

**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	<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
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
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
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).....