



**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.....	255235.51	
(c) Total Receipts (from Line 19) .....	26364.50	63254.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	281600.01	296950.01
7. Total Disbursements (from Line 31).....	24750.00	40100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	256850.01	256850.01
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:  /  /  To:  /  /

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).....	18450.00	37500.00
(ii) Unitemized .....	7914.50	25754.75
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26364.50	63254.75
(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) .....	26364.50	63254.75
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))..... ▶	26364.50	63254.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26364.50	63254.75

**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.....	2000.00	4000.00
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 .....	22750.00	36100.00
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)) ..	24750.00	40100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24750.00	40100.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	26364.50	63254.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26364.50	63254.75
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 25
	<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	

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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4859**

Amount of Each Receipt this Period  
**300.00**

Total contribution for reporting period.

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

Mailing Address 307 Beverly Avenue

City Hohenwald	State TN	Zip Code 38462
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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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4847**

Amount of Each Receipt this Period  
**300.00**

Total contribution for reporting period.

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 ▼ **720.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4853**

Amount of Each Receipt this Period  
**360.00**

Total contribution for reporting period.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>960.00</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: (check only one)	PAGE 7 OF 25
	<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. Nancy Cathey**  
Full Name (Last, First, Middle Initial)

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 ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4855**

Amount of Each Receipt this Period 240.00

Total contribution for reporting period.

**B. David Davis**  
Full Name (Last, First, Middle Initial)

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 ▼ 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4860**

Amount of Each Receipt this Period 1800.00

Total contribution for reporting period.

**C. 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4861**

Amount of Each Receipt this Period 300.00

Total contribution for reporting period.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2340.00
<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 8 OF 25
	<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. 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4862**  
 Amount of Each Receipt this Period 600.00  
 Total contribution for reporting period.

**B. Michael Hammond**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815 Georgia Ave S  
 City Parsons State TN Zip Code 38363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THM Occupation IT  
 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  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4863**  
 Amount of Each Receipt this Period 300.00  
 Total contribution for reporting period.

**C. Lisa Hogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 135 Betsy Drive  
 City Savannah State TN Zip Code 38372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Savannah Health Care Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4848**  
 Amount of Each Receipt this Period 360.00  
 Total contribution for reporting period.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1260.00
<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 9 OF 25
<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**

Full Name (Last, First, Middle Initial) <b>A. Judy Hollingsworth</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : SA11AI.4864</b>
Mailing Address PO Box 597		Amount of Each Receipt this Period 300.00
City Finley	State TN	Zip Code 38030
FEC ID number of contributing federal political committee. C		Total contribution for reporting period.
Name of Employer THM	Occupation Legal Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Heather Lansaw</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : SA11AI.4866</b>
Mailing Address 2675 Bradford Pear Lane		Amount of Each Receipt this Period 240.00
City Union City	State TN	Zip Code 38261
FEC ID number of contributing federal political committee. C		Total contribution for reporting period.
Name of Employer THM	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Joe Lemay</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : SA11AI.4852</b>
Mailing Address 216 Woodside Lane		Amount of Each Receipt this Period 240.00
City Dyersburg	State TN	Zip Code 38024
FEC ID number of contributing federal political committee. C		Total contribution for reporting period.
Name of Employer Dyersburg Manor	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	780.00
<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 10 OF 25  
(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. 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 ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4842**  
 Amount of Each Receipt this Period 300.00  
 Contribution total for reporting period.

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 ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4843**  
 Amount of Each Receipt this Period 240.00  
 Total contribution for reporting period.

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 ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4867**  
 Amount of Each Receipt this Period 600.00  
 Total contribution for reporting period.

**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: (check only one)	PAGE 11 OF 25
	<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) <b>A. Richard McCormick</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : SA11AI.4849</b>
Mailing Address 1235 Thorntree Drive		Amount of Each Receipt this Period 720.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00	
Total contribution for reporting period.		

Full Name (Last, First, Middle Initial) <b>B. John Miller</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : SA11AI.4868</b>
Mailing Address PO Box 10		Amount of Each Receipt this Period 510.00
City Parsons	State TN	Zip Code 38363
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) ▼	Aggregate Year-to-Date ▼ 1110.00	
Total contribution for reporting period.		

Full Name (Last, First, Middle Initial) <b>C. George Munchow</b>		Date of Receipt 12 / 31 / 2013 <b>Transaction ID : SA11AI.4851</b>
Mailing Address 3744 Westridge Cove		Amount of Each Receipt this Period 600.00
City Bartlett	State TN	Zip Code 38135
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) ▼	Aggregate Year-to-Date ▼ 1200.00	
Total contribution for reporting period.		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1830.00
<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 12 OF 25
<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**

Full Name (Last, First, Middle Initial) <b>A. Jeffery Parrish</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 <b>Transaction ID : SA11AI.4869</b>
Mailing Address 11555 Sardis Road		Amount of Each Receipt this Period 2400.00
City Scotts Hill	State TN	Zip Code 38374
FEC ID number of contributing federal political committee. C		Total contribution for reporting period. 4800.00
Name of Employer THM	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

Full Name (Last, First, Middle Initial) <b>B. Selena Pevahouse</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 <b>Transaction ID : SA11AI.4871</b>
Mailing Address 110 Miller Drive		Amount of Each Receipt this Period 240.00
City Clifton	State TN	Zip Code 38425
FEC ID number of contributing federal political committee. C		Total contribution for reporting period. 480.00
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 ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Peggy Pippin</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 <b>Transaction ID : SA11AI.4872</b>
Mailing Address 120 Womack Ave		Amount of Each Receipt this Period 300.00
City Cookeville	State TN	Zip Code 38501
FEC ID number of contributing federal political committee. C		Total contribution for reporting period. 600.00
Name of Employer THM	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2940.00
<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 13 OF 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4858**  
 Amount of Each Receipt this Period 300.00  
 Total contribution for reporting period.

**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 ▼ 720.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4877**  
 Amount of Each Receipt this Period 360.00  
 Total contribution for reporting period.

**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 ▼ 4800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4873**  
 Amount of Each Receipt this Period 2400.00  
 Total contribution for reporting period.

**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: PAGE 14 OF 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Joesph 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 THM Occupation Project Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4874**  
 Amount of Each Receipt this Period 600.00  
 Total contribution for reporting period.

**B. 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 ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4854**  
 Amount of Each Receipt this Period 300.00  
 Total contribution for reporting period.

**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 ▼ 4800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.4875**  
 Amount of Each Receipt this Period 2400.00  
 Total contribution for reporting period.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3300.00  
**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 25
	(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. Melinda Wade**

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 ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : SA11AI.4856**

Amount of Each Receipt this Period  
**240.00**

Total contribution for reporting period.

Full Name (Last, First, Middle Initial)  
**B. Charlotte Webb**

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 ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : SA11AI.4876**

Amount of Each Receipt this Period  
**300.00**

Total contribution for reporting period.

Full Name (Last, First, Middle Initial)  
**C. Maurisha Yarbro**

Mailing Address 3347 Marshall Road

City Munford	State TN	Zip Code 38058
-----------------	-------------	-------------------

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

Name of Employer Applingwood Health Care Center	Occupation 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
12	/	31	/	2013

**Transaction ID : SA11AI.4850**

Amount of Each Receipt this Period  
**300.00**

Total contribution for reporting period.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>840.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>18450.00</b>

**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. Lamar ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Lamar Alexander for Senate

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2013

**Transaction ID : SB23.4809**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MARSHA MRS. BLACKBURN**

Mailing Address 6103 MURRAY LANE

City BRENTWOOD State TN Zip Code 37027

Purpose of Disbursement  
Marsha Blackburn Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2013

**Transaction ID : SB23.4810**

Amount of Each Disbursement this Period

1000.00

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

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

Amount of Each Disbursement this Period

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

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

2000.00

2000.00

**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. All About Women, Inc.**

Mailing Address P.O. BOX 198155

City Nashville State TN Zip Code 37219

Purpose of Disbursement  
Contribution in Honor of TN House Speaker Beth Harwell

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
09 / 09 / 2013

**Transaction ID : SB29.4819**

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)

**B. Adam Coggin**

Mailing Address 919 SPRINGLEAF COURT

City MURFREESBORO State TN Zip Code 37130

Purpose of Disbursement  
Adam Coggin Campaign Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: TN District: 48

Disbursement For: 2014  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
12 / 26 / 2013

**Transaction ID : SB29.4836**

Amount of Each Disbursement this Period  
2500.00

Full Name (Last, First, Middle Initial)

**C. Vance Dennis**

Mailing Address 545 CEDAR COVE LANE

City Savannah State TN Zip Code 38372

Purpose of Disbursement  
Vance Dennis Campaign Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 14 / 2013

**Transaction ID : SB29.4832**

Amount of Each Disbursement this Period  
1000.00

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

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

4500.00

**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. Steven Dickerson**

Mailing Address P.O. BOX 120931

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement  
Dickerson for State Senate

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2013

Transaction ID : SB29.4812

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Steven Dickerson**

Mailing Address P.O. BOX 120931

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement  
Steve Dickerson Campaign Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

Transaction ID : SB29.4833

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jeremy Faison**

Mailing Address 1009 COUNTRY MTN ROAD

City Cosby State TN Zip Code 37722

Purpose of Disbursement  
Jeremy Faison Campaign Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 11

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2013

Transaction ID : SB29.4802

Amount of Each Disbursement this Period

250.00

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

1500.00

**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. STEVE FINCHER**

Mailing Address PO BOX 11153

City JACKSON State TN Zip Code 38308

Purpose of Disbursement  
Stephen Fincher

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2013

Transaction ID : SB29.4798

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mark Green**

Mailing Address 1600 OAK PLAINS ROAD

City ASHLAND CITY State TN Zip Code 37015

Purpose of Disbursement  
Mark Green Campaign Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 26 / 2013

Transaction ID : SB29.4811

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mark Green**

Mailing Address 1600 OAK PLAINS ROAD

City ASHLAND CITY State TN Zip Code 37015

Purpose of Disbursement  
Mark Green Campaign Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2013

Transaction ID : SB29.4813

Amount of Each Disbursement this Period

500.00

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

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

2000.00

**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. Delores Gresham**

Mailing Address P O BOX 877

City State Zip Code  
SOMERVILLE TN 38068

Purpose of Disbursement  
Delores Gresham Campaign Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4828**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Curtis Halford**

Mailing Address 127 OLD DYER TRENTON ROAD

City State Zip Code  
Dyer TN 38330

Purpose of Disbursement  
Curtis Halford Campaign Contribution

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4831**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Thelma Harper**

Mailing Address 2722 SCOVEL STREET

City State Zip Code  
Nashville TN 37208

Purpose of Disbursement  
Contribution to Thelma Harper Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 19

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4792**

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. Ryan Haynes**

Mailing Address 8614 ASHBOURNE WAY

City Knoxville State TN Zip Code 37923

Purpose of Disbursement  
Ryan Haynes Campaign Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 14

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4814**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Gerald McCormick**

Mailing Address PO Box 1087

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement  
Contribute to Gerald McCormick Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 26

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4791**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Steve McDaniel**

Mailing Address 97 BATTLEGROUNDRIVE

City Parkers Crossroads State TN Zip Code 38388

Purpose of Disbursement  
Steve McDaniel contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4825**

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. John Mehr**

Mailing Address 9 Smallwood Drive

City Jackson State TN Zip Code 38305

Purpose of Disbursement  
John Mehr for Madison County Sheriff

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4838**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MPAC**

Mailing Address PO BOX 381075

City GERMANTOWN State TN Zip Code 38138

Purpose of Disbursement  
MPAC (Mark Norris for Senate)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4829**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Nashville Golf Masters Tournament**

Mailing Address 119 DUNHAM SPRINGS LANE

City Nashville State TN Zip Code 37205

Purpose of Disbursement  
Donation to honor Vanderbilt's Children's Hospital

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4823**

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. Johnny Shaw**

Mailing Address P.O. BOX 191

City Bolivar State TN Zip Code 38008

Purpose of Disbursement  
Contribution to Johnny Shaw

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4794**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Tony Shipley**

Mailing Address P. O. BOX 6173

City KINGSPORT State TN Zip Code 37663

Purpose of Disbursement  
Tony Shipley Campaign Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: TN District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4817**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Tennessee Senate Republican Caucus**

Mailing Address 611 COMMERCE STREET  
SUITE 2927

City Nashville State TN Zip Code 37203

Purpose of Disbursement  
Tennessee Senate Republican Caucus Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4834**

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. Eric Watson**

Mailing Address 605 Ocoee Hills Circle

City Cleveland State TN Zip Code 37323

Purpose of Disbursement  
Eric Watson Campaign Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4816**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Dawn White**

Mailing Address 1522 RIVERVIEW DRIVE

City MURFREESBORO State TN Zip Code 37129

Purpose of Disbursement  
Dawn White Campaign Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 37

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4821**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ryan Williams**

Mailing Address 570 PLEASANT HILL DR

City Cookeville State TN Zip Code 38501

Purpose of Disbursement  
Contribution to Ryan Williams Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.4790**

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. Jeff Yarbro**

Mailing Address 144 51ST AVENUE NORTH

City Nashville State TN Zip Code 37209

Purpose of Disbursement  
Contribution to Jeff Yarbro Campaign

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 21

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2013

**Transaction ID : SB29.4826**

Amount of Each Disbursement this Period

250.00

012  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

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) ▼

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)..... ▶

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

250.00

22750.00