

**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="2011"/>		150255.10
(b) Cash on Hand at Beginning of Reporting Period.....	175362.96	
(c) Total Receipts (from Line 19)	22927.15	65634.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	198290.11	215889.58
7. Total Disbursements (from Line 31).....	15000.00	32599.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	183290.11	183290.11
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).....	8910.00	25870.00
(ii) Unitemized	14017.15	39764.48
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22927.15	65634.48
(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)	22927.15	65634.48
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))..... ▶	22927.15	65634.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22927.15	65634.48

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	3500.00
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	14000.00	29099.47
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)) ..	15000.00	32599.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15000.00	32599.47

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)	22927.15	65634.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22927.15	65634.48
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 OF 14
<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. David Davis
Full Name (Last, First, Middle Initial)
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 ▼ 2730.00

Date of Receipt 09 / 30 / 2011
Transaction ID : SA11AI.4542
Amount of Each Receipt this Period 1080.00
Contribution to the PAC

B. Tammy Faulkner
Full Name (Last, First, Middle Initial)
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 ▼ 910.00

Date of Receipt 09 / 30 / 2011
Transaction ID : SA11AI.4543
Amount of Each Receipt this Period 360.00
Contribution to the PAC

C. Lisa Hogan
Full Name (Last, First, Middle Initial)
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 ▼ 630.00

Date of Receipt 09 / 30 / 2011
Transaction ID : SA11AI.4539
Amount of Each Receipt this Period 210.00
Contribution to the PAC

SUBTOTAL of Receipts This Page (optional).....▶ 1650.00
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 OF 14
	<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. Brad Hopkins
Full Name (Last, First, Middle Initial)

Mailing Address 589 Westport

City Holladay State TN Zip Code 38341

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

Name of Employer Ampharm Occupation Pharmacist

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
 09 / 30 / 2011

Transaction ID : SA11AI.4538

Amount of Each Receipt this Period
 300.00

Contribution to the PAC

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

Mailing Address 7625 Mint Leaf Drive

City Antioch State TN Zip Code 37013

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

Name of Employer THM Occupation Director of Rehab Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.4544

Amount of Each Receipt this Period
 360.00

Contribution to the PAC

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

Mailing Address 1235 Thorntree Drive

City Dyersburg State TN Zip Code 38024

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

Name of Employer Northbrooke Health Care Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.4540

Amount of Each Receipt this Period
 360.00

Contribution to the PAC

SUBTOTAL of Receipts This Page (optional).....▶	1020.00
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 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THMCarePAC

A. Beverly Montgomery
Full Name (Last, First, Middle Initial)
Mailing Address 1270 Harrington 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 Adminstrator
-------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2011

Transaction ID : SA11AI.4545

Amount of Each Receipt this Period
540.00

Contribution to the PAC

B. 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 Adminstrator
---------------------------------	----------------------------

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
09		30		2011

Transaction ID : SA11AI.4541

Amount of Each Receipt this Period
300.00

Contribution to the PAC

C. Jeffery Parrish
Full Name (Last, First, Middle Initial)
Mailing Address 11555 Sardis Road

City Scotts Hill	State TN	Zip Code 38374
---------------------	-------------	-------------------

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 ▼
3440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2011

Transaction ID : SA11AI.4546

Amount of Each Receipt this Period
1440.00

Contribution to the PAC

SUBTOTAL of Receipts This Page (optional).....▶	2280.00
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 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THMCarePAC

Full Name (Last, First, Middle Initial)
A. 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 ▼
3240.00

Date of Receipt
09 / 30 / 2011
Transaction ID : SA11AI.4547

Amount of Each Receipt this Period
1440.00

Contribution to the PAC

Full Name (Last, First, Middle Initial)
B. 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 ▼
910.00

Date of Receipt
09 / 30 / 2011
Transaction ID : SA11AI.4548

Amount of Each Receipt this Period
360.00

Contribution to the PAC

Full Name (Last, First, Middle Initial)
c. 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 ▼
910.00

Date of Receipt
09 / 30 / 2011
Transaction ID : SA11AI.4549

Amount of Each Receipt this Period
360.00

Contribution to the PAC

SUBTOTAL of Receipts This Page (optional).....▶	2160.00
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 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
THM CarePAC

A. Beverly Strong
Full Name (Last, First, Middle Initial)
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 ▼
910.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2011

Transaction ID : SA11AI.4550

Amount of Each Receipt this Period
360.00

Contribution to the PAC

B. Anne Vise
Full Name (Last, First, Middle Initial)
Mailing Address 23 Riverbend CV

City Bath Springs	State TN	Zip Code 38311
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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 ▼
3640.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2011

Transaction ID : SA11AI.4551

Amount of Each Receipt this Period
1440.00

Contribution to the PAC

C.
Full Name (Last, First, Middle Initial)
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).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	8910.00

**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
Diane Black for Congress

Candidate Name

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

Disbursement For: 2011
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SB23.4529

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

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. Vance Dennis

Mailing Address 545 CEDAR COVE LANE

City Savannah State TN Zip Code 38372

Purpose of Disbursement
Vance Dennis for State Representative

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4534

Amount of Each Disbursement this Period

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
Friends of Delores Gresham of Tennessee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4530

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Brian Kelsey

Mailing Address P.O. BOX 382354

City Germantown State TN Zip Code 38183

Purpose of Disbursement
VoteKelsey.com

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4532

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. Steve McDaniel

Mailing Address 97 BATTLEGROUND DRIVE

City Parkers Crossroads State TN Zip Code 38388

Purpose of Disbursement
Committee to Re-Elect Steve McDaniel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4528

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Mark Norris

Mailing Address 853 S. COLLIERVILLE-ARLINGTON RD.

City COLLIERVILLE State TN Zip Code 38017

Purpose of Disbursement
Friends of Senator Mark Norris

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4536

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Tennessee Republican Caucus

Mailing Address 306 War Memorial Building

City Nashville State TN Zip Code 37243

Purpose of Disbursement
Tennessee Republican Legislative Ball

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4535

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. Ken Yager

Mailing Address P. O. BOX 684

City Kingston State TN Zip Code 37763

Purpose of Disbursement
Ken Yager for State Senate in Tennessee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.4526

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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