Image# 12972604786 PAGE 1 / 7

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

_		For Other Than An Autho	orized Committee	Office Use Only
1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
H	lolston Medical Gro	oup, P.C. PAC (HMGPAC	C)	
ΑD	DRESS (number and street	t) 2323 N. John B Dennis Hwy		
	Check if different than previously reported. (ACC)	Kingsport		TN 37660 -
2.	FEC IDENTIFICATION	NUMBER ▼ CITY	^	STATE ▲ ZIP CODE ▲
	C C00453357	3. IS RE	THIS X NEW (N) OR	AMENDED (A)
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Repo	Report Due On: Mar 2	20 (M2) May 20 (M5) 20 (M3) Jun 20 (M6) 0 (M4) Jul 20 (M7) Primary (12P)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R)
	July 15 Quarterly Repo X October 15 Quarterly Repo January 31	PRE-Election Report for the:	Convention (12C)	Special (12S)
	Year-End Repo July 31 Mid-Year Report (Non-ela Year Only) (MY Termination Re (TER)	ar (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S) in the
	(1211)	Election	on	State of
5.	Covering Period	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 09	30 / 2012
l ce	ertify that I have examine	ed this Report and to the best of n	ny knowledge and belief it is tr	ue, correct and complete.
Typ	oe or Print Name of Treas	surer Mr. Scott R Fowler		
Sig	nature of Treasurer	Mr. Scott R Fowler	[Electronically Filed]	Date 10 / 15 / 2012
NO	TE: Submission of false, e	rroneous, or incomplete information	may subject the person signing t	his Report to the penalties of 2 U.S.C. §437g.
	Office Use			FEC FORM 3X Rev. 12/2004

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Holston Medical Group, P.C. PA	C (HMGPAC)	
Report Covering the Period: From:	07	09 / 30 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		3534.45
(b) Cash on Hand at Beginning of Reporting Period	. 4284.45	
(c) Total Receipts (from Line 19)	. 600.00	1900.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	. 4884.45	5434.45
7. Total Disbursements (from Line 31)	0.00	550.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4884.45	4884.45
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 mu	Iticandidate 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: 07 01 2012 To: 09 30 2012					
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
•						
(i) Itemized (use Schedule A)	600.00	1700.00				
(ii) Unitemized(iii) TOTAL (add	0.00	200.00				
Lines 11(a)(i) and (ii)▶	600.00	1900.00				
	0.00	0.00				
(such as PACs)	0.00	0.00				
,						
Totals to Line 33, page 5)▶	600.00	1900.00				
	0.00	0.00				
Il Loans Received	0.00	0.00				
	0.00					
Offsets To Operating Expenditures	0.00	0.00				
· · · · · · · · · · · · · · · · · · ·	0.00	0.00				
	7	0.00				
	0.00	0.00				
Other Federal Receipts						
· · · · · · · · · · · · · · · · · · ·	0.00	0.00				
	0.00					
(Irom Schedule H3)	0.00	0.00				
b) Levin Funds (from Schedule H5)	0.00	0.00				
c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
	(ii) Unitemized	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: —— (a) Allocated Federal/Non-Federal	Total Tills I cilou	Calefidal Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	0.00	550.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use scriedule i)		0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(h) Balitical Barty Committee	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(414 414 414)		
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
_		0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
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
E 500(a)(ii) and 50(b)) ▶		5.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	550.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	0.00	550.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	600.00	1900.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	600.00	1900.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. 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

FOF	LINE	NU	MBER	:	PAGE	6	OF	7
(che	ck only	or	ne)					
X	11a		11b		11c	12		
	13		14		15	16	;	17

	the name and address of any political committee	to solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Richard M Gendron Mailing Address 1909 Fleetwood Drive	Date of Receipt				
City	·				
Kingsport	TN 37660	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation	Bi-weekly payroll deduction			
Holston Medical Group	Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00				
Full Name (Last, First, Middle Initial) Richard M Gendron Mailing Address 1909 Fleetwood Drive	•	Date of Receipt			
		07 27 2012			
City	State Zip Code	Transaction ID : SA11AI.4584			
Kingsport	TN 37660	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation	Bi-weekly payroll deduction			
Holston Medical Group	Physician	_			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00				
Full Name (Last, First, Middle Initial) Richard M Gendron	·	Date of Receipt			
Mailing Address 1909 Fleetwood Drive	Mailing Address 1909 Fleetwood Drive				
City	State Zip Code TN 37660	Transaction ID : SA11AI.4585			
Kingsport FEC ID number of contributing federal political committee.	C 37660	Amount of Each Receipt this Period 100.00			
Name of Employer	Occupation	Bi-weekly payroll deduction			
Holston Medical Group	Physician				
Receipt For: Primary General	Aggregate Year-to-Date ▼	-			
Other (specify) ▼	1600.00				
SUBTOTAL of Receipts This Page (optional)	300.00			
TOTAL This Period (last page this line numb	<u> </u>				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

for each category of the 12 Detailed Summary Page 14 13 15 16 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) Full Name (Last, First, Middle Initial) Richard M Gendron Date of Receipt Mailing Address 1909 Fleetwood Drive 2012 24 City State Zip Code Transaction ID: SA11AI.4586 TN Kingsport 37660 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Bi-weekly payroll deduction Name of Employer Occupation Holston Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard M Gendron Date of Receipt Mailing Address 1909 Fleetwood Drive 09 07 2012 City State Zip Code Transaction ID: SA11AI.4587 TN Kingsport 37660 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Bi-weekly payroll deduction Name of Employer Occupation Holston Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard M Gendron Date of Receipt Mailing Address 1909 Fleetwood Drive 09 21 2012 City Zip Code State Transaction ID: SA11AI.4588 TN Kingsport 37660 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Bi-weekly payroll deduction Name of Employer Occupation Holston Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1900.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

600.00

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