

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)

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="2013"/>		233695.26
(b) Cash on Hand at Beginning of Reporting Period.....	233695.26	
(c) Total Receipts (from Line 19)	36890.25	36890.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	270585.51	270585.51
7. Total Disbursements (from Line 31).....	15350.00	15350.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	255235.51	255235.51
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 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: 01 / 01 / 2013 To: 06 / 30 / 2013

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).....	19050.00	19050.00
(ii) Unitemized	17840.25	17840.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36890.25	36890.25
(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)	36890.25	36890.25
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))..... ▶	36890.25	36890.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36890.25	36890.25

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
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.....	2000.00	2000.00
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	13350.00	13350.00
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)) ..	15350.00	15350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15350.00	15350.00

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)	36890.25	36890.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36890.25	36890.25
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 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
A. Tammie Arnold

Mailing Address 2565 Darden Christian Chapel Road

City Darden State TN Zip Code 38328

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : SA11AI.4768

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Celeste Blocker

Mailing Address 307 Beverly Avenue

City Hohenwald State TN Zip Code 38462

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

Name of Employer Lewis County Nursing Occupation 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 / 2013
Transaction ID : SA11AI.4756

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Blake Carrington

Mailing Address 707 Cherokee Drive

City New Johnsonville State TN Zip Code 37134

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

Name of Employer Forest Cove Nursing Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : SA11AI.4763

Amount of Each Receipt this Period
360.00

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 7 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
THMCarePAC

Full Name (Last, First, Middle Initial)
A. Nancy Cathey

Mailing Address 720 Franklin Ave

City Lexington State TN Zip Code 38351

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

Name of Employer Westwood Health Care Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : SA11AI.4765

Amount of Each Receipt this Period
 240.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ 1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : SA11AI.4769

Amount of Each Receipt this Period
 1800.00

Full Name (Last, First, Middle Initial)
C. Rebecca Demaree

Mailing Address 52 West 8th Street

City Parsons State TN Zip Code 38363

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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : SA11AI.4770

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	2340.00
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 8 OF 20
(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. Tammy Faulkner
 Mailing Address 325 Reeds Levee Road
 City State Zip Code
 McKenzie TN 38261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 THM RN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : SA11AI.4771
 Amount of Each Receipt this Period
 600.00

Full Name (Last, First, Middle Initial)
B. Michael Hammond
 Mailing Address 815 Georgia Ave S
 City State Zip Code
 Parsons TN 38363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 THM IT
 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 / 2013
Transaction ID : SA11AI.4772
 Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
C. Lisa Hogan
 Mailing Address 135 Betsy Drive
 City State Zip Code
 Savannah TN 38372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Savannah Health Care Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : SA11AI.4758
 Amount of Each Receipt this Period
 420.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1320.00
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 9 OF 20
	<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. Judy Hollingsworth
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 597

City State Zip Code
Finley TN 38030

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

Name of Employer Occupation
THM Legal Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.4773

Amount of Each Receipt this Period
300.00

B. Heather Lansaw
Full Name (Last, First, Middle Initial)

Mailing Address 2675 Bradford Pear Lane

City State Zip Code
Union City TN 38261

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 ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.4774

Amount of Each Receipt this Period
240.00

C. Joe Lemay
Full Name (Last, First, Middle Initial)

Mailing Address 216 Woodside Lane

City State Zip Code
Dyersburg TN 38024

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

Name of Employer Occupation
Dyersburg Manor Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.4762

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional).....▶	780.00
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 10 OF 20
	<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

Full Name (Last, First, Middle Initial)
A. Joe Luna

Mailing Address **PO Box 256**

City **Linden** State **TN** Zip Code **37096**

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

Transaction ID : SA11AI.4753

Amount of Each Receipt this Period

3	0	0	0
---	---	---	---

300.00

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

Mailing Address **4615 Bible Grove Road**

City **Lexington** State **TN** Zip Code **38351**

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

Name of Employer **Ampharm** Occupation **RN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

Transaction ID : SA11AI.4754

Amount of Each Receipt this Period

2	4	0	0
---	---	---	---

240.00

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

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 ▼ **600.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

Transaction ID : SA11AI.4775

Amount of Each Receipt this Period

6	0	0	0
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600.00

SUBTOTAL of Receipts This Page (optional).....▶	1140.00
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 11 OF 20
	(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. Richard McCormick		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : SA11AI.4759
Mailing Address 1235 Thorntree Drive		Amount of Each Receipt this Period 720.00
City Dyersburg	State TN	
Zip Code 38024		Aggregate Year-to-Date ▼ 720.00
FEC ID number of contributing federal political committee. C		
Name of Employer Northbrooke Health Care	Occupation Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. John Miller		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : SA11AI.4776
Mailing Address PO Box 10		Amount of Each Receipt this Period 600.00
City Parsons	State TN	
Zip Code 38363		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer THM	Occupation Marketing Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. George Munchow		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : SA11AI.4760
Mailing Address 3744 Westridge Cove		Amount of Each Receipt this Period 600.00
City Bartlett	State TN	
Zip Code 38135		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Applingwood	Occupation Adminstrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	1920.00
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 12 OF 20
	<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. 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 ▼
2400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.4777

Amount of Each Receipt this Period
2400.00

B. Selena Pevahouse
Full Name (Last, First, Middle Initial)

Mailing Address 110 Miller Drive

City State Zip Code
Clifton TN 38425

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

Name of Employer Occupation
THM RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.4778

Amount of Each Receipt this Period
240.00

C. Peggy Pippin
Full Name (Last, First, Middle Initial)

Mailing Address 120 Womack Ave

City State Zip Code
Cookeville TN 38501

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 ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.4779

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	2940.00
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 13 OF 20
	(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. Julie Roberts
Full Name (Last, First, Middle Initial)

Mailing Address 2442 East Grove Road

City Gleason State TN Zip Code 38229

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

Name of Employer McKenzie Health Care Occupation 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 / 2013

Transaction ID : SA11AI.4767

Amount of Each Receipt this Period
 300.00

B. Lee Rooney
Full Name (Last, First, Middle Initial)

Mailing Address 3411 Shenandoah Lane

City Cookeville State TN Zip Code 38506

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

Name of Employer Bethesda Health Care Center Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4784

Amount of Each Receipt this Period
 360.00

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

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 ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4780

Amount of Each Receipt this Period
 2400.00

SUBTOTAL of Receipts This Page (optional).....▶	3060.00
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 14 OF 20
	<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

Full Name (Last, First, Middle Initial)
A. 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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4781

Amount of Each Receipt this Period
450.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.4782

Amount of Each Receipt this Period
600.00

Full Name (Last, First, Middle Initial)
C. Rebecca 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 Northbrook Health Care Occupation Social Services

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 / 2013

Transaction ID : SA11AI.4764

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 15 OF 20
	<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. 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 ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : SA11AI.4783
 Amount of Each Receipt this Period
 2400.00

B. Melinda Wade
 Full Name (Last, First, Middle Initial)
 Mailing Address 486 Kenneth Graves Lane
 City Parsons State TN Zip Code 38363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McNairy County Health Care Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : SA11AI.4766
 Amount of Each Receipt this Period
 240.00

C. Charlotte Webb
 Full Name (Last, First, Middle Initial)
 Mailing Address 1645 Florence Road
 City Savannah State TN Zip Code 38372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Savannah Health Care and Rehab Occupation Administrator in Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : SA11AI.4757
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	2940.00
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 16 OF 20
(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. Maurisha Yarbro
Full Name (Last, First, Middle Initial)
Mailing Address 3347 Marshall Road
City State Zip Code
Munford TN 38058
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Applingwood Health Care Center RN
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2013
Transaction ID : SA11AI.4761
Amount of Each Receipt this Period
300.00

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
M M / D D / Y Y Y Y Y Y
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
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	19050.00

**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 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

Full Name (Last, First, Middle Initial)

A. NANCY PELOSI

Mailing Address 235 MONTGOMERY STREET, SUITE 610

City State Zip Code
SAN FRANCISCO 94104

Purpose of Disbursement
Nancy Pelosi for Congress

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 12

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB23.4747

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Jim Tracy

Mailing Address P.O. BOX 332166

City State Zip Code
Murfreesboro TN 37133

Purpose of Disbursement
Jim Tracy for Congress

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB23.4746

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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)

<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. Jeremy Durham

Mailing Address 802 FOUNDERS POINTE BLVD

City FRANKLIN State TN Zip Code 37064

Purpose of Disbursement
Jeremy Durham for State Rep-TN

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4750

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Bill Haslam

Mailing Address 1910 21ST AVENUE SOUTH

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement
Bill Haslam for Governor

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4738

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. House Democratic Caucus

Mailing Address P.O. BOX 198082

City Nashville State TN Zip Code 37219

Purpose of Disbursement
House Democratic Caucus-TN

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4742

Amount of Each Disbursement this Period

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)

<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. Brian Kelsey

Mailing Address P.O. BOX 382354

City State Zip Code
Germantown TN 38183

Purpose of Disbursement
VoteKelsey.com

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4740

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. RAAMPAC

Mailing Address P.O. BOX 158213

City State Zip Code
Nashville TN 37215

Purpose of Disbursement
RAAMPAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4752

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. TENNESSEE REPUBLICAN PARTY

Mailing Address 2424 21ST AVENUE
SUITE 200

City State Zip Code
NASHVILLE TN 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 : SB29.4745

Amount of Each Disbursement this Period

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)

<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. Jim Tracy

Mailing Address P.O. BOX 332166

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Jim Tracy for Congress

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : SB29.4749

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ken Yager

Mailing Address P. O. BOX 684

City Kingston State TN Zip Code 37763

Purpose of Disbursement
Ken Yager for State Senate

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 04 / 2013

Transaction ID : SB29.4741

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

1500.00

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

13250.00