

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.
THMCarePAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**
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 Year-End 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 (12S)
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 / / through / /

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 Jessica Redden [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

THMCarePAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="195195.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="195195.61"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20661.70"/>	<input type="text" value="20661.70"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="215857.31"/>	<input type="text" value="215857.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5100.00"/>	<input type="text" value="5100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="210757.31"/>	<input type="text" value="210757.31"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / To: / /

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).....	7320.00	7320.00
(ii) Unitemized	13341.70	13341.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20661.70	20661.70
(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)	20661.70	20661.70
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 Transfers (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))..... ▶	20661.70	20661.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20661.70	20661.70

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	5100.00	5100.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	5100.00	5100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5100.00	5100.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	20661.70	20661.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20661.70	20661.70
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 OF 11
<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. David Davis
Full Name (Last, First, Middle Initial)

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
03 / 31 / 2012
Transaction ID : SA11AI.4593

Amount of Each Receipt this Period
900.00

Contributed \$900 check dates 1/1/12 thru 3/31/12

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

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
03 / 31 / 2012
Transaction ID : SA11AI.4594

Amount of Each Receipt this Period
300.00

Contributed \$300 check dates 1/1/12 thru 3/31/12

C. Lisa Hogan
Full Name (Last, First, Middle Initial)

Mailing Address 135 Betsy Drive

City Savannah State TN Zip Code 38372

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

Name of Employer Savannah Health Care Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
03 / 31 / 2012
Transaction ID : SA11AI.4590

Amount of Each Receipt this Period
210.00

Contributed \$210 check dates 1/1/12 thru 3/31/12

SUBTOTAL of Receipts This Page (optional).....▶	1410.00
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 7 OF 11
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Brad Hopkins
Full Name (Last, First, Middle Initial)

Mailing Address 589 Westport

City Holladay State TN Zip Code 38341

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

Name of Employer Ampharm Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 31 / 2012
Transaction ID : SA11AI.4589

Amount of Each Receipt this Period
300.00

Contributed \$300 check dates 1-1-12 thru 3-31-12

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

Mailing Address 7625 Mint Leaf Drive

City Antioch State TN Zip Code 37013

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

Name of Employer THM Occupation Director of Rehab Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 31 / 2012
Transaction ID : SA11AI.4595

Amount of Each Receipt this Period
300.00

Contributed \$300 check dates 1/1/12 thru 3/31/12

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

Mailing Address 1235 Thorntree Drive

City Dyersburg State TN Zip Code 38024

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

Name of Employer Northbrooke Health Care Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
03 / 31 / 2012
Transaction ID : SA11AI.4591

Amount of Each Receipt this Period
360.00

Contributed \$360 check dates 1/1/12 thru 3/31/12

SUBTOTAL of Receipts This Page (optional).....▶ 960.00

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 OF 11
	<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. Beverly Montgomery
Full Name (Last, First, Middle Initial)
Mailing Address 1270 Harrington Road
City State Zip Code
Scotts Hill TN 38374
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
THM Administrator
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
450.00

Date of Receipt
03 / 31 / 2012
Transaction ID : SA11AI.4596
Amount of Each Receipt this Period
450.00
Contributed \$450 check dates 1/1/12 thru 3/31/12

B. George Munchow
Full Name (Last, First, Middle Initial)
Mailing Address 3744 Westridge Cove
City State Zip Code
Bartlett TN 38135
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Applingwood Administrator
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 31 / 2012
Transaction ID : SA11AI.4592
Amount of Each Receipt this Period
300.00
Contributed \$300 check dates 1/1/12 thru 3/31/12

C. Jeffery Parrish
Full Name (Last, First, Middle Initial)
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 Occupation
THM Attorney
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1200.00

Date of Receipt
03 / 31 / 2012
Transaction ID : SA11AI.4597
Amount of Each Receipt this Period
1200.00
Contributed \$1200 check dates 1/1/12 thru 3/31/12

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
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 OF 11
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial)
A. James Smith

Mailing Address **PO Box 458**

City **Parsons** State **TN** Zip Code **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 ▼ **1200.00**

Date of Receipt
03 / 31 / 2012
Transaction ID : SA11AI.4598

Amount of Each Receipt this Period
1200.00

Contributed \$1200 check dates 1/1/12 thru 3/31/12

Full Name (Last, First, Middle Initial)
B. Becky Spray

Mailing Address **1320 Sutton Road**

City **Ripley** State **TN** Zip Code **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
03 / 31 / 2012
Transaction ID : SA11AI.4599

Amount of Each Receipt this Period
300.00

Contributed \$300 check dates 1/1/12 thru 3/31/12

Full Name (Last, First, Middle Initial)
C. Joesph 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
03 / 31 / 2012
Transaction ID : SA11AI.4600

Amount of Each Receipt this Period
300.00

Contributed \$300 check dates 1/1/12 thru 3/31/12

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 OF 11
(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. Anne Vise
Full Name (Last, First, Middle Initial)
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 03 / 31 / 2012
Transaction ID : SA11AI.4601
Amount of Each Receipt this Period 1200.00
Contributed \$1200 check dates 1/1/12 thru 3/31/12

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	7320.00

**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)

<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

Full Name (Last, First, Middle Initial)

A. Governor's Legislative Fund

Mailing Address 2019 Stokes Lane

City Nashville State TN Zip Code 37215

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

012
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4607

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. TENNESSEE REPUBLICAN PARTY

Mailing Address 2424 21ST AVENUE
SUITE 200

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4605

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Women's Political Collaborative of TN

Mailing Address P.O. Box 198135

City Nashville State TN Zip Code 37219

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

012
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4603

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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