

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
National Health Corporation Political Action Committee

ADDRESS (number and street) **Check if different than previously reported. (ACC)**  
P.O. Box 1398  
Murfreesboro TN 37130

2. **FEC IDENTIFICATION NUMBER** C00153445  
3. **IS THIS REPORT**  **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**  
(a) Quarterly Reports:  
April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day **PRE**Election Report for the: Primary (12P) General (12G) Runoff (12R)  
Termination Report (TER) Election on 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 01 01 2001 through 06 30 2001

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 Doran Johnson  
Signature of Treasurer Electronically Filed by Doran Johnson Date 07 30 2001

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 (Revised 1/2001)

Page 2

Write or Type Committee Name  
National Health Corporation Political Action Committee

Report Covering the Period: From: <sup>h</sup> 0 1 <sup>D</sup> 0 1 <sup>v</sup> / <sup>v</sup> 2 0 0 1 To: <sup>h</sup> 0 6 <sup>D</sup> 3 0 <sup>v</sup> / <sup>v</sup> 2 0 0 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> / <sup>v</sup> 2 0 0 1		340205.91
(b) Cash on Hand at Beginning of Reporting Period .....	340205.91	
(c) Total Receipts (from Line 19) .....	24853.63	24853.63
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	365059.54	365059.54
7. Total Disbursements (from Line 30) .....	9000.00	9000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	356059.54	356059.54
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 800-420-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

National Health Corporation Political Action Committee

Report Covering the Period: From: <sup>K</sup>01 <sup>D</sup>01 <sup>Y</sup>2001 To: <sup>K</sup>06 <sup>D</sup>30 <sup>Y</sup>2001

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) .....	0.00	
(ii) Unitemized .....	23572.15	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23572.15	23572.15
(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 32, page 4) .....	23572.15	23572.15
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 36, page 4) .....	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.) .....	1281.48	1281.48
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	24853.63	24853.63
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	24853.63	24853.63

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

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.....	9000.00	9000.00
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.....	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.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	9000.00	9000.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	9000.00	9000.00
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	23572.15	23572.15
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	23572.15	23572.15
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

**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 5 / 6

<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				

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)  
National Health Corporation Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. JAMES GRESHAM BARRETT</b>		Date of Disbursement 05 / 25 / 2001	
Mailing Address PO BOX 869 City WESTMINSTER State SC Zip Code 29693		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution - R		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: SC      District: 03	Transaction ID: SB23.4116		

Full Name (Last, First, Middle Initial) <b>B. GEORGE MARION DUCWORTH</b>		Date of Disbursement 05 / 25 / 2001	
Mailing Address 2803 RAMBLING PATH City ANDERSON State SC Zip Code 29621		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: SC      District: 03	Transaction ID: SB23.4108		

Full Name (Last, First, Middle Initial) <b>C. LINDSEY O GRAHAM</b>		Date of Disbursement 05 / 25 / 2001	
Mailing Address PO BOX 1155 City SENECA State SC Zip Code 29679		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Campaign Contribution - R		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: SC      District: 03	Transaction ID: SB23.4116		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7000.00</b>
<b>TOTAL</b> 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)

PAGE 6 / 6

<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

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NAME OF COMMITTEE (In Full)  
National Health Corporation Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. JAMES S KLAUBER</b>		Date of Disbursement 05 / 16 / 2001	
Mailing Address 102 ROCK KNOLL DR #3 City GREENWOOD State SC Zip Code 29648		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution - R		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: SC      District: 03	Transaction ID: SB23.4106		

Full Name (Last, First, Middle Initial) <b>B. NEXT CENTURY FUND</b>		Date of Disbursement 05 / 07 / 2001	
Mailing Address 116 S ROYAL STREET City ALEXANDRIA State VA Zip Code 22314		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State:      District:	Transaction ID: SB23.4104		

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9000.00</b>