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## **FEC** FORM 3X

# **REPORT OF RECEIPTS** AND DISBURSEMENTS

TOKIM SX	For Other Than An Aut	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
National Health Corpo	oration PAC - Federal		
	<u> </u>		
ADDRESS (number and street)	P.O. Box 1398		
Check if different			
than previously reported. (ACC)	Murfreesboro		TN 37130 -
2. FEC IDENTIFICATION N	NUMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00153445		S THIS REPORT (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb	o 20 (M2) May 20 (I	(Non-Election Year Only)
(a) Quarterly Reports:	Ma	r 20 (M3) Jun 20 (M	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report July 15	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report October 15	(Q2) Report for the:	Convention (12C)	Special (12S)
Quarterly Report January 31		M = M / D = D	/ Y Y Y Y Y in the
Year-End Report  July 31 Mid-Year		on on	State of
Report (Non-elect Year Only) (MY)	ion (d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Repo (TER)	rt Election	on on	in the State of
5. Covering Period	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined	this Report and to the best o	f my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasur	Shelly, Tim, , , , rer		
Signature of Treasurer	elly, Tim, , ,	[Electronically Filed]	Date 10 / 15 / 2020
NOTE: Submission of false, erro	oneous, or incomplete information	on may subject the person signir	g this Report to the penalties of 52 U.S.C. § 30109
Office			FEC FORM 3X
Use Only			Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

#### National Health Corporation PAC - Federal

Report Covering the Period: From: 07 01 2020 To: 09 30 2020

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		336538.09
	(b) Cash on Hand at Beginning of Reporting Period	318030.23	
	(c) Total Receipts (from Line 19)	3238.59	11730.73
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	321268.82	348268.82
7.	Total Disbursements (from Line 31)	24603.00	51603.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	296665.82	296665.82
9.	Debts and Obligations Owed <b>TO</b> 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 (Rev. 05/2016)

Write or Type Committee Name

#### National Health Corporation PAC - Federal

2020 09 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1940.52 3497.88 (i) Itemized (use Schedule A)..... 1271.50 7258.35 (ii) Unitemized ..... (iii) TOTAL (add 10756.23 3212.02 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 10756.23 3212.02 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 974.50 (Dividends, Interest, etc.)..... 26.57 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (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))....... 11730.73 3238.59 20. Total Federal Receipts 3238.59 11730.73 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Calonida Toda to Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	4 4			
Expenditures	1603.00	1603.00		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	1603.00	1603.00		
Transfers to Affiliated/Other Party	0.00	0.00		
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	23000.00	35000.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
(444 2.1166 25(4), (6), 4.114 (6))	0.00	0.00		
Other Disbursements (Including		45000 00		
Non-Federal Donations)	0.00	15000.00		
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity	0))			
(from Schedule H6) (i) Federal Share	0.00	0.00		
·		0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24603.00	51603.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	24603.00	51603.00		

#### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/ Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3212.02	10756.23	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3212.02	10756.23	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1603.00	1603.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1603.00	1603.00	

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

Use separate schedule(s)

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for each category of the Detailed Summary Page 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Effland, Karla, R, , Date of Receipt Mailing Address 35 Sugar Maple Lane 2020 City Zip Code State Transaction ID: A2020-1620483 MO St. Charles 63303 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Asst Reg Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Effland, Karla, R,, Date of Receipt Mailing Address 35 Sugar Maple Lane 2020 City State Zip Code Transaction ID: A2020-1872289 St. Charles MO 63303 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Asst Reg Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Effland, Karla, R., Date of Receipt Mailing Address 35 Sugar Maple Lane 09 2020 City Zip Code State Transaction ID: A2020-2116880 MO St. Charles 63303 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Asst Reg Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Effland, Karla, R, , Date of Receipt Mailing Address 35 Sugar Maple Lane 2020 City Zip Code State Transaction ID: A2020-2128888 MO St. Charles 63303 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Asst Reg Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Effland, Karla, R, Date of Receipt Mailing Address 35 Sugar Maple Lane 2020 City State Zip Code Transaction ID: A2020-2129250 MO St. Charles 63303 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Asst Reg Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Effland, Karla, R., Date of Receipt Mailing Address 35 Sugar Maple Lane 20 2020 City Zip Code State Transaction ID: A2020-2199614 MO St. Charles 63303 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Asst Reg Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 475.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fleeman, Glendora, F,, Date of Receipt Mailing Address 374 Brink Street 2020 City Zip Code State Transaction ID: A2020-1620334 TN Lawrenceburg 38464 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Lawrenceburg Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Fleeman, Glendora, F, , Date of Receipt Mailing Address 374 Brink Street 2020 City State Zip Code Transaction ID: A2020-1872140 TN Lawrenceburg 38464 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Lawrenceburg Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Fleeman, Glendora, F, , Date of Receipt Mailing Address 374 Brink Street 09 2020 City Zip Code State Transaction ID: A2020-2116743 TN Lawrenceburg 38464 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Lawrenceburg Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Francis, Timothy, R,, Date of Receipt Mailing Address 801 Brim Street 2020 City Zip Code State Transaction ID: A2020-1620231 MO Desloge 63601 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Nursing NHC Desloge Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Francis, Timothy, R, , Date of Receipt Mailing Address 801 Brim Street 2020 City State Zip Code Transaction ID: A2020-1872037 MO Desloge 63601 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Desloge Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Francis, Timothy, R, Date of Receipt Mailing Address 801 Brim Street 09 2020 City Zip Code State Transaction ID: A2020-2116645 MO Desloge 63601 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Desloge Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

for each category of the 12 Detailed Summary Page 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goodwin, Pamela, J,, Date of Receipt Mailing Address 1425 McFarland Avenue 2020 City Zip Code State Transaction ID: A2020-1620500 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **NHC** Rossville Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Goodwin, Pamela, J, , Date of Receipt Mailing Address 1425 McFarland Avenue 2020 City State Zip Code Transaction ID: A2020-1872306 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Goodwin, Pamela, J., Date of Receipt Mailing Address 1425 McFarland Avenue 09 2020 City State Zip Code Transaction ID: A2020-2116895 GΑ Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goodwin, Pamela, J,, Date of Receipt Mailing Address 1425 McFarland Avenue 2020 City Zip Code State Transaction ID: A2020-2128903 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NHC** Rossville Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Goodwin, Pamela, J, , Date of Receipt Mailing Address 1425 McFarland Avenue 2020 City State Zip Code Transaction ID: A2020-2129265 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Goodwin, Pamela, J., Date of Receipt Mailing Address 1425 McFarland Avenue 20 2020 City State Zip Code Transaction ID: A2020-2199629 GΑ Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 475.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Heeren, R, C,, Date of Receipt Mailing Address 370 Old Shackle Island Road Zip Code State Transaction ID: A2020-1620385 TN Hendersonville 37075 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Hendersonville Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Heeren, R, C,, Date of Receipt Mailing Address 370 Old Shackle Island Road 2020 City State Zip Code Transaction ID: A2020-1872191 Hendersonville ΤN 37075 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Hendersonville Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Heeren, R, C, , Date of Receipt Mailing Address 370 Old Shackle Island Road 09 2020 Zip Code State Transaction ID: A2020-2116789 TN Hendersonville 37075 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Hendersonville Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Heeren, R, C,, Date of Receipt Mailing Address 370 Old Shackle Island Road Zip Code State Transaction ID: A2020-2128797 TN Hendersonville 37075 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Hendersonville Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Heeren, R, C,, Date of Receipt Mailing Address 370 Old Shackle Island Road 2020 City State Zip Code Transaction ID: A2020-2129159 Hendersonville ΤN 37075 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Hendersonville Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Heeren, R, C, , Date of Receipt Mailing Address 370 Old Shackle Island Road 20 2020 Zip Code State Transaction ID: A2020-2199524 TN Hendersonville 37075 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Hendersonville Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jones, Amy, R,, Date of Receipt Mailing Address 436 Pinehaven Street Ext. 2020 City Zip Code State Transaction ID: A2020-1872133 SC Laurens 29417 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Speech Pathologist **NHC Laurens** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jones, Amy, R,, Date of Receipt Mailing Address 436 Pinehaven Street Ext. 2020 City State Zip Code Transaction ID: A2020-2116738 SC Laurens 29417 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NHC Laurens** Speech Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Jones, Amy, R,, Date of Receipt Mailing Address 436 Pinehaven Street Ext. 23 2020 City Zip Code State Transaction ID: A2020-2128746 SC Laurens 29417 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Laurens Speech Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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14 13 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jones, Amy, R,, Date of Receipt Mailing Address 436 Pinehaven Street Ext. 2020 City Zip Code State Transaction ID: A2020-2129109 SC Laurens 29417 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Speech Pathologist **NHC Laurens** Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jones, Amy, R,, Date of Receipt Mailing Address 436 Pinehaven Street Ext. 2020 City State Zip Code Transaction ID: A2020-2199474 SC Laurens 29417 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NHC Laurens** Speech Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kelly, Nell, L, , Date of Receipt Mailing Address 438 Pinehaven Street Ext. 12 2020 City Zip Code State Transaction ID: A2020-1620328 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Laurens Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kelly, Nell, L, , Date of Receipt Mailing Address 438 Pinehaven Street Ext. 2020 City Zip Code State Transaction ID: A2020-1872134 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NHC Laurens** Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 295.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kelly, Nell, L,, Date of Receipt Mailing Address 438 Pinehaven Street Ext. 2020 City State Zip Code Transaction ID: A2020-2116739 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NHC Laurens** Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 315.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kelly, Nell, L, , Date of Receipt Mailing Address 438 Pinehaven Street Ext. 23 2020 City Zip Code State Transaction ID: A2020-2128747 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Laurens Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 335.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kelly, Nell, L, , Date of Receipt Mailing Address 438 Pinehaven Street Ext. 2020 City Zip Code State Transaction ID: A2020-2129110 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NHC Laurens** Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 355.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kelly, Nell, L,, Date of Receipt Mailing Address 438 Pinehaven Street Ext. 2020 City State Zip Code Transaction ID: A2020-2199475 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NHC Laurens** Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Powers, Brenda, S, , Date of Receipt Mailing Address 5010 Trotwood Avenue 12 2020 City Zip Code State Transaction ID: A2020-1620495 TN Columbia 38401 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Maury Regional Transitional Care C Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Powers, Brenda, S, Date of Receipt Mailing Address 5010 Trotwood Avenue 2020 City Zip Code State Transaction ID: A2020-1872301 TN Columbia 38401 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Maury Regional Transitional Care C Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Powers, Brenda, S, , Date of Receipt Mailing Address 5010 Trotwood Avenue 2020 City State Zip Code Transaction ID : A2020-2116706 TN Columbia 38401 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Maury Regional Transitional Care C Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Powers, Brenda, S, , Date of Receipt Mailing Address 5010 Trotwood Avenue 23 2020 City Zip Code State Transaction ID: A2020-2128716 TN Columbia 38401 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Maury Regional Transitional Care C Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Powers, Brenda, S, Date of Receipt Mailing Address 5010 Trotwood Avenue 2020 City Zip Code State Transaction ID: A2020-2129079 TN Columbia 38401 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Maury Regional Transitional Care C Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Powers, Brenda, S, , Date of Receipt Mailing Address 5010 Trotwood Avenue 2020 City State Zip Code Transaction ID: A2020-2199445 TN Columbia 38401 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Maury Regional Transitional Care C Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Rahmlow, Susan, L, Date of Receipt Mailing Address 3039 Okatie Highway 12 2020 City Zip Code State Transaction ID: A2020-1620208 SC Bluffton 29909 Amount of Each Receipt this Period FEC ID number of contributing C 33.42 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Bluffton Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 467.88 Other (specify) 73.42 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rahmlow, Susan, L, , Date of Receipt Mailing Address 3039 Okatie Highway 2020 City Zip Code State Transaction ID: A2020-1872014 SC Bluffton 29909 Amount of Each Receipt this Period FEC ID number of contributing C 33.42 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) NHC Bluffton Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 501.30 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rahmlow, Susan, L, , Date of Receipt Mailing Address 3039 Okatie Highway 2020 City State Zip Code Transaction ID: A2020-2116619 Bluffton SC 29909 Amount of Each Receipt this Period FEC ID number of contributing 33.42 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NHC Bluffton** Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 534.72 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Rahmlow, Susan, L, Date of Receipt Mailing Address 3039 Okatie Highway 23 2020 City Zip Code State Transaction ID: A2020-2128629 SC Bluffton 29909 Amount of Each Receipt this Period FEC ID number of contributing C 33.42 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Bluffton Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 568.14 Other (specify) 100.26 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rahmlow, Susan, L, , Date of Receipt Mailing Address 3039 Okatie Highway 2020 City Zip Code State Transaction ID: A2020-2128992 SC Bluffton 29909 Amount of Each Receipt this Period FEC ID number of contributing C 33.42 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) NHC Bluffton Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 601.56 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rahmlow, Susan, L, , Date of Receipt Mailing Address 3039 Okatie Highway 2020 City State Zip Code Transaction ID: A2020-2199359 Bluffton SC 29909 Amount of Each Receipt this Period FEC ID number of contributing 33.42 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NHC Bluffton** Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 634.98 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Redferin, Cara, D., Date of Receipt Mailing Address 100 E. Vine St. 12 2020 City Zip Code State Transaction ID: A2020-1620291 TN Murfreesboro 37130 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Health Corporation Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 86.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Redferin, Cara, D, , Date of Receipt Mailing Address 100 E. Vine St. 2020 City Zip Code State Transaction ID: A2020-1872097 TN 37130 Murfreesboro Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Health Corporation Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Redferin, Cara, D,, Date of Receipt Mailing Address 100 E. Vine St. 2020 City State Zip Code Transaction ID : A2020-2116968 TN Murfreesboro 37130 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Health Corporation Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Redferin, Cara, D., Date of Receipt Mailing Address 100 E. Vine St. 23 2020 City Zip Code State Transaction ID: A2020-2128976 TN Murfreesboro 37130 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Health Corporation Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Redferin, Cara, D, , Date of Receipt Mailing Address 100 E. Vine St. 2020 City Zip Code State Transaction ID: A2020-2129336 TN 37130 Murfreesboro Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Health Corporation Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Redferin, Cara, D,, Date of Receipt Mailing Address 100 E. Vine St. 2020 City State Zip Code Transaction ID : A2020-2199700 TN Murfreesboro 37130 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Health Corporation Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Robinson, Donna, L, , Date of Receipt Mailing Address 1501 East Greenville Street 12 2020 City Zip Code State Transaction ID: A2020-1620250 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Robinson, Donna, L, , Date of Receipt Mailing Address 1501 East Greenville Street 2020 City Zip Code State Transaction ID: A2020-1872056 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Robinson, Donna, L, , Date of Receipt Mailing Address 1501 East Greenville Street 2020 City State Zip Code Transaction ID: A2020-2116664 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NHC Anderson** Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Robinson, Donna, L, , Date of Receipt Mailing Address 1501 East Greenville Street 23 2020 City Zip Code State Transaction ID: A2020-2128674 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Robinson, Donna, L, , Date of Receipt Mailing Address 1501 East Greenville Street 2020 City Zip Code State Transaction ID: A2020-2129037 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Robinson, Donna, L, , Date of Receipt Mailing Address 1501 East Greenville Street 2020 City State Zip Code Transaction ID: A2020-2199404 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NHC Anderson** Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Tinsley, Renee, M, , Date of Receipt Mailing Address 437 East Cambridge Avenue 26 2020 City Zip Code State Transaction ID: A2020-1872335 SC Greenwood 29646 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Greenwood Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) 55.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tinsley, Renee, M,, Date of Receipt Mailing Address 437 East Cambridge Avenue 09 2020 City Zip Code State Transaction ID: A2020-2116921 SC Greenwood 29646 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Greenwood Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Tinsley, Renee, M, , Date of Receipt Mailing Address 437 East Cambridge Avenue 2020 City State Zip Code Transaction ID: A2020-2128929 SC Greenwood 29646 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Greenwood Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 245.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Tinsley, Renee, M, , Date of Receipt Mailing Address 437 East Cambridge Avenue 06 2020 City Zip Code State Transaction ID: A2020-2129291 SC Greenwood 29646 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Greenwood Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tinsley, Renee, M,, Date of Receipt Mailing Address 437 East Cambridge Avenue 2020 City Zip Code State Transaction ID: A2020-2199655 SC Greenwood 29646 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Greenwood Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tubbs, Jada, F,, Date of Receipt Mailing Address 100 E. Vine St. 2020 City State Zip Code Transaction ID: A2020-1620513 TN Murfreesboro 37130 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Health Corporation Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Tubbs, Jada, F, , Date of Receipt Mailing Address 100 E. Vine St. 26 2020 City Zip Code State Transaction ID: A2020-1872319 TN Murfreesboro 37130 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Health Corporation Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tubbs, Jada, F,, Date of Receipt Mailing Address 100 E. Vine St. 2020 City Zip Code State Transaction ID: A2020-2116969 TN 37130 Murfreesboro Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Health Corporation Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tubbs, Jada, F,, Date of Receipt Mailing Address 100 E. Vine St. 2020 City State Zip Code Transaction ID: A2020-2128977 TN Murfreesboro 37130 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Health Corporation Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Tubbs, Jada, F, , Date of Receipt Mailing Address 100 E. Vine St. 06 2020 City Zip Code State Transaction ID: A2020-2129337 TN Murfreesboro 37130 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Health Corporation Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 31 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tubbs, Jada, F,, Date of Receipt Mailing Address 100 E. Vine St. 2020 City Zip Code State Transaction ID: A2020-2199701 TN 37130 Murfreesboro Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Health Corporation Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Vogt, Charity, A, , Date of Receipt Mailing Address 3209 Bristol Highway 2020 City State Zip Code Transaction ID: A2020-1620225 TN Johnson City 37601 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Johnson City Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Vogt, Charity, A., Date of Receipt Mailing Address 3209 Bristol Highway 26 2020 City Zip Code State Transaction ID: A2020-1872031 TN Johnson City 37601 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Johnson City Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... \_\_\_

FOR LINE NUMBER: PAGE 32 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Vogt, Charity, A,, Date of Receipt Mailing Address 3209 Bristol Highway 09 2020 City Zip Code State Transaction ID: A2020-2116636 TN Johnson City 37601 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Johnson City Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Vogt, Charity, A, , Date of Receipt Mailing Address 3209 Bristol Highway 2020 City State Zip Code Transaction ID: A2020-2128646 TN Johnson City 37601 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Johnson City Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Vogt, Charity, A., Date of Receipt Mailing Address 3209 Bristol Highway 06 2020 City State Zip Code Transaction ID: A2020-2129009 TN Johnson City 37601 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Johnson City Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 33 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Vogt, Charity, A,, Date of Receipt Mailing Address 3209 Bristol Highway 2020 City Zip Code State Transaction ID: A2020-2199376 TN Johnson City 37601 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Johnson City Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 285.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ward, Mary, E,, Date of Receipt Mailing Address 2700 East 34th Street 2020 City State Zip Code Transaction ID: A2020-1620476 MO Joplin 64804 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Regional Social Worker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ward, Mary, E, , Date of Receipt Mailing Address 2700 East 34th Street 26 2020 City Zip Code State Transaction ID: A2020-1872282 MO Joplin 64804 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Regional Social Worker Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 55.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 34 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ward, Mary, E,, Date of Receipt Mailing Address 2700 East 34th Street 09 2020 City Zip Code State Transaction ID: A2020-2116872 MO Joplin 64804 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Social Worker PHS Missouri Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ward, Mary, E,, Date of Receipt Mailing Address 2700 East 34th Street 2020 City State Zip Code Transaction ID: A2020-2128880 MO Joplin 64804 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Regional Social Worker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 340.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ward, Mary, E, , Date of Receipt Mailing Address 2700 East 34th Street 06 2020 City Zip Code State Transaction ID: A2020-2129242 MO Joplin 64804 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Regional Social Worker Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE (check only one) **X** 11a 11b 11c

35 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ward, Mary, E,, Date of Receipt Mailing Address 2700 East 34th Street 20 2020 City Zip Code State Transaction ID: A2020-2199606 MO Joplin 64804 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Regional Social Worker Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 20.00 SUBTOTAL of Receipts This Page (optional)..... 1940.52 TOTAL This Period (last page this line number only).....

### S 17

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 OF 41						
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)						
	ny information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)  National Health Corporation PA	C - Fede	ral							
Α.	Full Name of Individual (Last, First, Middle Ini Regions Bank	tial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 100 E. Vine St.			07 31 2020						
	Murfreesboro	State TN	Zip Code 37130	Transaction ID : A2020-18073  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		13.42						
	Name of Employer (for Individual)	Occ	supation (for Individual)	Memo Item Bank Interest						
	Receipt For: 2020 Primary General	Aggregate	Year-to-Date ▼ 961.35							
_	Other (specify)  Not Applicable									
В.	Full Name of Individual (Last, First, Middle Ini Regions Bank	Date of Receipt								
	Mailing Address 100 E. Vine St.	0	7. 0.1	08 31 2020						
	City Murfreesboro	State TN	Zip Code 37130	Transaction ID : A2020-18118  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		13.15  Memo Item Bank Interest						
	Name of Employer (for Individual)	Occ	cupation (for Individual)							
	Receipt For: 2020 Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)  Not Applicable		974.50							
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini	tial) or Full (	Organization Name	Date of Receipt						
	Mailing Address			M = M / D = D / Y = Y = Y						
	City	State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
	Receipt For: Primary General Other (specify)									
s	SUBTOTAL of Receipts This Page (optional)			26.57						
Т	OTAL This Period (last page this line number	only)		26.57						

## S П

S	CHEDULE E	3 (FEC Form 3X)			FOR LINE NUMBER: PAGE 37 C				)F 41				
IT	EMIZED DIS	SBURSEMENTS		arate schedule(s) category of the	(check only one)								
				Summary Page	<b>x</b>					26 29	27 30b		
Δr	y information con	ied from such Reports and State	ments may r	not he sold or use	ad by any								ione
		urposes, other than using the na											
$\setminus$	NAME OF COM	, ,											
	National He	ealth Corporation PAC	- Federal										
_		First, Middle Initial)											
Α.	Internal Rev	venue Service			Date of Disbursement					Y	Y		
	Mailing Address	P.O. Box 409101					07		07	'	<u> </u>	2020	
	City		State PA	Zip Code 19104			FEC Id	lentific	cation	Nun	nber		
	Philadelphia Purpose of Disbu	ırsement	- FA	19104			С	-		_			
	Tax Payment				001			2200	otion	ID . E	376652	20	
	Candidate Name		Categor	y/						nt this F	Period		
	Office Sought:	House Disburse	ement For: 2	2020	Туре							1603.0	0
		Senate	Primary	General				,			,		
	State:	President District:	Other (spec	cify) <b>▼</b> Not Applicable			Me	emo l	tem				
_		First, Middle Initial)		тот дрисавіс									
В.	(	,					Date o	f Disk	burser	ment			
							M = M	1	D	D /	Υ	YY	Υ
	Mailing Address							_	_	4	L		
	City		State Zip Code				FEC Identification Number						
	Purpose of Disbu	ırsement					C						
	Candidate Name												
	Canadate Name				Categor Type	'y/	Amount of Each Disbursement this Period					Period	
	Office Sought:	House Disburse	ement For:	nent For: Primary General			1						
		Senate	Primary								,		
	State:	President District:	Other (spec	cify)			Me	emo I	tem				
_		First, Middle Initial)											
C.	, ,	,					Date o	f Dist	burser	ment			
	Mailing Address						M = M	1	D	D /	Y	Y	Υ
	Mailing Address								-				
	City		State	Zip Code			FEC Id	lentifi	cation	Nun	nber		
	Purpose of Disbu	ırsement				$\neg$	С						
								-		_		-	
	Candidate Name Catego Type					ry/	Amount of Each Disbursement this Period						
	Office Sought:	House Disburse	ement For:		.,,,,	$\dashv$							
		Senate	Primary	General			7 7						
	Ctata	President	Other (spec	cify) 🔻			Me	emo l	tem				
г	State:	District:					_						
s	UBTOTAL of Disk	oursements This Page (optional).				<b>•</b>			,		7	1603.0	00
L	OTAL TO		`								-	1603.0	00
ΙŢ	OTAL This Period	d (last page this line number only	/)								-	1000.0	, ,

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 38 OF							
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only one)							
	for each category of the Detailed Summary Page	21b	22 🗶 23 🔲 26 🔲 27						
	, ,	28a	28b 28c 29 30b						
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)									
National Health Corporation PAC -	Federal								
Full Name (Last, First, Middle Initial)	_								
A. McConnell for Majority Leader Com	nmittee		Date of Disbursement						
Mailing Address 228 S. Washington St. Suite 115		07 27 2020							
,	State Zip Code		FEC Identification Number						
, mortal laria	VA 22314								
Purpose of Disbursement Contribution	Г	011	C C00548651						
Candidate Name			Transaction ID : B766522						
Caradate Name		Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disbursem	nent For: 2020	Туро	5000.00						
Senate	Primary General		7 7						
President <b>x</b>	Other (specify) ▼		Memo Item						
State: District:	Not Applicable								
Full Name (Last, First, Middle Initial)									
B. Joe Wilson for Congress Committe	е		Date of Disbursement						
Mailing Address D.O.B. 2445									
Mailing Address P.O. Box 2145	adress P.O. Box 2145								
,	State Zip Code SC 29171		FEC Identification Number						
West Columbia Purpose of Disbursement	29171		C C00369533						
Contribution		011	C C00368522						
Candidate Name		Category/	Transaction ID: B767516  Amount of Each Disbursement this Period						
Wilson, Joe, , ,		Type	Attribute of Each Biobardonion time Forest						
Office Sought: House Disbursem	nent For: 2020		2500.00						
	Primary <b>x</b> General								
	Other (specify)		Memo Item						
State: SC District: 02									
Full Name (Last, First, Middle Initial)  C. Tim Scott For US Senate			Date of Disbursement						
o. Tim Scott For US Senate									
Mailing Address 1405 Ashley River Road			07 29 2020						
City	State Zip Code								
Charleston	SC 29407		FEC Identification Number						
Purpose of Disbursement			C C00540302						
Contribution		011	Transaction ID : B767517						
Candidate Name		Category/	Amount of Each Disbursement this Period						
Scott, Tim, , ,		Туре	2500.00						
☐ 0-m-t-	nent For: 2022		2500.00						
	Primary General  Other (specify) ▼								
State: SC District:	(op-on)/ <b>V</b>		Memo Item						
I									
SUBTOTAL of Disbursements This Page (optional)		·····•	10000.00						
TOTAL This Period (last page this line number only).		······ <b>&gt;</b>							

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 OF 41 (check only one)					
TILIMIZED DISBONSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)  National Health Corporation PAC -	, , , , , , , , , , , , , , , , , , , ,		The state of the s				
Full Name (Last, First, Middle Initial)  A. Collins Maine 2020			Date of Disbursement				
Mailing Address 901 N Washington St. Suite 700			08 06 2020				
Alexandria	State Zip Code VA 22314		FEC Identification Number				
Purpose of Disbursement Contribution Candidate Name		011 Category/	C C00716290  Transaction ID : B768463  Amount of Each Disbursement this Period				
Senate	nent For: 2020 Primary General Other (specify) ▼	Type	2500.00 Memo Item				
State: District:  Full Name (Last, First, Middle Initial)	Not Applicable	е	World Roll				
B. Citizens to Elect Rusty Crowe to Co  Mailing Address 3024 Peoples Street	Date of Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement						
,	State Zip Code TN 37604		FEC Identification Number				
Purpose of Disbursement Contribution		011	C C00738930  Transaction ID : B770132				
Candidate Name Crowe, Dewey (Rusty), , , II		Category/ Type	Amount of Each Disbursement this Period				
Senate President	nent For: 2020 Primary		1000.00  Memo Item				
State: TN District: 01  Full Name (Last, First, Middle Initial)  C. Kustoff for Congress			Date of Disbursement				
Mailing Address 1661 Aaron Brenner Dr. Suite 300			08 26 2020				
City  Memphis  Purpose of Disbursement  Contribution	State Zip Code TN 38120	011	FEC Identification Number  C C00614826				
Candidate Name Kustoff, David, , ,		Category/ Type	Transaction ID: B770130  Amount of Each Disbursement this Period				
Senate	nent For: 2020 Primary		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)			FOR LINE N	NUMBER:	PAGE 40 OF 41				
ITEMIZED DISBURSEMENTS	Use separate sch for each category		(check only	] oo					
	Detailed Summar		21b 28a	22 <b>x</b> 23 28c 28c	26 27 29 30b				
Any information copied from such Reports and State	monto mov not bo o	old or used							
or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)									
National Health Corporation PAC -	Federal								
Full Name (Last, First, Middle Initial)									
A. Val Demings for Congress				Date of Disburseme	nt				
Mailing Address P.O. Box 536926				08 26 2020					
City	State Zip Co	ode		FEC Identification N	umher				
Orlando	FL 3285	3		TEC Identification N	umber				
Purpose of Disbursement Contribution		l l	011	C C00590489					
Candidate Name		——— L		Transaction ID					
Demings, Valdez, , ,			Category/ Type	Amount of Each Dis	sbursement this Period				
	ment For: 2020		71		1000.00				
Senate	Primary X G	General							
President	Other (specify) ▼			Memo Item					
State: FL District: 10									
Full Name (Last, First, Middle Initial)  B. John Rose for Tennessee				Date of Disburseme	ent				
- John Rose for Termessee				M = M / D = D	/ Y Y Y Y				
Mailing Address P.O. Box 2404				08 27	2020				
,	State Zip Co			FEC Identification N	umber				
Cookeville Purpose of Disbursement	TN 3850	2		0.00050740					
Contribution			011	C C00652743					
Candidate Name			Category/	Transaction ID: B770533  Amount of Each Disbursement this Per					
Rose, John, W, ,			Type						
	ment For: 2020	_		4	2000.00				
Senate President	,	ieneral							
State: TN District: 06	Other (specify)			Memo Item					
Full Name (Last, First, Middle Initial)									
C. Nancy Mace for Congress				Date of Disburseme	nt				
				M M / D D	/ Y Y Y Y Y				
Mailing Address 295 Seven Farms Dr Suite C-186				08 31	2020				
City	State Zip Co	ode							
Charleston	SC 2949			FEC Identification N	umber				
Purpose of Disbursement Contribution				C C00549295					
Candidate Name			011	Transaction ID					
Mace, Nancy, , ,			Category/ Type	Amount of Each Dis	sbursement this Period				
	ment For: 2020		.,,,,		2000.00				
Senate	Primary G	General		7	4				
President	Other (specify) ▼			Memo Item					
State: SC District: 01									
SUBTOTAL of Disbursements This Page (optional)			·····•	-	5000.00				
TOTAL This Period (last page this line number only	)								
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.  NAME OF COMMITTEE (in Full)  National Health Corporation PAC - Federal  Full Name (Last, First, Middle Initial)  Date of Disbursement  Candidate Name  Clast, First, Middle Initial)  Date of Disbursement  Candidate Name  District: TN District: TN District: TN Disbursement  Candidate Name  Disbursement  Candidate Name  Disbursement  Candidate Name  Disbursement For: 2020  Full Name (Last, First, Middle Initial)  Date of Disbursement  Candidate Name  Disbursement For:  Category'  Type  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category'  Type  Category'  Type  Category'  Type  Category'  Type  Category'  Type	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	FOR LINE (check only	
And C of CoMINTIEE (in Full) National Health Corporation PAC - Federal  Full Name (Last, First, Middle Initial)  Date of Disbursement Contribution Cardidate Name Harshbarger, Diana, , Office Sought:   House   Primary   State   Transaction   State   Transaction   Tran					
Name of Committee (in Full) National Health Corporation PAC - Federal  Full Name (Last, First, Middle Initial) Diana for Congress  Mailing Address P.O. Box 7208  City Kingsport Cardidate Name President State: TN District Contribution  City Nashvilla Purpose of Disbursement Contribution  City Nashvilla State: TN District District Condidate Name Cardidate Name Hagerty Mailing Address  City Nashvilla District Full Name (Last, First, Middle Initial)  State: TN District  Cardidate Name Cardidate Name President State: TN District  Dist					
National Health Corporation PAC - Federal  Full Name (Last, First, Middle Initial)  Diana for Congress  Malling Address P.O. Box 7208  City Kingsport TN 37664  Furpose of Disbursement Contribution Cardidate Name Hagerty Malling Address  City State TN Disfirct State TN Disfirct Total Disbursement Contribution Category  Disbursement For: 2020 City Malling Address  City Nashville TN State TN Disfirct Transaction ID: 8774272 Transaction ID: 8774271 Transaction	117	addit	, pontion		
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