

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

2. FEC IDENTIFICATION NUMBER C00153445
3. IS THIS REPORT NEW (N) OR X AMENDED (A)
CITY STATE ZIP CODE

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report(Q1)
July 15 Quarterly Report(Q2)
X October 15 Quarterly Report(Q3)
January 31 Quarterly Report(YE)
July 31 Mid-Year Report(Non-election Year Only) (MY)
Termination Report (TER)
(b) Monthly Report Due On:
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
(c) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
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 07 01 2002 through 09 30 2002

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 11 19 2002

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: ^h07 ^D01 ^v2002 To: ^h09 ^D30 ^v2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002		371571.82
(b) Cash on Hand at Beginning of Reporting Period	356479.66	
(c) Total Receipts (from Line 19)	15225.02	42632.86
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	371704.68	414204.68
7. Total Disbursements (from Line 30)	52500.00	95000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	319204.68	319204.68
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 (Revised 1/2001)

Page 3

Write or Type Committee Name

National Health Corporation Political Action Committee

Report Covering the Period: From: ^{MM}07 ^{DD}01 ^{YYYY}2002 To: ^{MM}09 ^{DD}30 ^{YYYY}2002

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	14695.45	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	14695.45	41048.49
(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)	14695.45	41048.49
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.)	529.57	1584.37
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)	15225.02	42632.86
20. Total Federal Receipts (subtract Line 18 from Line 19)	15225.02	42632.86

DETAILED SUMMARY PAGE

of Disbursements

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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.....	52500.00	95000.00
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)..... ▶	52500.00	95000.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	52500.00	95000.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	14695.45	41048.49
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	14695.45	41048.49
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 A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 5 / 10
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" 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)
National Health Corporation Political Action Committee

Full Name (Last, First, Middle Initial) _____

A. Mailing Address _____

City _____ State _____ Zip Code _____

Date of Receipt _____

N M / D E / Y Y Y Y
09 / 30 / 2002

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 529.57

Name of Employer _____ Occupation _____ Interest _____

Receipt For: _____ Aggregate Year-to-Date ▼

Primary General
Other (specify) ▼ 42832.86

Transaction ID: SA17.4243

B. _____

C. _____

SUBTOTAL of Receipts This Page (optional)	▶	529.57
TOTAL This Period (last page this line number only)	▶	529.57

**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)

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<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)
A. ALEXANDER FOR SENATE INC

Date of Disbursement

09 / 11 / 2002

Mailing Address
PO BOX 121919

City State Zip Code
NASHVILLE TN 37212

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: TN District: 00

Transaction ID: SB23.4247

Full Name (Last, First, Middle Initial)
B. ALEXANDER FOR SENATE INC

Date of Disbursement

09 / 11 / 2002

Mailing Address
PO BOX 121919

City State Zip Code
NASHVILLE TN 37212

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: TN District: 00

Transaction ID: SB23.4270

Full Name (Last, First, Middle Initial)
C. JAMES GRESHAM BARRETT

Date of Disbursement

09 / 11 / 2002

Mailing Address
PO BOX 889 204 RETREAT ST

City State Zip Code
WESTMINSTER SC 29683

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement

Candidate Name

Category/
Type

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

State: SC District: 03

Transaction ID: SB23.4249

SUBTOTAL of Disbursements This Page (optional) ▶ **14000.00**

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)

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<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) A. MARSHA W BLACKBURN		Date of Disbursement 08 / 27 / 2002	
Mailing Address 6103 MURRAY LANE City BRENTWOOD State TN Zip Code 37027		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.426B	
State: TN District: 7			

Full Name (Last, First, Middle Initial) B. JANICE H BOWLING		Date of Disbursement 08 / 11 / 2002	
Mailing Address 2315 OVDCA RD City TULLAHOMA State TN Zip Code 37388		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.4246	
State: TN District: 04			

Full Name (Last, First, Middle Initial) C. BROWN-WAITE FOR CONGRESS		Date of Disbursement 08 / 01 / 2002	
Mailing Address 2499 CURBREATH RD City BROOKSVILLE State FL Zip Code 34602		Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.4260	
State: FL District: 06			

SUBTOTAL of Disbursements This Page (optional) ▶	14500.00
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)

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<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) 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 8000.00	
Purpose of Disbursement		Transaction ID: SB23.4250	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: TN District: 00			

Full Name (Last, First, Middle Initial) B. 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		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: TN District: 00			

Full Name (Last, First, Middle Initial) C. LINCOLN DAVIS		Date of Disbursement 07 / 30 / 2002	
Mailing Address 1890 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		Category/ Type	
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) ▶	15000.00
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)

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<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) A. BARTON JENNINGS GORDON		Date of Disbursement 07 / 18 / 2002	
Mailing Address 940 EAST NORTHFIELD BOULEVARD City State Zip Code MURFREESBORO TN 37130		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement		Transaction ID: SB23.4253	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TN District: 06			

Full Name (Last, First, Middle Initial) B. LINDSEY O GRAHAM		Date of Disbursement 08 / 12 / 2002	
Mailing Address PO BOX 1155 City State Zip Code SENECA SC 29679		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.4262	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: SC District: 03			

Full Name (Last, First, Middle Initial) C. LINDSEY O GRAHAM		Date of Disbursement 08 / 27 / 2002	
Mailing Address PO BOX 1155 City State Zip Code SENECA SC 29679		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.4263	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: SC District: 03			

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
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)

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<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) A. MARK NORRIS		Date of Disbursement 07 / 22 / 2002	
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	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
Transaction ID: SB23.4255			

Full Name (Last, First, Middle Initial) B. TALENT FOR SENATE COMMITTEE		Date of Disbursement 08 / 27 / 2002	
Mailing Address 9378 OLIVE BLVD #208 City: ST LOUIS State: MO Zip Code: 63132		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00		Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
Transaction ID: SB23.4267			

C.

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