

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 14
	(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

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**

Full Name (Last, First, Middle Initial) <b>A. David Davis</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.4558</b>
Mailing Address 184 Fisher Drive		Amount of Each Receipt this Period 870.00
City Parsons	State TN	Zip Code 38363
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer THM	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

Full Name (Last, First, Middle Initial) <b>B. Tammy Faulkner</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.4559</b>
Mailing Address 325 Reeds Levee Road		Amount of Each Receipt this Period 290.00
City McKenzie	State TN	Zip Code 38261
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer THM	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Lisa Hogan</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.4555</b>
Mailing Address 135 Betsy Drive		Amount of Each Receipt this Period 210.00
City Savannah	State TN	Zip Code 38372
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Savannah Health Care	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1370.00
<b>TOTAL</b> This Period (last page this line number only).....▶	