

**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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
THMCarePAC

A. Tammie Arnold
 Full Name (Last, First, Middle Initial)
 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 / D D / 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.

B. Celeste Blocker
 Full Name (Last, First, Middle Initial)
 Mailing Address 307 Beverly Avenue
 City Hohenwald State TN Zip Code 38462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lewis County Nursing Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M / D D / 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.

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

SUBTOTAL of Receipts This Page (optional).....	960.00
TOTAL This Period (last page this line number only).....	