

**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 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. 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 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 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 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)..... ▶