

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00153445 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End 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 (YE)
(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 / / 2021 through / / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Shelly, Tim, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Shelly, Tim, , ,* [Electronically Filed] Date / / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		282013.98
(b) Cash on Hand at Beginning of Reporting Period.....	282013.98	
(c) Total Receipts (from Line 19)	6648.43	6648.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	288662.41	288662.41
7. Total Disbursements (from Line 31).....	61000.00	61000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	227662.41	227662.41
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

Write or Type Committee Name

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

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).....	1635.67	1635.67
(ii) Unitemized	2999.70	2999.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4635.37	4635.37
(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 33, page 5)	4635.37	4635.37
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 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	13.06	13.06
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(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)).....▶	6648.43	6648.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6648.43	6648.43

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	61000.00	61000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. 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.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	61000.00	61000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61000.00	61000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	4635.37	4635.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4635.37	4635.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input 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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
UNITEMIZED, UNITEMIZED, , ,

Mailing Address UNITEMIZED

City UNITEMIZED	State TN	Zip Code 00000
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNITEMIZED	Occupation (for Individual) UNITEMIZED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1635.67

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		06		2021

Transaction ID : SA11AI.4345

Amount of Each Receipt this Period
1635.67

Memo Item
Unitemized Contributions

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1635.67
TOTAL This Period (last page this line number only).....	1635.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

A. DIANA FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 7208

City KINGSPORT	State TN	Zip Code 37664
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00741090

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

Transaction ID : SA16.4162

Amount of Each Receipt this Period
1000.00

Memo Item
 Voided check

B. WILLIAM TIMMONS FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 3416

City GREENVILLE	State SC	Zip Code 29602
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00668491

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2021

Transaction ID : SA16.4347

Amount of Each Receipt this Period
1000.00

Memo Item
 Voided check

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ADRIAN SMITH FOR CONGRESS

Mailing Address 1126 AVENUE A
STE 6

City SCOTTSBLUFF State NE Zip Code 69361

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 27 / 2021

FEC Identification Number

C C00412890

Transaction ID : SB23.4150

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 33079

City WASHINGTON State DC Zip Code 20033

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 27 / 2021

FEC Identification Number

C C00006080

Transaction ID : SB23.4160

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BLACKBURN TENNESSEE VICTORY FUND

Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 13 / 2021

FEC Identification Number

C C00676395

Transaction ID : SB23.4107

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. BURCHETT FOR CONGRESS

Mailing Address PO BOX 51345

City KNOXVILLE State TN Zip Code 37950

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: TN District: 02

Date of Disbursement: MM / DD / YYYY
12 / 15 / 2021

FEC Identification Number: C00652149
Transaction ID : SB23.4139
Amount of Each Disbursement this Period: 2000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Mailing Address P.O. BOX 11091

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: TN District: 03

Date of Disbursement: MM / DD / YYYY
12 / 27 / 2021

FEC Identification Number: C00461822
Transaction ID : SB23.4158
Amount of Each Disbursement this Period: 2000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. COOPER FOR CONGRESS

Mailing Address P.O. BOX 198497

City NASHVILLE State TN Zip Code 37219

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: TN District: 05

Date of Disbursement: MM / DD / YYYY
10 / 27 / 2021

FEC Identification Number: C00376665
Transaction ID : SB23.4121
Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DESJARLAIS, SCOTT HON.

Mailing Address 639 SWEETENS COVE RD

City
SOUTH PITTSBURG

State
TN

Zip Code
37380

Purpose of Disbursement
Contribution

Candidate Name

FRIENDS OF SCOTT DESJARLAIS

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2021			

FEC Identification Number

C C00464073

Transaction ID : SB23.4141

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DIANA FOR CONGRESS

Mailing Address PO BOX 7208

City
KINGSPORT

State
TN

Zip Code
37664

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: TN District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2021			

FEC Identification Number

C C00741090

Transaction ID : SB23.4137

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE
SUITE 1001

City
NEW YORK

State
NY

Zip Code
10016

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			02			2021			

FEC Identification Number

C C00346312

Transaction ID : SB23.4101

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

7500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE
SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2021			

FEC Identification Number

C C00346312

Transaction ID : SB23.4135

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JAKE AUCHINCLOSS FOR CONGRESS

Mailing Address P.O. BOX 600698

City NEWTONVILLE State MA Zip Code 02460

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: MA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			21			2021			

FEC Identification Number

C C00721449

Transaction ID : SB23.4115

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JASON SMITH FOR CONGRESS

Mailing Address PO BOX 1324

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: MO District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2021			

FEC Identification Number

C C00541862

Transaction ID : SB23.4133

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JEFF DUNCAN FOR CONGRESS

Mailing Address PO BOX 845

City
LAURENS

State
SC

Zip Code
29360

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: SC District: 03

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 27 / 2021

FEC Identification Number

C C00460550

Transaction ID : SB23.4099

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JEFFRIES FOR CONGRESS

Mailing Address 910 17TH ST NW
STE 925

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 08

Disbursement For: 2022
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 16 / 2021

FEC Identification Number

C C00503052

Transaction ID : SB23.4130

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN ROSE FOR TENNESSEE

Mailing Address PO BOX 2404

City
COOKEVILLE

State
TN

Zip Code
38502

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 06

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 27 / 2021

FEC Identification Number

C C00652743

Transaction ID : SB23.4123

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN ROSE FOR TENNESSEE

Mailing Address PO BOX 2404

City
COOKEVILLE

State
TN

Zip Code
38502

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2021			

FEC Identification Number

C C00652743

Transaction ID : SB23.4143

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KATHERINE CLARK FOR CONGRESS

Mailing Address PO BOX 159

City
BELMONT

State
MA

Zip Code
02478

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: MA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2021			

FEC Identification Number

C C00541888

Transaction ID : SB23.4152

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KUSTOFF FOR CONGRESS

Mailing Address 1661 AARON BRENNER DR
STE 300

City
MEMPHIS

State
TN

Zip Code
38120

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			10			2021			

FEC Identification Number

C C00614826

Transaction ID : SB23.4111

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KUSTOFF FOR CONGRESS

Mailing Address 1661 AARON BRENNER DR
STE 300

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 08

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 17 / 2021

FEC Identification Number

C C00614826

Transaction ID : SB23.4147

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MAGGIE FOR NH

Mailing Address PO BOX 298

City CONCORD State NH Zip Code 03302

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: NH District: 00

Disbursement For: 2022
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 27 / 2021

FEC Identification Number

C C00588772

Transaction ID : SB23.4156

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MARK GREEN FOR CONGRESS

Mailing Address PO BOX 2706

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 10 / 2021

FEC Identification Number

C C00658385

Transaction ID : SB23.4128

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARK KELLY FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	27	/	2021

Mailing Address PO BOX 27202

City TUCSON State AZ Zip Code 85726

FEC Identification Number

C C00696526

Transaction ID : SB23.4154

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought: House Senate President
State: AZ District: 00

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. MCCARTHY VICTORY FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	13	/	2021

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

FEC Identification Number

C C00541011

Transaction ID : SB23.4105

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought: House Senate President
State: CA District: 23

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. SCALISE LEADERSHIP FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	20	/	2021

Mailing Address 320 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

C C00568162

Transaction ID : SB23.4119

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought: House Senate President
State: LA District: 01

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STEPHEN LYNCH FOR CONGRESS

Mailing Address 169 W 8TH ST

City
SOUTH BOSTON

State
MA

Zip Code
02127

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	1		2	0	2	1		

FEC Identification Number

C C00366948

Transaction ID : SB23.4117

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TEAM HAGERTY

Mailing Address 4515 HARDING PIKE
STE 110

City
NASHVILLE

State
TN

Zip Code
37205

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: TN District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	7		2	0	2	1		

FEC Identification Number

C C00718627

Transaction ID : SB23.4109

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TEAM RAND

Mailing Address PO BOX 190

City
NEWPORT

State
KY

Zip Code
41072

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
	1		1	0		2	0	2	1		

FEC Identification Number

C C00766196

Transaction ID : SB23.4125

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TOM RICE FOR CONGRESS

Mailing Address PO BOX 70098

City
MYRTLE BEACH

State
SC

Zip Code
29572

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: SC District: 07

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 05 / 2021

FEC Identification Number

C C00506048

Transaction ID : SB23.4103

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAM TIMMONS FOR CONGRESS

Mailing Address PO BOX 3416

City
GREENVILLE

State
SC

Zip Code
29602

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: SC District: 04

Disbursement For: 2022
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 17 / 2021

FEC Identification Number

C C00668491

Transaction ID : SB23.4148

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City
PORTLAND

State
OR

Zip Code
97232

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: OR District: 00

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 21 / 2021

FEC Identification Number

C C00308676

Transaction ID : SB23.4113

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

61000.00