

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.
THMCarePAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jessica Redden

Signature of Treasurer Jessica Redden *[Electronically Filed]* Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2012"/>		195195.61
(b) Cash on Hand at Beginning of Reporting Period.....	210757.31	
(c) Total Receipts (from Line 19)	19984.50	40646.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	230741.81	235841.81
7. Total Disbursements (from Line 31).....	13100.00	18200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	217641.81	217641.81
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: / / 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).....	7620.00	14940.00
(ii) Unitemized	12364.50	25706.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19984.50	40646.20
(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)	19984.50	40646.20
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))..... ▶	19984.50	40646.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19984.50	40646.20

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.....	1000.00	1000.00
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	12100.00	17200.00
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)) ..	13100.00	18200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13100.00	18200.00

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)	19984.50	40646.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19984.50	40646.20
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 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. David Davis

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 ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.4614

Amount of Each Receipt this Period
900.00

Full Name (Last, First, Middle Initial)
B. Tammy Faulkner

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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.4615

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Lisa Hogan

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 ▼
420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.4611

Amount of Each Receipt this Period
210.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1410.00

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 7 OF 15
(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. Brad Hopkins

Mailing Address 589 Westport

City State Zip Code
Holladay TN 38341

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

Name of Employer Occupation
Ampharm Pharmacist

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
 06 / 30 / 2012
Transaction ID : SA11AI.4610

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Annette McClary

Mailing Address 7625 Mint Leaf Drive

City State Zip Code
Antioch TN 37013

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

Name of Employer Occupation
THM Director of Rehab Services

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
 06 / 30 / 2012
Transaction ID : SA11AI.4616

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Richard McCormick

Mailing Address 1235 Thorntree Drive

City State Zip Code
Dyersburg TN 38024

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

Name of Employer Occupation
Northbrooke Health Care 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
 06 / 30 / 2012
Transaction ID : SA11AI.4612

Amount of Each Receipt this Period
360.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 960.00

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

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NAME OF COMMITTEE (In Full)
THM CarePAC

A. John Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 10
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.4617
 Amount of Each Receipt this Period
 300.00

B. Beverly Montgomery
 Full Name (Last, First, Middle Initial)
 Mailing Address 1270 Harrington Road
 City Scotts Hill State TN Zip Code 38374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THM Occupation Adminrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.4619
 Amount of Each Receipt this Period
 450.00

C. George Munchow
 Full Name (Last, First, Middle Initial)
 Mailing Address 3744 Westridge Cove
 City Bartlett State TN Zip Code 38135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Applingwood Occupation Adminrator
 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
 06 / 30 / 2012
Transaction ID : SA11AI.4613
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00
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 9 OF 15
	<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

Full Name (Last, First, Middle Initial)
A. Jeffery Parrish

Mailing Address 11555 Sardis Road

City Scotts Hill	State TN	Zip Code 38374
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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 ▼
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.4620

Amount of Each Receipt this Period
1200.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.4621

Amount of Each Receipt this Period
1200.00

Full Name (Last, First, Middle Initial)
C. 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.4622

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	2700.00
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 10 OF 15
(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. 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.4623

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.4624

Amount of Each Receipt this Period
1200.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	7620.00

**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 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. DIANE L MRS. BLACK

Mailing Address 819 PLANTATION BOULEVARD

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement
contribution

Candidate Name
DIANE L MRS. BLACK

Office Sought: House
 Senate
 President
State: TN District: 06

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : SB23.4626

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

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

C.

Full Name (Last, First, Middle Initial)

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)..... ▶

1000.00

1000.00

**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. Crockett County Republican Party

Mailing Address 2091 Egg Hill Road

City Alamo State TN Zip Code 38001

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4629

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Vance Dennis

Mailing Address 545 CEDAR COVE LANE

City Savannah State TN Zip Code 38372

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4641

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Jimmy Eldridge

Mailing Address 29 EMERALD LAKE DRIVE

City Jackson State TN Zip Code 38305

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 73

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4636

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. Mark Green

Mailing Address 1600 OAK PLAINS ROAD

City ASHLAND CITY State TN Zip Code 37015

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

012
Category/
Type

Date of Disbursement
MM / DD / YYYY
04 / 18 / 2012

Transaction ID : SB29.4637

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)

B. Delores Gresham

Mailing Address P O BOX 877

City SOMERVILLE State TN Zip Code 38068

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

012
Category/
Type

Date of Disbursement
MM / DD / YYYY
06 / 06 / 2012

Transaction ID : SB29.4633

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)

C. Ferrell Haile

Mailing Address P. O. BOX 1087

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

012
Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 08 / 2012

Transaction ID : SB29.4631

Amount of Each Disbursement this Period
1000.00

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

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

3000.00

**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. Debra Maggart

Mailing Address 112 LA BAR DRIVE

City Hendersonville State TN Zip Code 37075

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 45

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4630

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Steve McManus

Mailing Address 405 RIVEREDGE DRIVE

City Cordova State TN Zip Code 38018

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 96

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4635

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. RAAMPAC

Mailing Address P.O. BOX 158213

City Nashville State TN Zip Code 37215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4643

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. Charles Sargent

Mailing Address PO BOX 1515

City FRANKLIN State TN Zip Code 37065

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4627

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Tennessee Democratic Party

Mailing Address 1900 CHURCH ST.,
SUITE 203

City NASHVILLE State TN Zip Code 37203

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4639

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Jim Tracy

Mailing Address P.O. BOX 332166

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4634

Amount of Each Disbursement this Period

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

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