



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

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

JAN 22 2003

Identification Number: C00153445

Reference: 30 Day Post-General Report (10/1/02-11/25/02)

Dear Mr. Johnson:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-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.

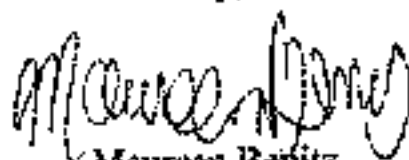
If the foregoing conditions for redesignations were not met within 60 days of the treasurer's receipt, your committee must obtain a refund of the excessive amount.

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.

A response or amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. 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 need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Maureen Benitz
Campaign Finance Analyst
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 8 / 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"/> 28*	<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

A. BOB CLEMENT

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 09 / 25 / 2002

Mailing Address: PO BOX 22910

City: NASHVILLE State: TN Zip Code: 37202

Purpose of Disbursement: _____

Amount of Each Disbursement This Period: 9000.00

Candidate Name: _____ Category/Type: _____

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

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

B. BOB CLEMENT

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 09 / 25 / 2002

Mailing Address: PO BOX 22910

City: NASHVILLE State: TN Zip Code: 37202

Purpose of Disbursement: _____

Amount of Each Disbursement This Period: 1000.00

Candidate Name: _____ Category/Type: _____

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

State: TN District: 00 Transaction ID: SB23.4252

C. LINCOLN DAVIS

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 07 / 30 / 2002

Mailing Address: 1890 DELK CREEK ROAD

City: PALM MALL State: TN Zip Code: 38577

Purpose of Disbursement: _____

Amount of Each Disbursement This Period: 5000.00

Candidate Name: _____ Category/Type: _____

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

State: TN District: 04 Transaction ID: SB23.4258

SUBTOTAL of Disbursements This Page (optional): 15000.00

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

MS

**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 5/7			
	<input type="checkbox"/> 21b 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 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) A. JANICE H BOWLING		Date of Disbursement 10 / 16 / 2002
Mailing Address 2315 OVOCA RD		Amount of Each Disbursement this Period 2500.00
City TULLAHOMA	State TN	
Purpose of Disbursement		Transaction ID: SB23.4277
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: TN	District: 04	

Full Name (Last, First, Middle Initial) B. JAMES COOPER		Date of Disbursement 10 / 17 / 2002
Mailing Address 2319 WOODMONT BLYD		Amount of Each Disbursement this Period 5000.00
City NASHVILLE	State TN	
Purpose of Disbursement		Transaction ID: SB23.4278
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: TN	District: 05	

Full Name (Last, First, Middle Initial) C. LINCOLN DAVIS		Date of Disbursement 10 / 29 / 2002
Mailing Address 1690 DELK CREEK ROAD		Amount of Each Disbursement this Period 5000.00
City FALL MALL	State TN	
Purpose of Disbursement		Transaction ID: SB23.4283
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: TN	District: 04	

SUBTOTAL of Disbursements This Page (optional)	12500.00
TOTAL This Period (last page has line number only)	

MB

**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 7/7	
<input type="checkbox"/> 21b	<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"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	

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

A. TALENT VICTORY COMMITTEE INC

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 10^M 10^D 2002

Mailing Address: 9378 OLIVE BLVD #206

City: ST LOUIS State: MO Zip Code: 63132

Amount of Each Disbursement This Period: 5000.00

Purpose of Disbursement: _____

Candidate Name: _____ Category Type: _____

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

State: MO District: 00 Transaction ID: SB23.4272 *MAB*

B. TALENT VICTORY COMMITTEE INC

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 10^M 22^D 2002

Mailing Address: 9378 OLIVE BLVD #206

City: ST LOUIS State: MO Zip Code: 63132

Amount of Each Disbursement This Period: 5000.00

Purpose of Disbursement: _____

Candidate Name: _____ Category Type: _____

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

State: MO District: 00 Transaction ID: SB23.4273 *MAB*

C. YOUNG, C W BILL

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 10^M 04^D 2002

Mailing Address: 2407 RAYBURN BUILDING

City: WASHINGTON State: DC Zip Code: 20515

Amount of Each Disbursement This Period: 2500.00

Purpose of Disbursement: _____

Candidate Name: _____ Category Type: _____

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

State: DC District: 10 Transaction ID: SB23.4281

SUBTOTAL of Disbursements This Page (optional)	12500.00
TOTAL This Period (last page this line number only)	25000.00

**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 10 / 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"/> 29
<input type="checkbox"/> 25	<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

A. MARK NORRIS Date of Disbursement: 07^M 22^D 2002^Y

Full Name (Last, First, Middle Initial)
MARK NORRIS

Mailing Address
853 S COLLIERVILLE-ARLINGTON RD

City: COLLIERVILLE State: TN Zip Code: 38017 Amount of Each Disbursement this Period: 1500.00

Purpose of Disbursement

Candidate Name Category Type

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

State: TN District: 07 Transaction ID: SB23.4259

B. TALENT FOR SENATE COMMITTEE Date of Disbursement: 08^M 27^D 2002^Y

Full Name (Last, First, Middle Initial)
TALENT FOR SENATE COMMITTEE

Mailing Address
9378 OLIVE BLVD #206

City: ST LOUIS State: MO Zip Code: 63132 Amount of Each Disbursement this Period: 1000.00

Purpose of Disbursement

Candidate Name Category Type

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

State: MO District: 00 Transaction ID: SB23.4267

C.

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	52500.00

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