

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

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

FOR LINE NUMBER: PAGE 7 OF 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**THMCarePAC**

Full Name (Last, First, Middle Initial)  
**A. Richard McCormick**  
 Mailing Address 1235 Thorntree Drive  
 City State Zip Code  
 Dyersburg TN 38024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northbrooke Health Care Administrator  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.5015**  
 Amount of Each Receipt this Period  
 720.00  
 Employee Contribution Total PPE 1.1.15 thru 6.30.15

Full Name (Last, First, Middle Initial)  
**B. Julie Roberts**  
 Mailing Address 2442 East Grove Road  
 City State Zip Code  
 Gleason TN 38229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 McKenzie Health Care Administrator  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.5014**  
 Amount of Each Receipt this Period  
 300.00  
 Employee Contribution Total PPE 1.1.15 thru 6.30.15

Full Name (Last, First, Middle Initial)  
**C. Lee Rooney**  
 Mailing Address 3411 Shenandoah Lane  
 City State Zip Code  
 Cookeville TN 38506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bethesda Health Care Center Administrator  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.5013**  
 Amount of Each Receipt this Period  
 270.00  
 Employee Contribution Total PPE 1.1.15 thru 6.30.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1290.00  
**TOTAL** This Period (last page this line number only)..... ▶