

**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

Mailing Address 2105 Loudenslager Drive

City State Zip Code
Thompson Station TN 37179

Purpose of Disbursement
Refund of Individual contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28A.4330

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6.00

SUBTOTAL of Disbursements This Page (optional)

6.00

TOTAL This Period (last page this line number only)

6.00