PAGE 1 / 10

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3A	For	Other Than An A	uthorized	l Commit	ttee		Office Us	se Only	
NAME OF COMMITTEE (in		E OR PRINT ▼		mple: If typer the lines.	oing, type	12FE4	IM5		
National Healtl	n Corporation	on PAC - Feder	al 			1 1 1			
ADDRESS (number an	d street)	O. Box 1398							
Check if diff than previou reported. (A	sly , N	Murfreesboro				TN	37130)	
2. FEC IDENTIFIC	ATION NUMB	ER ▼	CITY A			STATE A		ZIP CODI	E A
C C0015344	5	3.	IS THIS REPORT	x	NEW (N) OR		AMENDED (A)		
4. TYPE OF REF (Choose One) (a) Quarterly Re	(Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) Non-Election Year Only) Dec 20 (M12) Non-Election Year Only) Jan 31 (YE)
July 15 Quarterl October Quarterl January	y Report (Q3) 31	(c) 12-Day PRE-Election Report for the		Primary (12 Convention		=	eral (12G) ial (12S)	in the	Runoff (12R)
July 31 Report (Year On	d Report (YE) Mid-Year Non-election ly) (MY) tion Report	(d) 30-Day POST-Election Report for the		General (30	0G) 0G	Runo 2018	ff (30R)	in the	Special (30S)
5. Covering Period	10		ction on	through	M M M	/ D D D 26	/ Y Y 20	State of	
I certify that I have extra type or Print Name of	S	eport and to the best helly, Tim, , ,	of my kno	wledge and	belief it is tr	rue, correct	and comple	te.	
Signature of Treasure	Shelly, Tim	1, , ,		[Electronica	lly Filed]	Date 1	2 / 06		2018
NOTE: Submission of	false, erroneous,	or incomplete informa	ation may su	bject the pe	erson signing	this Report	to the penalti	es of 52 U	J.S.C. § 30109
Office Use								FORM Rev. 05/201	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Health Corporation PAC - Federal

Report Covering the Period: From: 10 01 2018 To: 11 26 2018

		COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6.	(a) Cash on Hand January 1, 2018		438256.45			
	(b) Cash on Hand at Beginning of Reporting Period	440847.09				
	(c) Total Receipts (from Line 19)	4742.27	69039.65			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	445589.36	507296.10			
7.	Total Disbursements (from Line 31)	5634.14	67340.88			
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	439955.22	439955.22			
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Health Corporation PAC - Federal

10 2018 11 26 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 3190.75 (i) Itemized (use Schedule A)..... 2942.25 57176.84 (ii) Unitemized (iii) TOTAL (add 60367.59 2942.25 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 60367.59 2942.25 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 1000.00 6000.00 17. Other Federal Receipts 2672.06 (Dividends, Interest, etc.)..... 800.02 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))....... 69039.65 4742.27 20. Total Federal Receipts 4742.27 69039.65 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: - (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronaa Tour to Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	4 4	24000		
Expenditures(c) Total Operating Expenditures	634.14	840.88		
(add 21(a)(i), (a)(ii), and (b))▶	634.14	840.88		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	4 4	66500.00		
and Other Political Committees Independent Expenditures	5000.00	00000.00		
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6))))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5634.14	67340.88		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	5634.14	67340.88		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	or disbursements	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)	2942.25	60367.59			
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2942.25	60367.59			
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	634.14	840.88			
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
38. Net Operating Expenditures (subtract Line 37 from Line 36)	634.14	840.88			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 10 (check only one) 11a 11b 11c 12 13 14 15 16 🗶 17				
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) National Health Corporation PA	∖C - Fede	ral					
Full Name of Individual (Last, First, Middle Ir Regions Bank Mailing Address 100 E. Vine St.	Date of Receipt						
City Murfreesboro	State TN	Zip Code 37130	Transaction ID : A2018-16877 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		800.02				
Name of Employer (for Individual)	Occ	supation (for Individual)	Memo Item Bank Interest				
Receipt For: 2018 Primary General ✓ Other (specify) ▼ Not Applicable	Aggregate	Year-to-Date ▼ 2672.06					
Full Name of Individual (Last, First, Middle Ir Mailing Address	nitial) or Full C	Organization Name	Date of Receipt				
City	State	Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		Allount of Each recorpt this Feriod				
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼					
Full Name of Individual (Last, First, Middle Ir Mailing Address	nitial) or Full C	Organization Name	Date of Receipt				
City	State	Zip Code					
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period				
Name of Employer (for Individual)	e of Employer (for Individual) Occupat		Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional)			800.02				

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

800.02

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SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 OF 10					
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)					
		Detailed Summary Page	11a 11b 11c 12 13 14 15 X 16 17					
Any information copied from such Reports or for commercial purposes, other than us	s and Statements ma sing the name and a	ay not be sold or used by any address of any political committed	person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) National Health Corporatio	n PAC - Fede	ral						
Full Name of Individual (Last, First, Mi A. Marsha Blackburn for Congress II		rganization Name	Date of Receipt					
Mailing Address 4916 Thoroughbred Lr	Mailing Address 4916 Thoroughbred Ln							
City	State	Zip Code	Transaction ID: A2018-16879					
Brentwood	TN	37027	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C co	0376939	1000.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item Refund of 6/21/17 contribution to House campa					
Receipt For: 2018	Aggregate	Year-to-Date ▼						
Y Primary General Other (specify) ▼		1000.00						
Full Name of Individual (Last, First, Mi	ddle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address			M = M / D = D / Y = Y = Y					
City	State	Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For: Primary General	Aggregate	Year-to-Date ▼						
Other (specify) ▼	L	A A A .						
Full Name of Individual (Last, First, MicC.	ddle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address			M = M / D = D / Y = Y = Y					
City	State	Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C							
Name of Employer (for Individual)	Occ	Memo Item						
Receipt For: Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		*************************************						
SUBTOTAL of Receipts This Page (optic	onal)		1000.00					
TOTAL This Poriod (last page this line of	ala an anta		1000.00					

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

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 OF 10					
	EMIZED DISBURSEMENTS	Use separate schedule(s)		(check only	WBEIT.				
• •			category of the Summary Page	` 🗶 21b	22 23 26 27				
		Detailed	Julillary Page	28a	28b 28c 29 30b				
Ar	ny information copied from such Reports and Stater	nents may r	not be sold or us	ed by any pers	on for the purpose of soliciting contributions				
	for commercial purposes, other than using the nan								
	NAME OF COMMITTEE (In Full)								
$ \rangle$	National Health Corporation PAC -	Federal							
\angle									
A	Full Name (Last, First, Middle Initial)				Date of Dishuranasat				
A.	Regions Bank				Date of Disbursement				
	Mailing Address 400 F. Vino St				M M / D D / Y Y Y Y Y				
	Mailing Address 100 E. Vine St.				10 09 2018				
	City	State	Zip Code		FFC Identification Number				
	Murfreesboro	TN	37130		FEC Identification Number				
	Purpose of Disbursement				C				
	Bank Service Charge			001	Transaction ID : B713169				
	Candidate Name	<u> </u>		Category/	Amount of Each Disbursement this Period				
	0/6			Туре	2444				
		nent For: 2			34.14				
	Senate	Primary	General						
	President X State: District:	Other (spec	City) ▼ Not Applicable	۵	Memo Item				
_			ττοι Αρμιισαμί						
B	Full Name (Last, First, Middle Initial)				Date of Disbursement				
٥.	Regions Bank								
	Mailing Address 100 E. Vine St.				10 18 2018				
	TOU E. VIIIE St.	10 10 2010							
	City	State	Zip Code		EEC Identification Number				
	Murfreesboro	TN	37130		FEC Identification Number				
	Purpose of Disbursement				C				
	Bank Service Charge 001 Candidate Name Category/				Transaction ID : B713195				
					Amount of Each Disbursement this Period				
	000			Type	122.22				
		nent For: 2			130.00				
	Senate President	Primary Other (spec	General						
	State: President X	Other (spec	City) Not Applicabl	۵	Memo Item				
_			Not Applicable						
C	Full Name (Last, First, Middle Initial)				Date of Disbursement				
J.	Regions Bank								
	Mailing Address 100 E. Vine St.				11 09 2018				
	g								
	City	State	Zip Code		FEC Identification Number				
	Murfreesboro	TN	37130						
	Purpose of Disbursement Bank Service Charge			20.					
				001	Transaction ID : B713170				
	Candidate Name			Category/	Amount of Each Disbursement this Period				
	Office Sought: House Disburser	nont Ecr.	2040	Туре	34.44				
	Office Sought: House Disburser Senate	nent For: 2 Primary	2018 General		7 7 7				
	Dunai dant	Other (spec							
	State: President X	orner (sher	Not Applicable	Δ	Memo Item				
	Diotriot.		ττοι Αρμιισαμί						
١,	ILIPTOTAL of Dichuranments This Dags (entires)				198.58				
Ľ	SUBTOTAL of Disbursements This Page (optional)			<u>-</u>					
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SCHEDULE B (FEC Form 3X)	llee ee			TOTT LINE NOWIDETT.					F 10	
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		only one)					27	
	Detailed	Summary Page		28a 28i	, Н	28c	29	30b		
Any information copied from such Reports and State	 ements_may	not be sold or us					f soliciting	a contributio	ons	
or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
National Health Corporation PAC	- Federa	al								
Full Name (Last, First, Middle Initial)				Б.	, D:					
A. Regions Bank	Regions Bank						ment			
Mailing Address 100 E. Vine St.				1	M /	15		2018		
City	State	Zip Code		FEC	Identifi	ication	Number			
Murfreesboro	TN	37130								
Purpose of Disbursement Bank Service Charge			001							
Candidate Name							ID : B713		!!	
			Category, Type	Amol	int of i	Each i	Disbursen	nent this Po	erioa	
Office Sought: House Disburse	ement For:	2018		⊣ ∣.				30.00)	
Senate	Primary	General				,	, , , , , , , , , , , , , , , , , , , ,			
President	Other (sp		_	1	/lemo	Item				
State: District:		Not Applicable								
Full Name (Last, First, Middle Initial) B. Pogions Pank				Date	of Dis	burser	ment			
B. Regions Bank						Date of Disbursement				
Mailing Address 100 E. Vine St.					11 26 2018					
City						FEC Identification Number				
Murfreesboro Purpose of Disbursement	Murfreesboro TN 37130									
Bank Service Charge										
Candidate Name		Category/ Type			Transaction ID : B713197 Amount of Each Disbursement this Period 405.56				oriod	
									BIIOU	
Office Sought: House Disburse	ement For:								;	
Senate	Primary	General				,				
President	Other (sp			1	/lemo	Item				
State: District:		Not Applicable	e 							
Full Name (Last, First, Middle Initial) C.				Date	of Dis	burser	ment			
				M	M /	D	D / Y	YYY	Y	
Mailing Address				☐ Ľ.		L.	J L			
City	State	Zip Code		FEC	Identifi	ication	Number			
Purpose of Disbursement					-					
Candidate Name Category/					ınt of l	Each I	Disbursen	nent this Po	eriod	
Office Sought: House Disburse	ement For:		Type	-						
Senate	Primary	General						- 46		
President	Other (sp	ecify) 🔻			/lemo	ltom				
State: District:				ПП,						
SUBTOTAL of Disbursements This Page (optional)								435.50	6	
Copieria,						7		1 1 1	#	
TOTAL This Period (last page this line number onl	v)				_	_		634.1	4	

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 OF					
ITEMIZED DISBURSEMENTS	Use separate schedule(s	\ I -	FOR LINE NUMBER: PAGE 10 OF 10 (check only one)				
	for each category of the Detailed Summary Page	21b	22 🗶 23 26 27				
	Johanna Garminary Fage	28a	28b 28c 29 30b				
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	V 10-2-3						
National Health Corporation PAC -	Federal						
Full Name (Last, First, Middle Initial)			Date of Disbursement				
A. Crapo Victory Committee	Crapo Victory Committee						
Mailing Address 228 South Washington St. #115			11 26 2018				
,	State Zip Code		FEC Identification Number				
Alexandria Purpose of Disbursement	VA 22314		0 00000000				
Contribution		011	C C00649574				
Candidate Name		Category/	Transaction ID: B712558 Amount of Each Disbursement this Period				
		Type					
Office Sought: House Disbursen	ment For: 2018		5000.00				
	Primary General						
President State: District:	Other (specify) ▼ Not Applicab	مار	Memo Item				
Full Name (Last, First, Middle Initial)	Not Applicat	ile					
B.			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address	Mailing Address						
City	State Zip Code		FEC Identification Number				
Purpose of Disbursement							
Talpood of Biobardonicin			Amount of Each Disbursement this Period				
Candidate Name		Category/					
		Type					
Office Sought: House Disbursen	nent For:						
	Primary General						
President State: District:	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursement				
Mailing Address			M M / D D / Y Y Y Y				
Mailing Address							
City	State Zip Code		FEC Identification Number				
Purpose of Disbursement			C				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursen	nent For:	1					
	Primary General						
	Other (specify) ▼		Memo Item				
State: District:							
SURTOTAL of Disburgaments This Page (entional)			5000.00				
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	4 4				
TOTAL This Period (last page this line number only)			5000.00				