

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

THMCarePAC

ADDRESS (number and street) P.O. Box 10

Check if different than previously reported. (ACC)

Parsons TN 38363

2. **FEC IDENTIFICATION NUMBER** C00484964

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on _____ in the State of _____

5. Covering Period 04 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jessica Redden

Signature of Treasurer Electronically Filed by Jessica Redden Date 04 15 2011

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

Office Use Only										FEC FORM 3X (Rev. 12/2004)
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
THMCarePAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">118705.41</td></tr></table>	118705.41
X	Y	Y	Y									
2	0	1	0									
118705.41												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">118705.41</td></tr></table>	118705.41										
118705.41												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">23904.90</td></tr></table>	23904.90	<table border="1" style="width: 100%;"><tr><td align="right">23904.90</td></tr></table>	23904.90								
23904.90												
23904.90												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">142610.31</td></tr></table>	142610.31	<table border="1" style="width: 100%;"><tr><td align="right">142610.31</td></tr></table>	142610.31								
142610.31												
142610.31												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">11658.07</td></tr></table>	11658.07	<table border="1" style="width: 100%;"><tr><td align="right">11658.07</td></tr></table>	11658.07								
11658.07												
11658.07												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">130952.24</td></tr></table>	130952.24	<table border="1" style="width: 100%;"><tr><td align="right">130952.24</td></tr></table>	130952.24								
130952.24												
130952.24												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
THMCarePAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	10260.00	10260.00
(ii) Unitemized	13644.90	13644.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23904.90	23904.90
(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)	23904.90	23904.90
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))	23904.90	23904.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23904.90	23904.90

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.....	500.00	500.00
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.....	11158.07	11158.07
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))..	11658.07	11658.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11658.07	11658.07

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)	23904.90	23904.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23904.90	23904.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15
(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)
THMCarePAC

A.

Full Name (Last, First, Middle Initial)
David Davis

Mailing Address 184 Fisher Drive

City Parsons State TN Zip Code 38363

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

Name of Employer THM Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2010

Transaction ID: SA11AI.4118

Amount of Each Receipt this Period 900.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Adrian Eddleman

Mailing Address 43 Madison Woods

City Threeway State TN Zip Code 38343

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

Name of Employer Eddleman & Eddleman Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2010

Transaction ID: SA11AI.4122

Amount of Each Receipt this Period 500.00

Contribution to Refund Amount Given to Campaign

C.

Full Name (Last, First, Middle Initial)
Tammy Faulkner

Mailing Address 325 Reeds Levee Road

City McKenzie State TN Zip Code 38261

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

Name of Employer THM Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: SA11AI.4124

Amount of Each Receipt this Period 300.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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 7 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THMCarePAC

A. Full Name (Last, First, Middle Initial)
Brad Hopkins

Mailing Address 589 Westport

City State Zip Code
Holladay TN 38341

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Ampharm Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.4136

Amount of Each Receipt this Period 300.00

Contribution

B. Full Name (Last, First, Middle Initial)
Rhonda Maness

Mailing Address 4615 Bible Grove Road

City State Zip Code
Lexington TN 38351

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Ampharm RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.4146

Amount of Each Receipt this Period 300.00

Contribution

C. Full Name (Last, First, Middle Initial)
Annette McClary

Mailing Address 7625 Mint Leaf Drive

City State Zip Code
Antioch TN 37013

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
THM Director of Rehab Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.4148

Amount of Each Receipt this Period 300.00

Contribution

SUBTOTAL of Receipts This Page (optional) 900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 15
	<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)
THMCarePAC

A.	Full Name (Last, First, Middle Initial) Richard McCormick	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1235 Thorntree Drive	Transaction ID: SA11AI.4150
	City State Zip Code Dyersburg TN 38024	Amount of Each Receipt this Period 310.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Northbrooke Health Care Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

B.	Full Name (Last, First, Middle Initial) Beverly Montgomery	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1270 Harrington Road	Transaction ID: SA11AI.4152
	City State Zip Code Scotts Hill TN 38374	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation THM Adminrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) George Munchow	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 3744 Westridge Cove	Transaction ID: SA11AI.4156
	City State Zip Code Bartlett TN 38135	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Applingwood Adminrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1060.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 9 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THMCarePAC

A. Full Name (Last, First, Middle Initial)
Jeffery Parrish
Mailing Address 11555 Sardis Road
City State Zip Code
Scotts Hill TN 38374
FEC ID number of contributing federal political committee. **C**
Name of Employer THM Occupation Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt MM / DD / YYYY
06 / 30 / 2010
Transaction ID: SA11AI.4158
Amount of Each Receipt this Period 1500.00
Contribution

B. Full Name (Last, First, Middle Initial)
James Smith
Mailing Address PO Box 458
City State Zip Code
Parsons TN 38363
FEC ID number of contributing federal political committee. **C**
Name of Employer THM Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt MM / DD / YYYY
06 / 30 / 2010
Transaction ID: SA11AI.4172
Amount of Each Receipt this Period 3000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Becky Spray
Mailing Address 1320 Sutton Road
City State Zip Code
Ripley TN 38063
FEC ID number of contributing federal political committee. **C**
Name of Employer THM Occupation RN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt MM / DD / YYYY
06 / 30 / 2010
Transaction ID: SA11AI.4178
Amount of Each Receipt this Period 300.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 4800.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 15
(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)
THMCarePAC

A.

Full Name (Last, First, Middle Initial)
Joseph Strawn

Mailing Address 80 Dodd Street

City Lexington State TN Zip Code 38351

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

Name of Employer THM Occupation Project Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: SA11AI.4180

Amount of Each Receipt this Period 300.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Beverly Strong

Mailing Address PO Box 271

City Alamo State TN Zip Code 38001

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

Name of Employer THM Occupation Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: SA11AI.4184

Amount of Each Receipt this Period 300.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Anne Vise

Mailing Address 23 Riverbend CV

City Bath Springs State TN Zip Code 38311

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

Name of Employer THM Occupation Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2010

Transaction ID: SA11AI.4186

Amount of Each Receipt this Period 1200.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 1800.00

TOTAL This Period (last page this line number only) ► 10260.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 15

<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)
THMCarePAC

A.

Full Name (Last, First, Middle Initial)
DIANE L MRS. BLACK

Transaction ID: SB23.4448

Date of Disbursement

Mailing Address 819 PLANTATION BOULEVARD

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	0

City State Zip Code
GALLATIN TN 37066

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TN District: 06

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

500.00

**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 12 / 15

<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)
THMCarePAC

A.	Full Name (Last, First, Middle Initial) Halo Branded Solutions	Transaction ID: SB29.4422 Date of Disbursement
	Mailing Address 5140 Payshere Circle	<input type="text" value="05"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60674	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Items Candidate Name	<input type="text" value="1093.88"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="003"/> Category/Type

B.	Full Name (Last, First, Middle Initial) Halo Branded Solutions	Transaction ID: SB29.4424 Date of Disbursement
	Mailing Address 5140 Payshere Circle	<input type="text" value="06"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60674	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Items Candidate Name	<input type="text" value="841.19"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="003"/> Category/Type

C.	Full Name (Last, First, Middle Initial) Bill Haslam	Transaction ID: SB29.4417 Date of Disbursement
	Mailing Address 1015 STONEBRIDGE PARK DR	<input type="text" value="06"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Franklin State TN Zip Code 37069	Amount of Each Disbursement this Period
	Purpose of Disbursement Bill Haslam for Governor Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2435.07"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
THMCarePAC

A.	Full Name (Last, First, Middle Initial) Don McLeary Mailing Address 125 ED SMITH ROAD City HUMBOLDT State TN Zip Code 38343 Purpose of Disbursement Friends of Don McLeary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4421 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0 Amount of Each Disbursement this Period 500.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Mike McWherter Mailing Address PO BOX 331815 City Nashville State TN Zip Code 38203 Purpose of Disbursement Mike McWherter for Governor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4425 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Ron Ramsey Mailing Address PO Box 331309 City Nashville State TN Zip Code 37203 Purpose of Disbursement Ron Ramsey for Governor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4427 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0 Amount of Each Disbursement this Period 2500.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

**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 14 / 15

<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)
THMCarePAC

<p>A. Full Name (Last, First, Middle Initial) Vacord Screen Printing</p> <p>Mailing Address 3849 Warren Street</p> <p>City Philadelphia State PA Zip Code 19104</p> <p>Purpose of Disbursement Fundraising Items</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4429</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1781.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Vacord Screen Printing</p> <p>Mailing Address 3849 Warren Street</p> <p>City Philadelphia State PA Zip Code 19104</p> <p>Purpose of Disbursement Fundraising Items</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4434</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="694.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Vacord Screen Printing</p> <p>Mailing Address 3849 Warren Street</p> <p>City Philadelphia State PA Zip Code 19104</p> <p>Purpose of Disbursement Fundraising Items</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4431</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="590.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

**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 15 / 15

<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)
THMCarePAC

A.	Full Name (Last, First, Middle Initial) Vacord Screen Printing	Transaction ID: SB29.4432 Date of Disbursement
	Mailing Address 3849 Warren Street	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Philadelphia State PA Zip Code 19104	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Items Candidate Name	<input type="text" value="58.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="58.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="11058.07"/>