



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20543

RQ-3

November 21, 2002

Mr. Doran Johnson, Treasurer
National Health Corporation Political
Action Committee
P.O. Box 1398
Murfreesboro, TN 37130

Identification Number: C00153445

Reference: October Quarterly Report (7/1/02-9/30/02)

Dear Mr. Johnson:

On October 30, 2002, you were notified that a review of the above-referenced report(s) raised questions as to specific contributions and/or expenditures, and the reporting of certain information required by the Federal Election Campaign Act.

Your November 19, 2002, response is incomplete because you have not provided all the requested information. For this response to be considered adequate, the following information is still required.

-Schedule B of your report (pertinent portion(s) attached) discloses one or more contributions which appear to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) prohibits a multicandidate committee and its affiliates from making a contribution to a candidate for federal office in excess of \$5,000 per election.

If any apparently excessive contribution in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information.

If any contribution you made exceeds the limits, you must request a refund of the excessive amount or provide a written authorization for a redesignation of the contribution pursuant to 11 CFR §110.2(b) within 60 days of the treasurer's receipt.

If the foregoing conditions for redesignations were not met within 60 days of the treasurer's receipt, your committee must obtain a refund of the excessive amount.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund or redesignation request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

An adequate response must be received at the Commission by December 11, 2002. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions related to this matter, please contact Maureen Benitz on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,



John D. Gibson
Assistant Staff Director
Reports Analysis Division

**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 1 of 10

<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"/> 28c	<input type="checkbox"/> 28c

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

A. JANICE H BOWLING

Full Name (Last, First, Middle Initial) _____ Date of Disbursement
 08 / 10 / 2002

Mailing Address
 2315 OVOCA RD
 City State Zip Code
 TULLAHOMA TN 37368

Purpose of Disbursement _____ Amount of Each Disbursement this Period
 2500.00

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
 Disbursement For: 2002
 Primary General
 Other (specify) _____

State: TN District: 04 Transaction ID: SB23.4248

B. BROWN-WHITE FOR CONGRESS

Full Name (Last, First, Middle Initial) _____ Date of Disbursement
 08 / 01 / 2002

Mailing Address
 2499 CURBREATH RD
 City State Zip Code
 BROOKSVILLE FL 34602

Purpose of Disbursement _____ Amount of Each Disbursement this Period
 10000.00

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
 Disbursement For: 2002
 Primary General
 Other (specify) _____

State: FL District: 05 Transaction ID: SB23.4260

C. BOB CLEMENT

Full Name (Last, First, Middle Initial) _____ Date of Disbursement
 09 / 25 / 2002

Mailing Address
 PO BOX 22910
 City State Zip Code
 NASHVILLE TN 37202

Purpose of Disbursement _____ Amount of Each Disbursement this Period
 9000.00

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
 Disbursement For: 2002
 Primary General
 Other (specify) _____

State: TN District: 00 Transaction ID: SB23.4250

SUBTOTAL of Disbursements This Page (optional) 21500.00

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"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 23a	<input type="checkbox"/> 23b	<input type="checkbox"/> 23c	<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) A. BOB CLEMENT		Date of Disbursement 09 / 25 / 2002
Mailing Address PO BOX 22910 City: NASHVILLE State: TN Zip Code: 37202		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Transaction ID: SB23.4252
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: TN District: 09	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LINCOLN DAVIS		Date of Disbursement 07 / 30 / 2002
Mailing Address 1680 DELK CREEK ROAD City: PALL MALL State: TN Zip Code: 38577		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		Transaction ID: SB23.4258
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: TN District: 04	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BARTON JENNINGS GORDON		Date of Disbursement 07 / 16 / 2002
Mailing Address 940 EAST NORTHFIELD BOULEVARD City: MURFREESBORD State: TN Zip Code: 37130		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		Transaction ID: SB23.4253
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: TN District: 06	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) 11000.00

TOTAL This Period (last page use line number only)

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