

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
THMCarePAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

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	141354.26									
(c) Total Receipts (from Line 19)	9906.84	67386.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	151261.10	186091.41								
7. Total Disbursements (from Line 31)	1006.00	35836.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	150255.10	150255.10								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

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)	2610.00	20535.00
(ii) Unitemized	7296.84	45751.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9906.84	66286.00
(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)	9906.84	66286.00
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	1100.00
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))	9906.84	67386.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9906.84	67386.00

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.....	0.00	4000.00
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	6.00	1178.24
(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))	6.00	1178.24
29. Other Disbursements.....	1000.00	30658.07
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))..	1006.00	35836.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1006.00	35836.31

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)	9906.84	66286.00
34. Total Contribution Refunds (from Line 28(d))	6.00	1178.24
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9900.84	65107.76
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 / 12
	<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

A.	Full Name (Last, First, Middle Initial) David Davis	Date of Receipt MM / DD / YYYY 12 / 25 / 2010
	Mailing Address 184 Fisher Drive	Transaction ID: SA11AI.4338
	City Parsons State TN Zip Code 38363	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	Individual Payroll Deduction Contribution Total
	Name of Employer THM Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2550.00	

B.	Full Name (Last, First, Middle Initial) Tammy Faulkner	Date of Receipt MM / DD / YYYY 12 / 25 / 2010
	Mailing Address 325 Reeds Levee Road	Transaction ID: SA11AI.4339
	City McKenzie State TN Zip Code 38261	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Individual Payroll Deduction Contribution Total
	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 ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Lisa Hogan	Date of Receipt MM / DD / YYYY 12 / 30 / 2010
	Mailing Address 135 Betsy Drive	Transaction ID: SA11AI.4335
	City Savannah State TN Zip Code 38372	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	Individual Payroll Deduction Contribution Total
	Name of Employer Savannah Health Care Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	705.00
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 7 / 12
	<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.	Full Name (Last, First, Middle Initial) Brad Hopkins	Date of Receipt MM / DD / YYYY 12 / 30 / 2010
	Mailing Address 589 Westport	Transaction ID: SA11AI.4334
	City State Zip Code Holladay TN 38341	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Individual Payroll Deduction Contribution Total
Name of Employer Ampharm	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Annette McClary	Date of Receipt MM / DD / YYYY 12 / 30 / 2010
	Mailing Address 7625 Mint Leaf Drive	Transaction ID: SA11AI.4340
	City State Zip Code Antioch TN 37013	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Individual Payroll Deduction Contribution Total
Name of Employer THM	Occupation Director of Rehab Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Richard McCormick	Date of Receipt MM / DD / YYYY 12 / 30 / 2010
	Mailing Address 1235 Thorntree Drive	Transaction ID: SA11AI.4336
	City State Zip Code Dyersburg TN 38024	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	Individual Payroll Deduction Contribution Total
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 ▼ 910.00	

SUBTOTAL of Receipts This Page (optional)	480.00
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 8 / 12
(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

<p>A. Full Name (Last, First, Middle Initial) Beverly Montgomery</p> <p>Mailing Address 1270 Harrington Road</p> <p>City State Zip Code Scotts Hill TN 38374</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer THM Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1125.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.4341</p> <p>Amount of Each Receipt this Period 225.00</p> <p>Individual Payroll Deduct- ion Contribution Total</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	2	5	/	2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) George Munchow</p> <p>Mailing Address 3744 Westridge Cove</p> <p>City State Zip Code Bartlett TN 38135</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Applingwood Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 800.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.4337</p> <p>Amount of Each Receipt this Period 150.00</p> <p>Individual Payroll Deduct- ion Contribution Total</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	0	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	3	0	/	2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) Becky Spray</p> <p>Mailing Address 1320 Sutton Road</p> <p>City State Zip Code Ripley TN 38063</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer THM Occupation RN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.4342</p> <p>Amount of Each Receipt this Period 150.00</p> <p>Individual Payroll Deduct- ion Contribution Total</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	2	5	/	2	0	1	0												

SUBTOTAL of Receipts This Page (optional)	525.00
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 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THMCarePAC

<p>A. Full Name (Last, First, Middle Initial) Joseph Strawn</p> <p>Mailing Address 80 Dodd Street</p> <p>City Lexington State TN Zip Code 38351</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer THM Occupation Project Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.4343</p> <p>Amount of Each Receipt this Period 150.00</p> <p>Individual Payroll Deduct- ion Contribution Total</p>
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<p>B. Full Name (Last, First, Middle Initial) Beverly Strong</p> <p>Mailing Address PO Box 271</p> <p>City Alamo State TN Zip Code 38001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer THM Occupation Marketing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.4344</p> <p>Amount of Each Receipt this Period 150.00</p> <p>Individual Payroll Deduct- ion Contribution Total</p>
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<p>C. Full Name (Last, First, Middle Initial) Anne Vise</p> <p>Mailing Address 23 Riverbend CV</p> <p>City Bath Springs State TN Zip Code 38311</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer THM Occupation Accountant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 3600.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.4345</p> <p>Amount of Each Receipt this Period 600.00</p> <p>Individual Payroll Deduct- ion Contribution Total</p>
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SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	2610.00

**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 10 / 12

<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 checked="" 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)
Eva Maboloc

Transaction ID: SB28A.4330
Date of Disbursement

Mailing Address 2105 Loudenslager Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	1	0

City State Zip Code
Thompson Station TN 37179

Amount of Each Disbursement this Period

6.00

Purpose of Disbursement
Refund of Individual contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

6.00

TOTAL This Period (last page this line number only)

6.00

A. Form/Schedule : **SB28A**
Transaction ID : **SB28A.4330**

This employee stopped her contributions but it was put in effect after she requested the change. She requested a refund of her contribution amount.

**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 / 12

<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)
Tennessee Republican Caucus

Transaction ID: SB29.4354
Date of Disbursement

Mailing Address 306 War Memorial Building

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	1	0

City Nashville State TN Zip Code 37243

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Tennessee Republican Caucus

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00
