

# 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 PAC - Federal

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 [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2020 through [MM] / [DD] / [YYYY] 09 / 30 / 2020

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 [MM] / [DD] / [YYYY] 10 / 15 / 2020

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)

Write or Type Committee Name

National Health Corporation PAC - Federal

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="2020"/>	<input type="text" value="336538.09"/>	<input type="text" value="336538.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="318030.23"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3238.59"/>	<input type="text" value="11730.73"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="321268.82"/>	<input type="text" value="348268.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24603.00"/>	<input type="text" value="51603.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="296665.82"/>	<input type="text" value="296665.82"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2020 To: M M / D D / Y Y Y Y 09 / 30 / 2020

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).....	1940.52	3497.88
(ii) Unitemized .....	1271.50	7258.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3212.02	10756.23
(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) .....	3212.02	10756.23
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.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	26.57	974.50
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)).....▶	3238.59	11730.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3238.59	11730.73

**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 .....	1603.00	1603.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1603.00	1603.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	35000.00
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	15000.00
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)) ..	24603.00	51603.00
32. 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

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3212.02	10756.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3212.02	10756.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1603.00	1603.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1603.00	1603.00

**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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. Efland, Karla, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Sugar Maple Lane  
 City St. Charles State MO Zip Code 63303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PHS Missouri Occupation (for Individual) Asst Reg Nurse Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2020  
**Transaction ID : A2020-1620483**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Efland, Karla, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Sugar Maple Lane  
 City St. Charles State MO Zip Code 63303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PHS Missouri Occupation (for Individual) Asst Reg Nurse Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2020  
**Transaction ID : A2020-1872289**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Efland, Karla, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Sugar Maple Lane  
 City St. Charles State MO Zip Code 63303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PHS Missouri Occupation (for Individual) Asst Reg Nurse Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2020  
**Transaction ID : A2020-2116880**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 41
	<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"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Efland, Karla, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Sugar Maple Lane  
 City St. Charles State MO Zip Code 63303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PHS Missouri Occupation (for Individual) Asst Reg Nurse Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : A2020-212888**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Efland, Karla, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Sugar Maple Lane  
 City St. Charles State MO Zip Code 63303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PHS Missouri Occupation (for Individual) Asst Reg Nurse Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 06 / 2020  
**Transaction ID : A2020-2129250**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Efland, Karla, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Sugar Maple Lane  
 City St. Charles State MO Zip Code 63303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PHS Missouri Occupation (for Individual) Asst Reg Nurse Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 20 / 2020  
**Transaction ID : A2020-2199614**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 8 OF 41
	<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"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Fleeman, Glendora, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 374 Brink Street  
 City Lawrenceburg State TN Zip Code 38464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Lawrenceburg Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 12 / 2020  
**Transaction ID : A2020-1620334**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Fleeman, Glendora, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 374 Brink Street  
 City Lawrenceburg State TN Zip Code 38464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Lawrenceburg Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 26 / 2020  
**Transaction ID : A2020-1872140**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Fleeman, Glendora, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 374 Brink Street  
 City Lawrenceburg State TN Zip Code 38464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Lawrenceburg Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : A2020-2116743**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 9 OF 41
<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Fleeman, Glendora, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 374 Brink Street  
 City Lawrenceburg State TN Zip Code 38464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Lawrenceburg Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **08 / 23 / 2020**  
**Transaction ID : A2020-2128751**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Fleeman, Glendora, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 374 Brink Street  
 City Lawrenceburg State TN Zip Code 38464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Lawrenceburg Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **09 / 06 / 2020**  
**Transaction ID : A2020-2129114**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Fleeman, Glendora, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 374 Brink Street  
 City Lawrenceburg State TN Zip Code 38464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Lawrenceburg Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **09 / 20 / 2020**  
**Transaction ID : A2020-2199479**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 10 OF 41
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Francis, Timothy, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 Brim Street  
 City Desloge State MO Zip Code 63601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Desloge Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 12 / 2020**  
**Transaction ID : A2020-1620231**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Francis, Timothy, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 Brim Street  
 City Desloge State MO Zip Code 63601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Desloge Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 26 / 2020**  
**Transaction ID : A2020-1872037**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Francis, Timothy, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 Brim Street  
 City Desloge State MO Zip Code 63601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Desloge Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **08 / 09 / 2020**  
**Transaction ID : A2020-2116645**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 11 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Francis, Timothy, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 Brim Street  
 City Desloge State MO Zip Code 63601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Desloge Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : A2020-2128655**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Francis, Timothy, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 Brim Street  
 City Desloge State MO Zip Code 63601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Desloge Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 06 / 2020  
**Transaction ID : A2020-2129018**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Francis, Timothy, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 Brim Street  
 City Desloge State MO Zip Code 63601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Desloge Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 20 / 2020  
**Transaction ID : A2020-2199385**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 12 OF 41
	<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"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Goodwin, Pamela, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 McFarland Avenue  
 City Rossville State GA Zip Code 30741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Rossville Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2020  
**Transaction ID : A2020-1620500**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. Goodwin, Pamela, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 McFarland Avenue  
 City Rossville State GA Zip Code 30741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Rossville Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2020  
**Transaction ID : A2020-1872306**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Goodwin, Pamela, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 McFarland Avenue  
 City Rossville State GA Zip Code 30741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Rossville Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2020  
**Transaction ID : A2020-2116895**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 13 OF 41
	<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"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Goodwin, Pamela, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 McFarland Avenue  
 City Rossville State GA Zip Code 30741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Rossville Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt **08 / 23 / 2020**  
**Transaction ID : A2020-2128903**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Goodwin, Pamela, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 McFarland Avenue  
 City Rossville State GA Zip Code 30741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Rossville Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 06 / 2020**  
**Transaction ID : A2020-2129265**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Goodwin, Pamela, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 McFarland Avenue  
 City Rossville State GA Zip Code 30741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Rossville Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt **09 / 20 / 2020**  
**Transaction ID : A2020-2199629**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 14 OF 41
<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Heeren, R, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 370 Old Shackle Island Road  
 City Hendersonville State TN Zip Code 37075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Hendersonville Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 07 / 12 / 2020  
**Transaction ID : A2020-1620385**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Heeren, R, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 370 Old Shackle Island Road  
 City Hendersonville State TN Zip Code 37075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Hendersonville Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 07 / 26 / 2020  
**Transaction ID : A2020-1872191**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Heeren, R, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 370 Old Shackle Island Road  
 City Hendersonville State TN Zip Code 37075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Hendersonville Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : A2020-2116789**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 15 OF 41
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Heeren, R, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 370 Old Shackle Island Road  
 City Hendersonville State TN Zip Code 37075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Hendersonville Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : A2020-2128797**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Heeren, R, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 370 Old Shackle Island Road  
 City Hendersonville State TN Zip Code 37075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Hendersonville Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 06 / 2020  
**Transaction ID : A2020-2129159**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Heeren, R, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 370 Old Shackle Island Road  
 City Hendersonville State TN Zip Code 37075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Hendersonville Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 20 / 2020  
**Transaction ID : A2020-2199524**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 16 OF 41
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Jones, Amy, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 436 Pinehaven Street Ext.  
 City Laurens State SC Zip Code 29417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Speech Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 26 / 2020  
**Transaction ID : A2020-1872133**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Jones, Amy, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 436 Pinehaven Street Ext.  
 City Laurens State SC Zip Code 29417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Speech Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : A2020-2116738**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Jones, Amy, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 436 Pinehaven Street Ext.  
 City Laurens State SC Zip Code 29417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Speech Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : A2020-2128746**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 17 OF 41
	<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"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Jones, Amy, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 436 Pinehaven Street Ext.  
 City Laurens State SC Zip Code 29417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Speech Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 06 / 2020  
**Transaction ID : A2020-2129109**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Jones, Amy, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 436 Pinehaven Street Ext.  
 City Laurens State SC Zip Code 29417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Speech Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 20 / 2020  
**Transaction ID : A2020-2199474**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Kelly, Nell, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 438 Pinehaven Street Ext.  
 City Laurens State SC Zip Code 29419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 12 / 2020  
**Transaction ID : A2020-1620328**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 18 OF 41
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Kelly, Nell, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 438 Pinehaven Street Ext.  
 City Laurens State SC Zip Code 29419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt **07 / 26 / 2020**  
**Transaction ID : A2020-1872134**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Kelly, Nell, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 438 Pinehaven Street Ext.  
 City Laurens State SC Zip Code 29419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **08 / 09 / 2020**  
**Transaction ID : A2020-2116739**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Kelly, Nell, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 438 Pinehaven Street Ext.  
 City Laurens State SC Zip Code 29419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt **08 / 23 / 2020**  
**Transaction ID : A2020-2128747**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 19 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Kelly, Nell, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 438 Pinehaven Street Ext.  
 City Laurens State SC Zip Code 29419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 09 / 06 / 2020  
**Transaction ID : A2020-2129110**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Kelly, Nell, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 438 Pinehaven Street Ext.  
 City Laurens State SC Zip Code 29419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 20 / 2020  
**Transaction ID : A2020-2199475**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Powers, Brenda, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5010 Trotwood Avenue  
 City Columbia State TN Zip Code 38401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Maury Regional Transitional Care C Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 12 / 2020  
**Transaction ID : A2020-1620495**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 20 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Powers, Brenda, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5010 Trotwood Avenue  
 City Columbia State TN Zip Code 38401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Maury Regional Transitional Care C Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 26 / 2020**  
**Transaction ID : A2020-1872301**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Powers, Brenda, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5010 Trotwood Avenue  
 City Columbia State TN Zip Code 38401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Maury Regional Transitional Care C Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt **08 / 09 / 2020**  
**Transaction ID : A2020-2116706**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Powers, Brenda, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5010 Trotwood Avenue  
 City Columbia State TN Zip Code 38401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Maury Regional Transitional Care C Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00

Date of Receipt **08 / 23 / 2020**  
**Transaction ID : A2020-2128716**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 21 OF 41
	<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"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Powers, Brenda, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5010 Trotwood Avenue  
 City Columbia State TN Zip Code 38401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Maury Regional Transitional Care C Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 06 / 2020  
**Transaction ID : A2020-2129079**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Powers, Brenda, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5010 Trotwood Avenue  
 City Columbia State TN Zip Code 38401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Maury Regional Transitional Care C Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 20 / 2020  
**Transaction ID : A2020-2199445**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Rahmlow, Susan, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3039 Okatie Highway  
 City Bluffton State SC Zip Code 29909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Bluffton Occupation (for Individual) Assistant Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 467.88

Date of Receipt 07 / 12 / 2020  
**Transaction ID : A2020-1620208**  
 Amount of Each Receipt this Period 33.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	73.42
<b>TOTAL</b> This Period (last page this line number only).....	

**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 22 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Rahmlow, Susan, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3039 Okatie Highway  
 City Bluffton State SC Zip Code 29909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Bluffton Occupation (for Individual) Assistant Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 501.30

Date of Receipt **07 / 26 / 2020**  
**Transaction ID : A2020-1872014**  
 Amount of Each Receipt this Period 33.42  
 Memo Item

**B. Rahmlow, Susan, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3039 Okatie Highway  
 City Bluffton State SC Zip Code 29909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Bluffton Occupation (for Individual) Assistant Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 534.72

Date of Receipt **08 / 09 / 2020**  
**Transaction ID : A2020-2116619**  
 Amount of Each Receipt this Period 33.42  
 Memo Item

**C. Rahmlow, Susan, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3039 Okatie Highway  
 City Bluffton State SC Zip Code 29909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Bluffton Occupation (for Individual) Assistant Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 568.14

Date of Receipt **08 / 23 / 2020**  
**Transaction ID : A2020-2128629**  
 Amount of Each Receipt this Period 33.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.26
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 23 OF 41
	<input checked="" 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 type="checkbox"/> 16 <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 PAC - Federal**

**A. Rahmlow, Susan, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3039 Okatie Highway

City Bluffton	State SC	Zip Code 29909
------------------	-------------	-------------------

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

Name of Employer (for Individual) NHC Bluffton	Occupation (for Individual) Assistant Director of Nursing
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
601.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2020

**Transaction ID : A2020-2128992**

Amount of Each Receipt this Period  
33.42

Memo Item

**B. Rahmlow, Susan, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3039 Okatie Highway

City Bluffton	State SC	Zip Code 29909
------------------	-------------	-------------------

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

Name of Employer (for Individual) NHC Bluffton	Occupation (for Individual) Assistant Director of Nursing
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
634.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2020

**Transaction ID : A2020-2199359**

Amount of Each Receipt this Period  
33.42

Memo Item

**C. Redferin, Cara, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Vine St.

City Murfreesboro	State TN	Zip Code 37130
----------------------	-------------	-------------------

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

Name of Employer (for Individual) National Health Corporation	Occupation (for Individual) Director of Nursing
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2020

**Transaction ID : A2020-1620291**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	86.84
<b>TOTAL</b> This Period (last page this line number only).....	

**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 24 OF 41
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Redferin, Cara, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E. Vine St.  
 City Murfreesboro State TN Zip Code 37130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Health Corporation Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 26 / 2020**  
**Transaction ID : A2020-1872097**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Redferin, Cara, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E. Vine St.  
 City Murfreesboro State TN Zip Code 37130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Health Corporation Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **08 / 09 / 2020**  
**Transaction ID : A2020-2116968**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Redferin, Cara, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E. Vine St.  
 City Murfreesboro State TN Zip Code 37130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Health Corporation Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **08 / 23 / 2020**  
**Transaction ID : A2020-2128976**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 25 OF 41
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Redferin, Cara, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E. Vine St.  
 City Murfreesboro State TN Zip Code 37130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Health Corporation Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 06 / 2020  
**Transaction ID : A2020-2129336**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Redferin, Cara, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E. Vine St.  
 City Murfreesboro State TN Zip Code 37130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Health Corporation Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 20 / 2020  
**Transaction ID : A2020-2199700**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Robinson, Donna, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 East Greenville Street  
 City Anderson State SC Zip Code 29621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 12 / 2020  
**Transaction ID : A2020-1620250**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 26 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. Robinson, Donna, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 East Greenville Street  
 City Anderson State SC Zip Code 29621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 26 / 2020  
**Transaction ID : A2020-1872056**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Robinson, Donna, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 East Greenville Street  
 City Anderson State SC Zip Code 29621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : A2020-2116664**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Robinson, Donna, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 East Greenville Street  
 City Anderson State SC Zip Code 29621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : A2020-2128674**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 27 OF 41
	<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"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Robinson, Donna, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 East Greenville Street  
 City Anderson State SC Zip Code 29621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2020  
**Transaction ID : A2020-2129037**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Robinson, Donna, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 East Greenville Street  
 City Anderson State SC Zip Code 29621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2020  
**Transaction ID : A2020-2199404**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Tinsley, Renee, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 East Cambridge Avenue  
 City Greenwood State SC Zip Code 29646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Greenwood Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2020  
**Transaction ID : A2020-1872335**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 28 OF 41
	<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"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Tinsley, Renee, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 East Cambridge Avenue  
 City Greenwood State SC Zip Code 29646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Greenwood Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **08 / 09 / 2020**  
**Transaction ID : A2020-2116921**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Tinsley, Renee, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 East Cambridge Avenue  
 City Greenwood State SC Zip Code 29646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Greenwood Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **08 / 23 / 2020**  
**Transaction ID : A2020-2128929**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Tinsley, Renee, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 East Cambridge Avenue  
 City Greenwood State SC Zip Code 29646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Greenwood Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **09 / 06 / 2020**  
**Transaction ID : A2020-2129291**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 45.00  
**TOTAL** This Period (last page this line number only).....▶

**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 29 OF 41
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Tinsley, Renee, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 East Cambridge Avenue  
 City Greenwood State SC Zip Code 29646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Greenwood Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **09 / 20 / 2020**  
**Transaction ID : A2020-2199655**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Tubbs, Jada, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E. Vine St.  
 City Murfreesboro State TN Zip Code 37130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Health Corporation Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **07 / 12 / 2020**  
**Transaction ID : A2020-1620513**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Tubbs, Jada, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E. Vine St.  
 City Murfreesboro State TN Zip Code 37130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Health Corporation Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **07 / 26 / 2020**  
**Transaction ID : A2020-1872319**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 30 OF 41
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Tubbs, Jada, F, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Vine St.

City Murfreesboro	State TN	Zip Code 37130
----------------------	-------------	-------------------

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

Name of Employer (for Individual) National Health Corporation	Occupation (for Individual) Director of Nursing
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2020

**Transaction ID : A2020-2119699**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Tubbs, Jada, F, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Vine St.

City Murfreesboro	State TN	Zip Code 37130
----------------------	-------------	-------------------

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

Name of Employer (for Individual) National Health Corporation	Occupation (for Individual) Director of Nursing
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2020

**Transaction ID : A2020-2128977**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Tubbs, Jada, F, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Vine St.

City Murfreesboro	State TN	Zip Code 37130
----------------------	-------------	-------------------

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

Name of Employer (for Individual) National Health Corporation	Occupation (for Individual) Director of Nursing
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2020

**Transaction ID : A2020-2129337**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 31 OF 41
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Tubbs, Jada, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E. Vine St.  
 City Murfreesboro State TN Zip Code 37130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Health Corporation Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 20 / 2020  
**Transaction ID : A2020-2199701**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Vogt, Charity, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3209 Bristol Highway  
 City Johnson City State TN Zip Code 37601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Johnson City Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 12 / 2020  
**Transaction ID : A2020-1620225**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Vogt, Charity, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3209 Bristol Highway  
 City Johnson City State TN Zip Code 37601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Johnson City Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 26 / 2020  
**Transaction ID : A2020-1872031**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 32 OF 41
	<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"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Vogt, Charity, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3209 Bristol Highway  
 City Johnson City State TN Zip Code 37601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Johnson City Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : A2020-2116636**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Vogt, Charity, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3209 Bristol Highway  
 City Johnson City State TN Zip Code 37601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Johnson City Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : A2020-2128646**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Vogt, Charity, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3209 Bristol Highway  
 City Johnson City State TN Zip Code 37601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Johnson City Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 06 / 2020  
**Transaction ID : A2020-2129009**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 33 OF 41
	<input checked="" 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 type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Vogt, Charity, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3209 Bristol Highway  
 City Johnson City State TN Zip Code 37601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Johnson City Occupation (for Individual) Director of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 20 / 2020  
**Transaction ID : A2020-2199376**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Ward, Mary, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2700 East 34th Street  
 City Joplin State MO Zip Code 64804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PHS Missouri Occupation (for Individual) Regional Social Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 12 / 2020  
**Transaction ID : A2020-1620476**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Ward, Mary, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2700 East 34th Street  
 City Joplin State MO Zip Code 64804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PHS Missouri Occupation (for Individual) Regional Social Worker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 26 / 2020  
**Transaction ID : A2020-1872282**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 34 OF 41
	<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"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Ward, Mary, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2700 East 34th Street

City Joplin	State MO	Zip Code 64804
----------------	-------------	-------------------

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

Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Regional Social Worker
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2020

**Transaction ID : A2020-2116872**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Ward, Mary, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2700 East 34th Street

City Joplin	State MO	Zip Code 64804
----------------	-------------	-------------------

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

Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Regional Social Worker
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2020

**Transaction ID : A2020-2128880**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Ward, Mary, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2700 East 34th Street

City Joplin	State MO	Zip Code 64804
----------------	-------------	-------------------

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

Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Regional Social Worker
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2020

**Transaction ID : A2020-2129242**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 35 OF 41
(check only one)	
<input checked="" 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 type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Ward, Mary, E, ,

Mailing Address 2700 East 34th Street

City Joplin	State MO	Zip Code 64804
----------------	-------------	-------------------

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

Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Regional Social Worker
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		20		2020

**Transaction ID : A2020-2199606**

Amount of Each Receipt this Period  
20.00

Memo Item

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20.00
<b>TOTAL</b> This Period (last page this line number only).....	1940.52

**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 36 OF 41
<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 type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Health Corporation PAC - Federal**

**A. Regions Bank**

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

Mailing Address 100 E. Vine St.

City Murfreesboro	State TN	Zip Code 37130
----------------------	-------------	-------------------

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

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

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Not Applicable

Aggregate Year-to-Date ▼  
961.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2020

**Transaction ID : A2020-18073**

Amount of Each Receipt this Period  
13.42

Memo Item  
Bank Interest

**B. Regions Bank**

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

Mailing Address 100 E. Vine St.

City Murfreesboro	State TN	Zip Code 37130
----------------------	-------------	-------------------

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

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

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Not Applicable

Aggregate Year-to-Date ▼  
974.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : A2020-18118**

Amount of Each Receipt this Period  
13.15

Memo Item  
Bank Interest

**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
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	26.57
<b>TOTAL</b> This Period (last page this line number only).....	26.57

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 PAC - Federal**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address P.O. Box 409101

City Philadelphia

State PA

Zip Code 19104

Purpose of Disbursement  
Tax Payment

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼  
 Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2020

FEC Identification Number

C
---

Transaction ID : B766520

Amount of Each Disbursement this Period

1603.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Memo Item

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

1603.00
---------

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

1603.00
---------

**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 PAC - Federal**

Full Name (Last, First, Middle Initial)

**A. McConnell for Majority Leader Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2020

Mailing Address 228 S. Washington St. Suite 115

FEC Identification Number

**C** C00548651

**Transaction ID : B766522**

Amount of Each Disbursement this Period

5000.00

Memo Item

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

**011**  
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Full Name (Last, First, Middle Initial)

**B. Joe Wilson for Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2020

Mailing Address P.O. Box 2145

FEC Identification Number

**C** C00368522

**Transaction ID : B767516**

Amount of Each Disbursement this Period

2500.00

Memo Item

City West Columbia State SC Zip Code 29171

Purpose of Disbursement Contribution

**011**  
Category/Type

Candidate Name

**Wilson, Joe, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: SC District: 02

Full Name (Last, First, Middle Initial)

**C. Tim Scott For US Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2020

Mailing Address 1405 Ashley River Road

FEC Identification Number

**C** C00540302

**Transaction ID : B767517**

Amount of Each Disbursement this Period

2500.00

Memo Item

City Charleston State SC Zip Code 29407

Purpose of Disbursement Contribution

**011**  
Category/Type

Candidate Name

**Scott, Tim, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: SC District:

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

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

10000.00

**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 PAC - Federal**

Full Name (Last, First, Middle Initial) <b>A. Collins Maine 2020</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020
Mailing Address 901 N Washington St. Suite 700		FEC Identification Number C00716290 <b>Transaction ID : B768463</b>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Citizens to Elect Rusty Crowe to Congress</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2020
Mailing Address 3024 Peoples Street		FEC Identification Number C00738930 <b>Transaction ID : B770132</b>
City Johnson City	State TN	Zip Code 37604
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Crowe, Dewey (Rusty), , , II</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN	District: 01	

Full Name (Last, First, Middle Initial) <b>C. Kustoff for Congress</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2020
Mailing Address 1661 Aaron Brenner Dr. Suite 300		FEC Identification Number C00614826 <b>Transaction ID : B770130</b>
City Memphis	State TN	Zip Code 38120
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Kustoff, David, , ,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 08	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<b>TOTAL</b> 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 PAC - Federal**

Full Name (Last, First, Middle Initial) <b>A. Val Demings for Congress</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2020
Mailing Address P.O. Box 536926		FEC Identification Number C C00590489 <b>Transaction ID : B770129</b>
City Orlando	State FL	Zip Code 32853
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Demings, Valdez, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: FL District: 10	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. John Rose for Tennessee</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2020
Mailing Address P.O. Box 2404		FEC Identification Number C C00652743 <b>Transaction ID : B770533</b>
City Cookeville	State TN	Zip Code 38502
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Rose, John, W, ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: TN District: 06	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Nancy Mace for Congress</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2020
Mailing Address 295 Seven Farms Dr Suite C-186		FEC Identification Number C C00549295 <b>Transaction ID : B770665</b>
City Charleston	State SC	Zip Code 29492
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Mace, Nancy, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: SC District: 01	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

5000.00



# 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 PAC - Federal**

**A. Diana for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 7208

City Kingsport State TN Zip Code 37664

Purpose of Disbursement Contribution  
Candidate Name Harshbarger, Diana, , ,  
Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: TN District: 01

Date of Disbursement 09 / 25 / 2020

FEC Identification Number C C00741090  
Transaction ID : B774272  
Amount of Each Disbursement this Period 1000.00  
 Memo Item

**B. Team Hagerty**

Full Name (Last, First, Middle Initial)  
Mailing Address 4515 Harding Pike Suite 110

City Nashville State TN Zip Code 37205

Purpose of Disbursement Contribution  
Candidate Name Hagerty, Bill, , ,  
Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: TN District:

Date of Disbursement 09 / 25 / 2020

FEC Identification Number C C00718627  
Transaction ID : B774271  
Amount of Each Disbursement this Period 2500.00  
 Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement / /

FEC Identification Number C  
Amount of Each Disbursement this Period  
 Memo Item

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

3500.00

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

23000.00