

# 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="2011"/>		150255.10
(b) Cash on Hand at Beginning of Reporting Period.....	168401.31	
(c) Total Receipts (from Line 19) .....	20861.65	42707.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	189262.96	192962.43
7. Total Disbursements (from Line 31).....	13900.00	17599.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	175362.96	175362.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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: 04 / 01 / 2011 To: 06 / 30 / 2011

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).....	9940.00	16960.00
(ii) Unitemized .....	10921.65	25747.33
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20861.65	42707.33
(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) .....	20861.65	42707.33
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))..... ▶	20861.65	42707.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20861.65	42707.33

**DETAILED SUMMARY PAGE**  
of Disbursements

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	2500.00
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 .....	13900.00	15099.47
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)) ..	13900.00	17599.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13900.00	17599.47

**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) .....	20861.65	42707.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20861.65	42707.33
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 23
	<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	

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	State	Zip Code
Darden	TN	38328

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

Name of Employer	Occupation
THM	Accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2011**

**Transaction ID : SA11AI.4504**

Amount of Each Receipt this Period  
**125.00**

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

Mailing Address 307 Beverly Avenue

City	State	Zip Code
Hohenwald	TN	38462

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

Name of Employer	Occupation
Lewis County Nursing	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 / 2011**

**Transaction ID : SA11AI.4491**

Amount of Each Receipt this Period  
**150.00**

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

Mailing Address 707 Cherokee Drive

City	State	Zip Code
New Johnsonville	TN	37134

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

Name of Employer	Occupation
Forest Cove Nursing	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 / 2011**

**Transaction ID : SA11AI.4499**

Amount of Each Receipt this Period  
**180.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>455.00</b>
<b>TOTAL</b> 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 23  
(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 ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4501**

Amount of Each Receipt this Period  
**120.00**

Full Name (Last, First, Middle Initial)  
**B. Amy Cruse**

Mailing Address 646 Tommy Goodman Road

City Parsons State TN Zip Code 38363

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

Name of Employer Ampharm Occupation Human Resource Mgr

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 / 2011  
**Transaction ID : SA11AI.4486**

Amount of Each Receipt this Period  
**120.00**

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **1650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4477**

Amount of Each Receipt this Period  
**750.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **990.00**

**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 23
	<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. Rebecca Demaree**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4505**  
 Amount of Each Receipt this Period  
 125.00

**B. Colleen Derrington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Rt 4 Box 25H  
 City Parsons State TN Zip Code 38363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THM Occupation Document Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4506**  
 Amount of Each Receipt this Period  
 100.00

**C. 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4508**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**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 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**THM CarePAC**

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4509**

Amount of Each Receipt this Period  
125.00

Full Name (Last, First, Middle Initial)  
**B. 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 / 2011  
**Transaction ID : SA11AI.4474**

Amount of Each Receipt this Period  
210.00

Full Name (Last, First, Middle Initial)  
**C. Judy Hollingsworth**

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 ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4510**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 460.00

**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 23  
(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. Brad Hopkins**  
 Mailing Address 589 Westport  
 City State Zip Code  
 Holladay TN 38341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ampharm Pharmacist  
 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 / 2011  
**Transaction ID : SA11AI.4473**  
 Amount of Each Receipt this Period  
 300.00  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Heather Lansaw**  
 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 ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4511**  
 Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Joe Lemay**  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4498**  
 Amount of Each Receipt this Period  
 120.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 520.00  
**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 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**THMCarePAC**

**A. Eric d Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 174 Sego Lane  
 City Lexington State TN Zip Code 38351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THM Occupation Bookkeeper  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4512**  
 Amount of Each Receipt this Period  
 100.00

**B. Joe Luna**  
 Full Name (Last, First, Middle Initial)  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4487**  
 Amount of Each Receipt this Period  
 150.00

**C. Rhonda Maness**  
 Full Name (Last, First, Middle Initial)  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4488**  
 Amount of Each Receipt this Period  
 120.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 370.00  
**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 23
	<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)  
**THM CarePAC**

**A. 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4478**  
 Amount of Each Receipt this Period  
 250.00

**B. 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 ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4475**  
 Amount of Each Receipt this Period  
 360.00

**C. Beverly Montgomery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1270 Harrington Road  
 City Scotts Hill State TN Zip Code 38374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THM Occupation Adminrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4479**  
 Amount of Each Receipt this Period  
 375.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	985.00
<b>TOTAL</b> 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 13 OF 23
	<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)  
**THM CarePAC**

**A. Joy Montgomery**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 Stokes Lane

City Bath Springs	State TN	Zip Code 38311
----------------------	-------------	-------------------

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

Name of Employer Decatur County Manor	Occupation 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	/	2011

**Transaction ID : SA11AI.4489**

Amount of Each Receipt this Period  
120.00

**B. George Munchow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3744 Westridge Cove

City Bartlett	State TN	Zip Code 38135
------------------	-------------	-------------------

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

Name of Employer Applingwood	Occupation Adminstrator
---------------------------------	----------------------------

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	/	2011

**Transaction ID : SA11AI.4476**

Amount of Each Receipt this Period  
300.00

**C. Jeffery Parrish**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11555 Sardis Road

City Scotts Hill	State TN	Zip Code 38374
---------------------	-------------	-------------------

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 ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2011

**Transaction ID : SA11AI.4481**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1420.00
<b>TOTAL</b> 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 14 OF 23  
(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. Selena Pevahouse**

Mailing Address 110 Miller Drive

City Clifton                      State TN                      Zip Code 38425

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 ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2011  
**Transaction ID : SA11AI.4513**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 120 Womack Ave

City Cookeville                      State TN                      Zip Code 38501

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

Name of Employer THM                      Occupation Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2011  
**Transaction ID : SA11AI.4514**

Amount of Each Receipt this Period  
125.00

Full Name (Last, First, Middle Initial)  
**C. Julie Roberts**

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 / D D / Y Y Y Y Y Y  
06 / 30 / 2011  
**Transaction ID : SA11AI.4503**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

**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 15 OF 23  
(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. Lee Rooney**

Mailing Address 3411 Shenandoah Lane

City State Zip Code  
Cookeville TN 38506

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

Name of Employer Occupation  
Bethesda Health Care Center 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 / 2011  
**Transaction ID : SA11AI.4516**

Amount of Each Receipt this Period  
180.00

Full Name (Last, First, Middle Initial)  
**B. James Sherwood**

Mailing Address 1416 Friar Tuck Drive

City State Zip Code  
Union City TN 38261

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

Name of Employer Occupation  
VanAyer Healthcare Administrator

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 / 2011  
**Transaction ID : SA11AI.4492**

Amount of Each Receipt this Period  
120.00

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

Mailing Address PO Box 458

City State Zip Code  
Parsons TN 38363

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

Name of Employer Occupation  
THM CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4482**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

**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 23  
(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. Kyle Smith**  
 Mailing Address 6314 Three Way Road  
 City State Zip Code  
 Decaturville TN 38329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Decatur County Manor Administrator  
 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 / 2011  
**Transaction ID : SA11AI.4490**  
 Amount of Each Receipt this Period  
 120.00

Full Name (Last, First, Middle Initial)  
**B. Becky Spray**  
 Mailing Address 1320 Sutton Road  
 City State Zip Code  
 Ripley TN 38063  
 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 ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4519**  
 Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Joesph Strawn**  
 Mailing Address 80 Dodd Street  
 City State Zip Code  
 Lexington TN 38351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THM Project Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4483**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 620.00  
**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 17 OF 23
	<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**

**A. Rebecca Strawn**  
 Full Name (Last, First, Middle Initial)  
 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 / 2011  
**Transaction ID : SA11AI.4500**  
 Amount of Each Receipt this Period  
 150.00

**B. Beverly Strong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 271  
 City Alamo State TN Zip Code 38001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THM Occupation Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4484**  
 Amount of Each Receipt this Period  
 250.00

**C. 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 ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4485**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> 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 18 OF 23  
(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. 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 / 2011**  
**Transaction ID : SA11AI.4502**  
Amount of Each Receipt this Period **120.00**

**B. Stacy Wallace**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8589 Blue Creek Circle  
City Millington State TN Zip Code 38053  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bright Glade Health Occupation Administrator  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2011**  
**Transaction ID : SA11AI.4515**  
Amount of Each Receipt this Period **150.00**

**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 **150.00**

Date of Receipt **06 / 30 / 2011**  
**Transaction ID : SA11AI.4495**  
Amount of Each Receipt this Period **150.00**

**SUBTOTAL** of Receipts This Page (optional)..... **420.00**  
**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 19 OF 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.4497**  
 Amount of Each Receipt this Period  
 150.00

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9940.00

**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. Jim Coley**

Mailing Address 2498 KENWOOD LANE

City State Zip Code  
Bartlett TN 38134

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 97

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 22 / 2011

**Transaction ID : SB29.4459**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jimmy Eldridge**

Mailing Address 29 EMERALD LAKE DRIVE

City State Zip Code  
Jackson TN 38305

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 73

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 22 / 2011

**Transaction ID : SB29.4461**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. STEVE FINCHER**

Mailing Address PO BOX 11153

City State Zip Code  
JACKSON TN 38308

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 08

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 30 / 2011

**Transaction ID : SB29.4467**

Amount of Each Disbursement this Period

2400.00

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

3400.00

**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. Curtis Halford**

Mailing Address 127 OLD DYER TRENTON ROAD

City Dyer State TN Zip Code 38330

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 79

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4457**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Jon Lundberg**

Mailing Address 212 SKYLINE DRIVE

City Bristol State TN Zip Code 37620

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 01

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4471**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Debra Maggart**

Mailing Address 112 LA BAR DRIVE

City Hendersonville State TN Zip Code 37075

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 45

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4455**

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. Steve McManus**

Mailing Address 405 RIVEREDGE DRIVE

City Cordova State TN Zip Code 38018

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 96

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4465**

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  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4453**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. The Council of State Governments**

Mailing Address 2760 Research Park Drive  
PO Box 11910

City Lexington State KY Zip Code 40578-1910

Purpose of Disbursement  
Sponsoring Southern Legislative Conference 2011

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4451**

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. Mark White

Mailing Address 1661 AARON BRENNER DR.  
Suite 300

City Memphis State TN Zip Code 38120

Purpose of Disbursement  
Political Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 83

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB29.4463

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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