-weekly payroll deduction
	Name of Employer: Holston Medical Group Occupation: Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 1726.12	

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 23 / 36
(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 Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1804.58
 Date of Receipt 10 / 16 / 2009
Transaction ID: SA11AI.4417
 Amount of Each Receipt this Period 78.46
 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 Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1883.04
 Date of Receipt 10 / 30 / 2009
Transaction ID: SA11AI.4425
 Amount of Each Receipt this Period 78.46
 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 Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.50
 Date of Receipt 11 / 13 / 2009
Transaction ID: SA11AI.4433
 Amount of Each Receipt this Period 78.46
 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: PAGE 24 / 36
(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: Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2039.96

Date of Receipt: 11 / 27 / 2009

Transaction ID: SA11AI.4442

Amount of Each Receipt this Period: 78.46

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: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1201.90

Date of Receipt: 07 / 03 / 2009

Transaction ID: SA11AI.4357

Amount of Each Receipt this Period: 78.46

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: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1280.36

Date of Receipt: 07 / 17 / 2009

Transaction ID: SA11AI.4365

Amount of Each Receipt this Period: 78.46

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: PAGE 25 / 36
(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 07 / 31 / 2009
	Mailing Address 1005 Sussex Drive		Transaction ID: SA11AI.4373
	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 Physician	bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1358.82	

B.	Full Name (Last, First, Middle Initial) Joseph A Ley		Date of Receipt MM / DD / YYYY 08 / 14 / 2009
	Mailing Address 1005 Sussex Drive		Transaction ID: SA11AI.4381
	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 Physician	bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1437.28	

C.	Full Name (Last, First, Middle Initial) Joseph A Ley		Date of Receipt MM / DD / YYYY 08 / 28 / 2009
	Mailing Address 1005 Sussex Drive		Transaction ID: SA11AI.4389
	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 Physician	bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1515.74	

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 26 / 36
	<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 09 / 11 / 2009
	Mailing Address 1005 Sussex Drive	Transaction ID: SA11AI.4397
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 78.46
	FEC ID number of contributing federal political committee. C	bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1594.20	

B.	Full Name (Last, First, Middle Initial) Joseph A Ley	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address 1005 Sussex Drive	Transaction ID: SA11AI.4405
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 78.46
	FEC ID number of contributing federal political committee. C	bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1672.66	

C.	Full Name (Last, First, Middle Initial) Joseph A Ley	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 1005 Sussex Drive	Transaction ID: SA11AI.4413
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 78.46
	FEC ID number of contributing federal political committee. C	bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1751.12	

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 / 36
(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: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1829.58

Date of Receipt: 10 / 23 / 2009
Transaction ID: SA11AI.4421
Amount of Each Receipt this Period: 78.46
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: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1908.04

Date of Receipt: 11 / 06 / 2009
Transaction ID: SA11AI.4429
Amount of Each Receipt this Period: 78.46
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: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1986.50

Date of Receipt: 11 / 20 / 2009
Transaction ID: SA11AI.4438
Amount of Each Receipt this Period: 78.46
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: PAGE 28 / 36
(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		Date of Receipt MM / DD / YYYY 07 / 03 / 2009
Mailing Address 1305 White Street		Transaction ID: SA11AI.4358
City Kingsport	State TN	Zip Code 37664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 73.85
Name of Employer Holston Medical Group	Occupation Physical Therapist	bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1107.75	

B.

Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt MM / DD / YYYY 07 / 17 / 2009
Mailing Address 1305 White Street		Transaction ID: SA11AI.4366
City Kingsport	State TN	Zip Code 37664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 73.85
Name of Employer Holston Medical Group	Occupation Physical Therapist	bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1181.60	

C.

Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
Mailing Address 1305 White Street		Transaction ID: SA11AI.4374
City Kingsport	State TN	Zip Code 37664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 73.85
Name of Employer Holston Medical Group	Occupation Physical Therapist	bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1255.45	

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 29 / 36
(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)
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 Physical Therapist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1329.30
Date of Receipt 08 / 14 / 2009
Transaction ID: SA11AI.4382
Amount of Each Receipt this Period 73.85
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 Physical Therapist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1403.15
Date of Receipt 08 / 28 / 2009
Transaction ID: SA11AI.4390
Amount of Each Receipt this Period 73.85
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 Physical Therapist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1477.00
Date of Receipt 09 / 11 / 2009
Transaction ID: SA11AI.4398
Amount of Each Receipt this Period 73.85
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 30 / 36

(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 State Zip Code
Kingsport TN 37664

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

Name of Employer Occupation
Holston Medical Group Physical Therapist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1550.85

Date of Receipt

M M / D D / Y Y Y Y
09 25 2009

Transaction ID: SA11AI.4406

Amount of Each Receipt this Period

73.85

bi-weekly payroll deduction

B.

Full Name (Last, First, Middle Initial)

Alan V Meade

Mailing Address 1305 White Street

City State Zip Code
Kingsport TN 37664

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

Name of Employer Occupation
Holston Medical Group Physical Therapist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1624.70

Date of Receipt

M M / D D / Y Y Y Y
10 09 2009

Transaction ID: SA11AI.4414

Amount of Each Receipt this Period

73.85

bi-weekly payroll deduction

C.

Full Name (Last, First, Middle Initial)

Alan V Meade

Mailing Address 1305 White Street

City State Zip Code
Kingsport TN 37664

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

Name of Employer Occupation
Holston Medical Group Physical Therapist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1698.55

Date of Receipt

M M / D D / Y Y Y Y
10 23 2009

Transaction ID: SA11AI.4422

Amount of Each Receipt this Period

73.85

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 31 / 36

(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 State Zip Code
Kingsport TN 37664

FEC ID number of contributing federal political committee.

C

Name of Employer
Holston Medical Group

Occupation
Physical Therapist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1772.40

Date of Receipt

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

Transaction ID: SA11AI.4430

Amount of Each Receipt this Period

73.85

bi-weekly payroll deduction

B.

Full Name (Last, First, Middle Initial)

Alan V Meade

Mailing Address 1305 White Street

City State Zip Code
Kingsport TN 37664

FEC ID number of contributing federal political committee.

C

Name of Employer
Holston Medical Group

Occupation
Physical Therapist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1846.25

Date of Receipt

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

Transaction ID: SA11AI.4439

Amount of Each Receipt this Period

73.85

bi-weekly payroll deduction

C.

Full Name (Last, First, Middle Initial)

J Bryston Winegar

Mailing Address 205 Cannongate Road

City State Zip Code
Kingsport TN 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 ▼

1132.75

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.4359

Amount of Each Receipt this Period

73.85

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 32 / 36
(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		Date of Receipt MM / DD / YYYY 07 / 17 / 2009
Mailing Address 205 Cannongate Road		Transaction ID: SA11AI.4367
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 73.85
Name of Employer Holston Medical Group	Occupation Physician	bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1206.60	

B.

Full Name (Last, First, Middle Initial) J Bryston Winegar		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
Mailing Address 205 Cannongate Road		Transaction ID: SA11AI.4375
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 73.85
Name of Employer Holston Medical Group	Occupation Physician	bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.45	

C.

Full Name (Last, First, Middle Initial) J Bryston Winegar		Date of Receipt MM / DD / YYYY 08 / 14 / 2009
Mailing Address 205 Cannongate Road		Transaction ID: SA11AI.4383
City Kingsport	State TN	Zip Code 37660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 73.85
Name of Employer Holston Medical Group	Occupation Physician	bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1354.30	

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 33 / 36

(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 State Zip Code
Kingsport TN 37660

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

Name of Employer Occupation
Holston Medical Group Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1428.15

Date of Receipt

M M / D D / Y Y Y Y
08 / 28 / 2009

Transaction ID: SA11AI.4391

Amount of Each Receipt this Period

73.85

bi-weekly payroll deduction

B.

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

Mailing Address 205 Cannongate Road

City State Zip Code
Kingsport TN 37660

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

Name of Employer Occupation
Holston Medical Group Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1502.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11AI.4399

Amount of Each Receipt this Period

73.85

bi-weekly payroll deduction

C.

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

Mailing Address 205 Cannongate Road

City State Zip Code
Kingsport TN 37660

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

Name of Employer Occupation
Holston Medical Group Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1575.85

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2009

Transaction ID: SA11AI.4407

Amount of Each Receipt this Period

73.85

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 / 36
(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 Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1649.70
Date of Receipt 10 / 09 / 2009
Transaction ID: SA11AI.4415
Amount of Each Receipt this Period 73.85
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 Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1723.55
Date of Receipt 10 / 23 / 2009
Transaction ID: SA11AI.4423
Amount of Each Receipt this Period 73.85
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 Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1797.40
Date of Receipt 11 / 06 / 2009
Transaction ID: SA11AI.4431
Amount of Each Receipt this Period 73.85
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 35 / 36	
	(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 (HMG PAC)

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 Y 1 1 / 2 0 / 2 0 0 9		
	City Kingsport	State TN	Zip Code 37660	Transaction ID: SA11AI.4440	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 73.85		
	Name of Employer Holston Medical Group	Occupation Physician	bi-weekly payroll deduction		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1871.25			

SUBTOTAL of Receipts This Page (optional)	73.85
TOTAL This Period (last page this line number only)	7166.94

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
HOLSTON MEDICAL GROUP

Mailing Address 2323 N JOHN B DENNIS HWY

City State Zip Code
KINGSPORT TN 37660

Purpose of Disbursement
ONE-THIRD RULE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4443

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12302.51

SUBTOTAL of Disbursements This Page (optional)

12302.51

TOTAL This Period (last page this line number only)

12302.51