

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Holston Medical Group, P.C. PAC (HMG PAC)

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

2. **FEC IDENTIFICATION NUMBER** C00453357
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. William R. Knight

Signature of Treasurer Electronically Filed by Mr. William R. Knight Date 10 20 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		200.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	200.00									
(c) Total Receipts (from Line 19)	10995.02	10995.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11195.02	11195.02								
7. Total Disbursements (from Line 31)	6000.00	6000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5195.02	5195.02								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	8655.79	8655.79
(ii) Unitemized	2339.23	2339.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10995.02	10995.02
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10995.02	10995.02
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10995.02	10995.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10995.02	10995.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	5000.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6000.00	6000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	6000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	10995.02	10995.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10995.02	10995.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Mr. Scott R Fowler	Date of Receipt MM / DD / YYYY 01 / 02 / 2009
	Mailing Address 1601 Fairidge PI	Transaction ID: SA11AI.4334
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 184.62
	FEC ID number of contributing federal political committee. C	individual contribution
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 ▼ 276.93	

B.	Full Name (Last, First, Middle Initial) Mr. Scott R Fowler	Date of Receipt MM / DD / YYYY 01 / 16 / 2009
	Mailing Address 1601 Fairidge PI	Transaction ID: SA11AI.4178
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 92.31
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deducti- on
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 ▼ 369.24	

C.	Full Name (Last, First, Middle Initial) Mr. Scott R Fowler	Date of Receipt MM / DD / YYYY 01 / 30 / 2009
	Mailing Address 1601 Fairidge PI	Transaction ID: SA11AI.4187
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 92.31
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deducti- on
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 ▼ 461.55	

SUBTOTAL of Receipts This Page (optional)	369.24
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 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 553.86

Date of Receipt: 02 / 13 / 2009

Transaction ID: SA11AI.4196

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

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

Mailing Address 1601 Fairidge PI

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 646.17

Date of Receipt: 02 / 27 / 2009

Transaction ID: SA11AI.4204

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

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

Mailing Address 1601 Fairidge PI

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 738.48

Date of Receipt: 03 / 13 / 2009

Transaction ID: SA11AI.4218

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 276.93

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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 ▼ 830.79

Date of Receipt: 03 / 27 / 2009

Transaction ID: SA11AI.4262

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

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

Mailing Address 1601 Fairidge PI

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 923.10

Date of Receipt: 04 / 10 / 2009

Transaction ID: SA11AI.4270

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

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

Mailing Address 1601 Fairidge PI

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1015.41

Date of Receipt: 04 / 24 / 2009

Transaction ID: SA11AI.4278

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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 ▼ 1107.72

Date of Receipt: 05 / 08 / 2009

Transaction ID: SA11AI.4286

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

B.

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

Mailing Address 1601 Fairidge PI

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.03

Date of Receipt: 05 / 22 / 2009

Transaction ID: SA11AI.4294

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

C.

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

Mailing Address 1601 Fairidge PI

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1292.34

Date of Receipt: 06 / 05 / 2009

Transaction ID: SA11AI.4315

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Scott R Fowler		Date of Receipt
	Mailing Address 1601 Fairidge Pl		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4323
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 ▼ 1384.65	<input type="text" value="92.31"/>
			individual contribution - 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="01"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37664
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4335
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 ▼ 230.76	<input type="text" value="153.84"/>
			individual contribution

C.	Full Name (Last, First, Middle Initial) Robert M Geer		Date of Receipt
	Mailing Address 4913 Ledges Drive		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37664
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4179
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 ▼ 307.68	<input type="text" value="76.92"/>
			individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="323.07"/>
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: (check only one)	PAGE 11 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert M Geer	Date of Receipt MM / DD / YYYY 01 / 30 / 2009
	Mailing Address 4913 Ledges Drive	Transaction ID: SA11AI.4188
	City State Zip Code Kingsport TN 37664	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

B.	Full Name (Last, First, Middle Initial) Robert M Geer	Date of Receipt MM / DD / YYYY 02 / 13 / 2009
	Mailing Address 4913 Ledges Drive	Transaction ID: SA11AI.4197
	City State Zip Code Kingsport TN 37664	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

C.	Full Name (Last, First, Middle Initial) Robert M Geer	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 4913 Ledges Drive	Transaction ID: SA11AI.4205
	City State Zip Code Kingsport TN 37664	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

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 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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 ▼ 563.44

Date of Receipt

M M / D D / Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.4219

Amount of Each Receipt this Period

25.00

individual contribution

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 ▼ 640.36

Date of Receipt

M M / D D / Y Y Y Y
03 / 27 / 2009

Transaction ID: SA11AI.4263

Amount of Each Receipt this Period

76.92

individual contribution -
bi-weekly payroll deducti-
on

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 ▼ 717.28

Date of Receipt

M M / D D / Y Y Y Y
04 / 10 / 2009

Transaction ID: SA11AI.4271

Amount of Each Receipt this Period

76.92

individual contribution -
bi-weekly payroll deducti-
on

SUBTOTAL of Receipts This Page (optional) ▶

178.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert M Geer		Date of Receipt
	Mailing Address 4913 Ledges Drive		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37664
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Holston Medical Group		Occupation Physician	Transaction ID: SA11AI.4279 Amount of Each Receipt this Period <input type="text" value="76.92"/> individual contribution - bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="794.20"/>	

B.	Full Name (Last, First, Middle Initial) Robert M Geer		Date of Receipt
	Mailing Address 4913 Ledges Drive		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37664
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Holston Medical Group		Occupation Physician	Transaction ID: SA11AI.4287 Amount of Each Receipt this Period <input type="text" value="76.92"/> individual contribution - bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="871.12"/>	

C.	Full Name (Last, First, Middle Initial) Robert M Geer		Date of Receipt
	Mailing Address 4913 Ledges Drive		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kingsport	TN	37664
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Holston Medical Group		Occupation Physician	Transaction ID: SA11AI.4295 Amount of Each Receipt this Period <input type="text" value="76.92"/> individual contribution - bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="948.04"/>	

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 14 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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 ▼ 1024.96
 Date of Receipt 06 / 05 / 2009
Transaction ID: SA11AI.4316
 Amount of Each Receipt this Period 76.92
 individual contribution - bi-weekly payroll deduction

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

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Richard M Gendron</p> <p>Mailing Address 1909 Fleetwood Drive</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 ▼ 369.24</p>	<p>Date of Receipt MM / DD / YYYY 01 / 16 / 2009</p> <p>Transaction ID: SA11AI.4180</p> <p>Amount of Each Receipt this Period 92.31</p> <p>individual contribution - bi-weekly payroll deducti- on</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Richard M Gendron</p> <p>Mailing Address 1909 Fleetwood Drive</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 ▼ 461.55</p>	<p>Date of Receipt MM / DD / YYYY 01 / 30 / 2009</p> <p>Transaction ID: SA11AI.4189</p> <p>Amount of Each Receipt this Period 92.31</p> <p>individual contribution - bi-weekly payroll deducti- on</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Richard M Gendron</p> <p>Mailing Address 1909 Fleetwood Drive</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 ▼ 553.86</p>	<p>Date of Receipt MM / DD / YYYY 02 / 13 / 2009</p> <p>Transaction ID: SA11AI.4198</p> <p>Amount of Each Receipt this Period 92.31</p> <p>individual contribution - bi-weekly payroll contrib- ution</p>
--	--

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 1909 Fleetwood Drive

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) ▼ 646.17

Date of Receipt

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

Transaction ID: SA11AI.4206

Amount of Each Receipt this Period
92.31

individual contribution -
bi-weekly payroll deducti-
on

B.

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

Mailing Address 1909 Fleetwood Drive

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) ▼ 738.48

Date of Receipt

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

Transaction ID: SA11AI.4220

Amount of Each Receipt this Period
92.31

individual contribution -
bi-weekly payroll deducti-
on

C.

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

Mailing Address 1909 Fleetwood Drive

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) ▼ 830.79

Date of Receipt

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

Transaction ID: SA11AI.4264

Amount of Each Receipt this Period
92.31

individual contribution -
bi-weekly payroll deducti-
on

SUBTOTAL of Receipts This Page (optional)

276.93

TOTAL This Period (last page this line number only)

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

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

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

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

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

Mailing Address 1909 Fleetwood Drive

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 923.10

Date of Receipt: 04 / 10 / 2009

Transaction ID: SA11AI.4272

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

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

Mailing Address 1909 Fleetwood Drive

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1015.41

Date of Receipt: 04 / 24 / 2009

Transaction ID: SA11AI.4280

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

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

Mailing Address 1909 Fleetwood Drive

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1107.72

Date of Receipt: 05 / 08 / 2009

Transaction ID: SA11AI.4288

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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 ▼ 1200.03

Date of Receipt: MM / DD / YYYY
05 / 22 / 2009

Transaction ID: SA11AI.4296

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

B.

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

Mailing Address 1909 Fleetwood Drive

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1292.34

Date of Receipt: MM / DD / YYYY
06 / 05 / 2009

Transaction ID: SA11AI.4317

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

C.

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

Mailing Address 1909 Fleetwood Drive

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.65

Date of Receipt: MM / DD / YYYY
06 / 19 / 2009

Transaction ID: SA11AI.4325

Amount of Each Receipt this Period: 92.31

individual contribution - bi-weekly payroll deduction

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

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

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

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

FOR LINE NUMBER: PAGE 19 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 256.14

Date of Receipt: 01 / 09 / 2009
Transaction ID: SA11AI.4176
Amount of Each Receipt this Period: 85.38
individual contribution - bi-weekly payroll deduction

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

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 341.52

Date of Receipt: 01 / 23 / 2009
Transaction ID: SA11AI.4185
Amount of Each Receipt this Period: 85.38
individual contribution - bi-weekly payroll deduction

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

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 426.90

Date of Receipt: 02 / 06 / 2009
Transaction ID: SA11AI.4193
Amount of Each Receipt this Period: 85.38
individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 256.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. William R. Knight	Date of Receipt MM / DD / YYYY 02 / 20 / 2009
	Mailing Address 612 Chippendale Rd	Transaction ID: SA11AI.4202
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 85.38
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
	Name of Employer: Holston Medical Group Occupation: Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 512.28	

B.	Full Name (Last, First, Middle Initial) Mr. William R. Knight	Date of Receipt MM / DD / YYYY 03 / 06 / 2009
	Mailing Address 612 Chippendale Rd	Transaction ID: SA11AI.4213
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 85.38
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Holston Medical Group Occupation: Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 597.66	

C.	Full Name (Last, First, Middle Initial) Mr. William R. Knight	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 612 Chippendale Rd	Transaction ID: SA11AI.4260
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 85.38
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
	Name of Employer: Holston Medical Group Occupation: Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 683.04	

SUBTOTAL of Receipts This Page (optional)	256.14
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. 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 ▼ 768.42

Date of Receipt: 04 / 03 / 2009

Transaction ID: SA11AI.4268

Amount of Each Receipt this Period: 85.38

individual contribution - bi-weekly payroll deduction

B.

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

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 853.80

Date of Receipt: 04 / 17 / 2009

Transaction ID: SA11AI.4276

Amount of Each Receipt this Period: 85.38

individual contribution - bi-weekly payroll deduction

C.

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

Mailing Address 612 Chippendale Rd

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 939.18

Date of Receipt: 05 / 01 / 2009

Transaction ID: SA11AI.4284

Amount of Each Receipt this Period: 85.38

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 256.14

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

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

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

FOR LINE NUMBER: PAGE 22 / 42
(check only one)
 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 ▼ 1024.56
 Date of Receipt 05 / 15 / 2009
Transaction ID: SA11AI.4292
 Amount of Each Receipt this Period 85.38
 individual contribution - bi-weekly payroll deduction

B. Full Name (Last, First, Middle Initial)
Mr. William R. Knight
 Mailing Address 612 Chippendale Rd
 City Kingsport State TN Zip Code 37660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holston Medical Group Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1109.94
 Date of Receipt 05 / 29 / 2009
Transaction ID: SA11AI.4313
 Amount of Each Receipt this Period 85.38
 individual contribution - bi-weekly payroll deduction

C. Full Name (Last, First, Middle Initial)
Mr. William R. Knight
 Mailing Address 612 Chippendale Rd
 City Kingsport State TN Zip Code 37660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holston Medical Group Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1195.32
 Date of Receipt 06 / 12 / 2009
Transaction ID: SA11AI.4321
 Amount of Each Receipt this Period 85.38
 individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 256.14
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

B.

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

C.

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 42
(check only one)

<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) Steven G Lauhoff		Date of Receipt MM / DD / YYYY 02 / 06 / 2009
Mailing Address 700 Yadkin Street		Transaction ID: SA11AI.4195
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 Chief Operating Officer	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.30	

B.

Full Name (Last, First, Middle Initial) Steven G Lauhoff		Date of Receipt MM / DD / YYYY 02 / 20 / 2009
Mailing Address 700 Yadkin Street		Transaction ID: SA11AI.4203
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 Chief Operating Officer	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.76	

C.

Full Name (Last, First, Middle Initial) Steven G Lauhoff		Date of Receipt MM / DD / YYYY 03 / 06 / 2009
Mailing Address 700 Yadkin Street		Transaction ID: SA11AI.4216
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 Chief Operating Officer	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 549.22	

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 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 700 Yadkin Street

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 627.68

Date of Receipt: 03 / 20 / 2009

Transaction ID: SA11AI.4261

Amount of Each Receipt this Period: 78.46

individual contribution - bi-weekly payroll deduction

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

Mailing Address 700 Yadkin Street

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 706.14

Date of Receipt: 04 / 03 / 2009

Transaction ID: SA11AI.4269

Amount of Each Receipt this Period: 78.46

individual contribution - bi-weekly payroll deduction

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

Mailing Address 700 Yadkin Street

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 784.60

Date of Receipt: 04 / 17 / 2009

Transaction ID: SA11AI.4277

Amount of Each Receipt this Period: 78.46

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 235.38

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 700 Yadkin Street

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 863.06

Date of Receipt: 05 / 01 / 2009

Transaction ID: SA11AI.4285

Amount of Each Receipt this Period: 78.46

individual contribution - bi-weekly payroll deduction

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

Mailing Address 700 Yadkin Street

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 941.52

Date of Receipt: 05 / 15 / 2009

Transaction ID: SA11AI.4293

Amount of Each Receipt this Period: 78.46

individual contribution - bi-weekly payroll deduction

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

Mailing Address 700 Yadkin Street

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1019.98

Date of Receipt: 05 / 29 / 2009

Transaction ID: SA11AI.4314

Amount of Each Receipt this Period: 78.46

individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **235.38**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Steven G Lauhoff	Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address 700 Yadkin Street	Transaction ID: SA11AI.4322
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 78.46
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1098.44	

B.	Full Name (Last, First, Middle Initial) Steven G Lauhoff	Date of Receipt MM / DD / YYYY 06 / 26 / 2009
	Mailing Address 700 Yadkin Street	Transaction ID: SA11AI.4330
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 78.46
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1176.90	

C.	Full Name (Last, First, Middle Initial) Joseph A Ley	Date of Receipt MM / DD / YYYY 01 / 02 / 2009
	Mailing Address 1005 Sussex Drive	Transaction ID: SA11AI.4337
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 156.92
	FEC ID number of contributing federal political committee. C	individual contribution
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 ▼ 235.38	

SUBTOTAL of Receipts This Page (optional)	313.84
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 28 / 42
(check only one)
 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 ▼ 313.84

Date of Receipt: 01 / 16 / 2009
Transaction ID: SA11AI.4181
Amount of Each Receipt this Period: 78.46
individual contribution - bi-weekly payroll deduction

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

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 392.30

Date of Receipt: 01 / 30 / 2009
Transaction ID: SA11AI.4190
Amount of Each Receipt this Period: 78.46
individual contribution - bi-weekly payroll deduction

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

City Kingsport State TN Zip Code 37660

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

Name of Employer: Holston Medical Group Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 470.76

Date of Receipt: 02 / 13 / 2009
Transaction ID: SA11AI.4201
Amount of Each Receipt this Period: 78.46
individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 235.38

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

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

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

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

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

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

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 549.22

Date of Receipt 02 / 27 / 2009
Transaction ID: SA11AI.4207
 Amount of Each Receipt this Period 78.46
 individual contribution - bi-weekly payroll deduction

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

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 574.22

Date of Receipt 03 / 13 / 2009
Transaction ID: SA11AI.4221
 Amount of Each Receipt this Period 25.00
 individual contribution

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

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 652.68

Date of Receipt 03 / 27 / 2009
Transaction ID: SA11AI.4265
 Amount of Each Receipt this Period 78.46
 individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 181.92

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

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

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

FOR LINE NUMBER: PAGE 30 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
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 ▼ 731.14

Date of Receipt: 04 / 10 / 2009
Transaction ID: SA11AI.4273
 Amount of Each Receipt this Period: 78.46
 individual contribution - bi-weekly payroll deduction

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

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 809.60

Date of Receipt: 04 / 24 / 2009
Transaction ID: SA11AI.4281
 Amount of Each Receipt this Period: 78.46
 individual contribution - bi-weekly payroll deduction

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

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 888.06

Date of Receipt: 05 / 08 / 2009
Transaction ID: SA11AI.4289
 Amount of Each Receipt this Period: 78.46
 individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 235.38

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

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

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

FOR LINE NUMBER: PAGE 31 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 966.52

Date of Receipt 05 / 22 / 2009
Transaction ID: SA11AI.4297
Amount of Each Receipt this Period 78.46
individual contribution - bi-weekly payroll deduction

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

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1044.98

Date of Receipt 06 / 05 / 2009
Transaction ID: SA11AI.4318
Amount of Each Receipt this Period 78.46
individual contribution - bi-weekly payroll deduction

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

City Kingsport State TN Zip Code 37660

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

Name of Employer Holston Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1123.44

Date of Receipt 06 / 19 / 2009
Transaction ID: SA11AI.4326
Amount of Each Receipt this Period 78.46
individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 235.38

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 42
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt MM / DD / YYYY 01 / 16 / 2009
Mailing Address 1305 White Street		Transaction ID: SA11AI.4182
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	individual contribution - bi-weekly payroll contrib- ution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.55	

B.

Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt MM / DD / YYYY 01 / 30 / 2009
Mailing Address 1305 White Street		Transaction ID: SA11AI.4191
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	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.40	

C.

Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 1305 White Street		Transaction ID: SA11AI.4199
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	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.25	

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 / 42
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Holston Medical Group, P.C. PAC (HMGPAC)

A.

Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt MM / DD / YYYY 02 / 27 / 2009
Mailing Address 1305 White Street		Transaction ID: SA11AI.4208
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	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 443.10	

B.

Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 1305 White Street		Transaction ID: SA11AI.4222
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	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.95	

C.

Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
Mailing Address 1305 White Street		Transaction ID: SA11AI.4266
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	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.80	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 42
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Holston Medical Group, P.C. PAC (HMGPAC)

A.	Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt MM / DD / YYYY 04 / 10 / 2009	
	Mailing Address 1305 White Street		Transaction ID: SA11AI.4274	
	City Kingsport	State TN	Zip Code 37664	Amount of Each Receipt this Period 73.85
	FEC ID number of contributing federal political committee. C		individual contribution - bi-weekly payroll deduction	
Name of Employer Holston Medical Group		Occupation Physical Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 664.65		

B.	Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt MM / DD / YYYY 04 / 24 / 2009	
	Mailing Address 1305 White Street		Transaction ID: SA11AI.4282	
	City Kingsport	State TN	Zip Code 37664	Amount of Each Receipt this Period 73.85
	FEC ID number of contributing federal political committee. C		individual contribution - bi-weekly payroll deduction	
Name of Employer Holston Medical Group		Occupation Physical Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 738.50		

C.	Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt MM / DD / YYYY 05 / 08 / 2009	
	Mailing Address 1305 White Street		Transaction ID: SA11AI.4290	
	City Kingsport	State TN	Zip Code 37664	Amount of Each Receipt this Period 73.85
	FEC ID number of contributing federal political committee. C		individual contribution - bi-weekly payroll deduction	
Name of Employer Holston Medical Group		Occupation Physical Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 812.35		

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 / 42
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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) Alan V Meade		Date of Receipt MM / DD / YYYY 05 / 22 / 2009
Mailing Address 1305 White Street		Transaction ID: SA11AI.4298
City Kingsport	State TN	Zip Code 37664
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	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 886.20	

B.

Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt MM / DD / YYYY 06 / 05 / 2009
Mailing Address 1305 White Street		Transaction ID: SA11AI.4319
City Kingsport	State TN	Zip Code 37664
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	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.05	

C.

Full Name (Last, First, Middle Initial) Alan V Meade		Date of Receipt MM / DD / YYYY 06 / 19 / 2009
Mailing Address 1305 White Street		Transaction ID: SA11AI.4327
City Kingsport	State TN	Zip Code 37664
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	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1033.90	

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

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

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

FOR LINE NUMBER: PAGE 36 / 42
(check only one)
 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 ▼ 221.55
Date of Receipt 01 / 02 / 2009
Transaction ID: SA11AI.4339
Amount of Each Receipt this Period 147.70
individual contribution

B. Full Name (Last, First, Middle Initial)
J Bryston Winegar
Mailing Address 205 Cannongate Road
City Kingsport State TN Zip Code 37660
FEC ID number of contributing federal political committee. **C**
Name of Employer Holston Medical Group Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 295.40
Date of Receipt 01 / 16 / 2009
Transaction ID: SA11AI.4183
Amount of Each Receipt this Period 73.85
individual contribution - bi-weekly payroll deduction

C. Full Name (Last, First, Middle Initial)
J Bryston Winegar
Mailing Address 205 Cannongate Road
City Kingsport State TN Zip Code 37660
FEC ID number of contributing federal political committee. **C**
Name of Employer Holston Medical Group Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 369.25
Date of Receipt 01 / 30 / 2009
Transaction ID: SA11AI.4192
Amount of Each Receipt this Period 73.85
individual contribution - bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 295.40
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 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 02 / 13 / 2009
	Mailing Address 205 Cannongate Road	Transaction ID: SA11AI.4200
	City Kingsport State TN Zip Code 37660	Amount of Each Receipt this Period 73.85
	FEC ID number of contributing federal political committee. C	individual contribution - bi-weekly payroll deduction
Name of Employer Holston Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 443.10	

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

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 42
(check only one)

<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 03 / 27 / 2009
Mailing Address 205 Cannongate Road		Transaction ID: SA11AI.4267
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	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.80	

B.

Full Name (Last, First, Middle Initial) J Bryston Winegar		Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 205 Cannongate Road		Transaction ID: SA11AI.4275
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	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 689.65	

C.

Full Name (Last, First, Middle Initial) J Bryston Winegar		Date of Receipt MM / DD / YYYY 04 / 24 / 2009
Mailing Address 205 Cannongate Road		Transaction ID: SA11AI.4283
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	individual contribution - bi-weekly payroll deducti- on
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 763.50	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 40 / 42	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) J Bryston Winegar		Date of Receipt																					
	Mailing Address 205 Cannongate Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		1	9		2	0	0	9														
	City	State	Zip Code		Transaction ID: SA11AI.4328																			
	Kingsport	TN	37660																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Holston Medical Group		Occupation Physician		<input type="text" value="73.85"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		individual contribution - bi-weekly payroll deducti- on																				
		<input type="text" value="1058.90"/>																						

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="73.85"/>
TOTAL This Period (last page this line number only)	<input type="text" value="8655.79"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 / 42

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

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

A.

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

Transaction ID: SB23.4344
Date of Disbursement

Mailing Address 201 NORTH UNION SUITE 300

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

City State Zip Code
ALEXANDRIA VA 22314

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Federal Contribution

--

Category/
Type

Candidate Name
MARK R WARNER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 00

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 42

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

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

A.

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

Transaction ID: SB29.4346
Date of Disbursement

Mailing Address 3311 Highway 126

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

City Blountville State TN Zip Code 37617

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Non Federal Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

5000.00
