



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
THMCarePAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		118705.41
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	130952.24									
(c) Total Receipts (from Line 19) .....	22131.42	46036.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	153083.66	164741.73								
7. Total Disbursements (from Line 31) .....	11500.00	23158.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	141583.66	141583.66								
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: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	6765.00	17025.00
(ii) Unitemized .....	15366.42	29011.32
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	22131.42	46036.32
(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) .....	22131.42	46036.32
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 Transfer (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)) .....	22131.42	46036.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22131.42	46036.32

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	2500.00	3000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	9000.00	20158.07
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	11500.00	23158.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	23158.07

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) .....	22131.42	46036.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22131.42	46036.32
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:	PAGE 6 / 15
(check only one)	
<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"/>	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Blake Carrington		Date of Receipt
	Mailing Address 707 Cherokee Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	New Johnsonville	TN	37134
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4213
Name of Employer Forest Cove Nursing		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 210.00
			contributed amount total

<b>B.</b>	Full Name (Last, First, Middle Initial) David Davis		Date of Receipt
	Mailing Address 184 Fisher Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Parsons	TN	38363
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4216
Name of Employer THM		Occupation COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 900.00
			contributed amount total

<b>C.</b>	Full Name (Last, First, Middle Initial) Tammy Faulkner		Date of Receipt
	Mailing Address 325 Reeds Levee Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	McKenzie	TN	38261
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4217
Name of Employer THM		Occupation RN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			contributed amount total

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1410.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 15
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lisa Hogan		Date of Receipt
	Mailing Address 135 Betsy Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Savannah	TN	38372
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4208
Name of Employer Savannah Health Care		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 235.00
		<input type="text"/> 415.00	contributed amount this quarter

<b>B.</b>	Full Name (Last, First, Middle Initial) Brad Hopkins		Date of Receipt
	Mailing Address 589 Westport		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Holladay	TN	38341
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4205
Name of Employer Ampharm		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 600.00	total contributed this quarter

<b>C.</b>	Full Name (Last, First, Middle Initial) Rhonda Maness		Date of Receipt
	Mailing Address 4615 Bible Grove Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Lexington	TN	38351
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4206
Name of Employer Ampharm		Occupation RN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 240.00
		<input type="text"/> 540.00	contributed amount this quarter

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 775.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 / 15
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Annette McClary	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 7625 Mint Leaf Drive	<b>Transaction ID:</b> SA11AI.4218
	City State Zip Code Antioch TN 37013	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	total contributed for this quarter
	Name of Employer THM Occupation Director of Rehab Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard McCormick	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1235 Thorntree Drive	<b>Transaction ID:</b> SA11AI.4209
	City State Zip Code Dyersburg TN 38024	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. C	contributed amount this quarter
	Name of Employer Northbrooke Health Care Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 730.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Beverly Montgomery	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1270 Harrington Road	<b>Transaction ID:</b> SA11AI.4220
	City State Zip Code Scotts Hill TN 38374	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	total amount for this quarter
	Name of Employer THM Occupation Adminstrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1170.00
<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 / 15
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) George Munchow	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3744 Westridge Cove	<b>Transaction ID:</b> SA11AI.4210
	City State Zip Code Bartlett TN 38135	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	contributed amount this quarter
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 ▼ 650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffery Parrish	Date of Receipt MM / DD / YYYY 07 / 26 / 2010
	Mailing Address 11555 Sardis Road	<b>Transaction ID:</b> SA11AI.4231
	City State Zip Code Scotts Hill TN 38374	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	total this quarter
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 ▼ 1750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lee Rooney	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3411 Shenandoah Lane	<b>Transaction ID:</b> SA11AI.4226
	City State Zip Code Cookeville TN 38506	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. <b>C</b>	total this quarter
Name of Employer Bethesda Health Care Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>810.00</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 10 / 15  
(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.**

Full Name (Last, First, Middle Initial)  
James Smith

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 ▼ 3500.00

Date of Receipt: 07 / 10 / 2010  
**Transaction ID:** SA11AI.4232  
 Amount of Each Receipt this Period: 500.00  
 total contributed this quarter

**B.**

Full Name (Last, First, Middle Initial)  
Becky Spray

Mailing Address 1320 Sutton Road

City Ripley State TN Zip Code 38063

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 ▼ 600.00

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** SA11AI.4221  
 Amount of Each Receipt this Period: 300.00  
 contributed amount for this quarter

**C.**

Full Name (Last, First, Middle Initial)  
Joesph Strawn

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 ▼ 600.00

Date of Receipt: 09 / 30 / 2010  
**Transaction ID:** SA11AI.4222  
 Amount of Each Receipt this Period: 300.00  
 total contributed this quarter

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

**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 / 15  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THMCarePAC

**A.** Full Name (Last, First, Middle Initial)  
Beverly Strong

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 ▼ 600.00

Date of Receipt 09 / 30 / 2010  
**Transaction ID: SA11AI.4223**  
 Amount of Each Receipt this Period 300.00  
 total contributed this quarter

**B.** Full Name (Last, First, Middle Initial)  
Anne Vise

Mailing Address 23 Riverbend CV

City Bath Springs State TN Zip Code 38311

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

Name of Employer THM Occupation Accountant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 09 / 30 / 2010  
**Transaction ID: SA11AI.4224**  
 Amount of Each Receipt this Period 1200.00  
 total contributed this quarter

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ► 6765.00

**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)

PAGE 12 / 15

<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

A.	Full Name (Last, First, Middle Initial) JIM TRACY		Transaction ID: SB23.4351	
	Mailing Address 106 FINCH LANE		Date of Disbursement 07 / 07 / 2010	
	City SHELBYVILLE	State TN	Zip Code 37160	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Jim Tracy for Congress		011 Category/ Type	
	Candidate Name			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: TN	District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2500.00

# 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

A.	Full Name (Last, First, Middle Initial) Vance Dennis	Transaction ID: SB29.4327 Date of Disbursement 09 / 15 / 2010
	Mailing Address 545 CEDAR COVE LANE	Amount of Each Disbursement this Period 1000.00
	City Savannah State TN Zip Code 38372	
	Purpose of Disbursement Political Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joshua Evans	Transaction ID: SB29.4247 Date of Disbursement 09 / 13 / 2010
	Mailing Address P. O. BOX 743	Amount of Each Disbursement this Period 500.00
	City GREENBRIER State TN Zip Code 37073	
	Purpose of Disbursement Evans for State House Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 66	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bill Haslam	Transaction ID: SB29.4243 Date of Disbursement 09 / 20 / 2010
	Mailing Address 1015 STONEBRIDGE PARK DR	Amount of Each Disbursement this Period 5000.00
	City Franklin State TN Zip Code 37069	
	Purpose of Disbursement Governor for the State of TN candidate Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6500.00
<b>TOTAL</b> 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

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

A.

Full Name (Last, First, Middle Initial)  
David Lenoir

Transaction ID: SB29.4249  
Date of Disbursement

Mailing Address 1661 AARON BRENNER DR.  
Suite 300

/   /

City Memphis State TN Zip Code 38120

Amount of Each Disbursement this Period

Purpose of Disbursement  
Friends of David Lenoir

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: TN District:

B.

Full Name (Last, First, Middle Initial)  
Judd Matheny

Transaction ID: SB29.4253  
Date of Disbursement

Mailing Address 398 VANGUARD LANE

/   /

City Tullahoma State TN Zip Code 37388

Amount of Each Disbursement this Period

Purpose of Disbursement  
Judd Matheny for State Representative

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: TN District: 47

C.

Full Name (Last, First, Middle Initial)  
David Shepard

Transaction ID: SB29.4251  
Date of Disbursement

Mailing Address 204 MCCREARY HEIGHTS

/   /

City Dickson State TN Zip Code 37055

Amount of Each Disbursement this Period

Purpose of Disbursement  
Political Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: TN District: 69

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)

PAGE 15 / 15

<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

A.

Full Name (Last, First, Middle Initial)  
Mike Sparks

Transaction ID: SB29.4245

Date of Disbursement

Mailing Address 303 JEFFERSON PIKE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	0

City State Zip Code  
Smryna TN 37167

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Citizens to Elect Mike Sparks

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TN District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

1000.00
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TOTAL This Period (last page this line number only) ..... ►

9000.00
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