

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) P.O. BOX 1398 MURFREESBORO TN 37130

2. FEC IDENTIFICATION NUMBER C C00153445 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2021 through 06 / 30 / 2021

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

Signature of Treasurer Shelly, Tim, , , [Electronically Filed] Date 07 / 29 / 2021

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 POLITICAL ACTION COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		255714.99
(b) Cash on Hand at Beginning of Reporting Period.....	255714.99	
(c) Total Receipts (from Line 19) .....	45074.99	45074.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	300789.98	300789.98
7. Total Disbursements (from Line 31).....	18776.00	18776.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	282013.98	282013.98
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23086.80	23086.80
(ii) Unitemized .....	8221.26	8221.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	31308.06	31308.06
(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) .....	31308.06	31308.06
12. Transfers From Affiliated/Other Party Committees.....	13734.40	13734.40
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.).....	32.53	32.53
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)).....▶	45074.99	45074.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45074.99	45074.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	18500.00
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).....	276.00	276.00
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)) ..	18776.00	18776.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18776.00	18776.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	31308.06	31308.06
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31308.06	31308.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 36
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Anderson, Zach, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2403 Battlefield Pkwy.  
 City Ft. Oglethorpe State GA Zip Code 30742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 06 / 22 / 2021  
**Transaction ID : SA11AI.4265**  
 Amount of Each Receipt this Period  
 240.00  
 Memo Item

**B. Bartlett, Tyler, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2230 Ashley Crossing Dr.  
 City Charleston State SC Zip Code 29414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 06 / 22 / 2021  
**Transaction ID : SA11AI.4266**  
 Amount of Each Receipt this Period  
 240.00  
 Memo Item

**C. Bidwell, Greg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 N. University St.  
 City Murfreesboro State TN Zip Code 37130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) SVP-Central  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 06 / 22 / 2021  
**Transaction ID : SA11AI.4153**  
 Amount of Each Receipt this Period  
 700.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1180.00
<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 36
<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 POLITICAL ACTION COMMITTEE**

**A. Bidwell, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 993 E. College St.  
 City Pulaski State TN Zip Code 38478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) SVP-South Central  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4253**  
 Amount of Each Receipt this Period 280.00  
 Memo Item

**B. Bryant, Jennifer, , ,**  
 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) NHC Occupation (for Individual) DON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4267**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**C. Bumgardner, Kelley, , ,**  
 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) NHC Occupation (for Individual) DON  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4268**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	760.00
<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 36
<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 POLITICAL ACTION COMMITTEE**

**A. Burgess, Ernest, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7097 Franklin Rd.  
 City Murfreesboro State TN Zip Code 37128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 31 / 2021**  
**Transaction ID : SA11AI.4120**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Burwin, Allison, , ,**  
 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) NHC Occupation (for Individual) SVP-Northeast  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **06 / 22 / 2021**  
**Transaction ID : SA11AI.4246**  
 Amount of Each Receipt this Period 315.00  
 Memo Item

**C. Butler, Addison, , ,**  
 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) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **06 / 22 / 2021**  
**Transaction ID : SA11AI.4269**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1025.00
<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 36
<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 POLITICAL ACTION COMMITTEE**

**A. Coggin, Robert, , ,**  
 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) NHC Occupation (for Individual) Director of Safety  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4239**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Colley, Jaime, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1321 Cedar Ln.  
 City Tullahoma State TN Zip Code 37388  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4270**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**C. Crofts, Jeanie, , ,**  
 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) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4248**  
 Amount of Each Receipt this Period 320.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	960.00
<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 36
<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 POLITICAL ACTION COMMITTEE**

**A. Davis, Kathryn, , ,**  
 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) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4271**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**B. Davis, Samantha, , ,**  
 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) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4272**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**C. Dean, Malcolm, , ,**  
 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) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4273**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	690.00
<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 36
	<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 POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Dodson, Vicki, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 22 / 2021		
Mailing Address 100 E. Vine St.			<b>Transaction ID : SA11AI.4234</b>		
City Murfreesboro	State TN	Zip Code 37130	Amount of Each Receipt this Period 800.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) NHC		Occupation (for Individual) VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Flatt, Andy, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 22 / 2021		
Mailing Address 100 E. Vine St.			<b>Transaction ID : SA11AI.4240</b>		
City Murfreesboro	State TN	Zip Code 37130	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) NHC		Occupation (for Individual) SVP-IT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Flatt, Steve, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 22 / 2021		
Mailing Address 100 E. Vine St.			<b>Transaction ID : SA11AI.4241</b>		
City Murfreesboro	State TN	Zip Code 37130	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) NHC		Occupation (for Individual) CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 400.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<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 12 OF 36  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Garrity, Michelle, , ,**  
 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) NHC   Occupation (for Individual) Administrator  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4254**  
 Amount of Each Receipt this Period 245.00  
 Memo Item

**B. Garst, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 E. 8th Ave.  
 City Springfield   State TN   Zip Code 37172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC   Occupation (for Individual) Administrator  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4255**  
 Amount of Each Receipt this Period 280.00  
 Memo Item

**C. Hall, Malcolm, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 139 Chestnut Oak  
 City Smithville   State TN   Zip Code 37166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC   Occupation (for Individual) Director of Government Relations  
 Receipt For:  Primary    General    Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4100**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 765.00  
**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 13 OF 36
<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 POLITICAL ACTION COMMITTEE**

**A. Harbin, Holly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 Austin Graybill Rd.  
 City North Augusta State SC Zip Code 29860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4235**  
 Amount of Each Receipt this Period 800.00  
 Memo Item

**B. Harris, Hunter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Elmington Ave.  
 City Nashville State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4274**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**C. Hassan, Emil, , ,**  
 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) NHC Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2021  
**Transaction ID : SA11AI.4121**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1290.00
<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 14 OF 36  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Hill, Daley, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 370 Old Shackle Island Rd.

City Hendersonville	State TN	Zip Code 37075
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2021

**Transaction ID : SA11AI.4263**

Amount of Each Receipt this Period  
218.40

Memo Item

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

Mailing Address 1501 E. Greenville St.

City Anderson	State SC	Zip Code 29621
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2021

**Transaction ID : SA11AI.4275**

Amount of Each Receipt this Period  
240.00

Memo Item

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

Mailing Address 304 Jacobs Hwy.

City Clinton	State SC	Zip Code 29325
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2021

**Transaction ID : SA11AI.4276**

Amount of Each Receipt this Period  
210.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	668.40
<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 36
	<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 POLITICAL ACTION COMMITTEE**

**A. Holland, Ben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 928 Old Smithville Rd.  
 City McMinnville State TN Zip Code 37110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4363**  
 Amount of Each Receipt this Period 230.00  
 Memo Item

**B. Hubbard, Debbie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2300 Pavillion Dr.  
 City Kingsport State TN Zip Code 37660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4277**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**C. Jackson, Scott, , ,**  
 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) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4278**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	710.00
<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 16 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Johnson, Doran, , ,**  
 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) NHC Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4236**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Jones, Christina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 Cool Springs Blvd.  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Assistant Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4256**  
 Amount of Each Receipt this Period 280.00  
 Memo Item

**C. Lane, Karla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 Cavette Hill Ln.  
 City Knoxville State TN Zip Code 37934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4279**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 920.00  
**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 17 OF 36
<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 POLITICAL ACTION COMMITTEE**

**A. Lutsenko, Yuri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3025 Fernbrook Ln.  
 City Nashville State TN Zip Code 37214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4280**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

**B. Manley, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2993 Sunset Blvd.  
 City West Columbia State SC Zip Code 29169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4257**  
 Amount of Each Receipt this Period 280.00  
 Memo Item

**C. McCreary, Josh, , ,**  
 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) NHC Occupation (for Individual) General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4281**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	730.00
<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 18 OF 36
<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 POLITICAL ACTION COMMITTEE**

**A. McIntosh, Bubba, , ,**  
 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) NHC Occupation (for Individual) SVP-Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4242**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. McKamey, Darrin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 374 Brink St.  
 City Lawrenceburg State TN Zip Code 38464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4282**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**C. McKenzie, Dan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3916 Boyds Bridge Pike  
 City Knoxville State TN Zip Code 37914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4261**  
 Amount of Each Receipt this Period 260.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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 19 OF 36  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Michel, Anna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 Davis Dr.  
 City West Plains      State MO      Zip Code 65775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC      Occupation (for Individual) Administrator  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4283**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**B. Miner, Karyn, , ,**  
 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) NHC      Occupation (for Individual) Administrator  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4258**  
 Amount of Each Receipt this Period 280.00  
 Memo Item

**C. Moore, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 Cool Springs Blvd.  
 City Franklin      State TN      Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC      Occupation (for Individual) Administrator  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4284**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 760.00  
**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 20 OF 36
	<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 POLITICAL ACTION COMMITTEE**

**A. Moorhouse, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 E. Greenville St.  
 City Anderson State SC Zip Code 29621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) SVP-South Carolina  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4285**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

**B. Moorhouse, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 Boiling Springs Rd.  
 City Greer State SC Zip Code 29650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4286**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**C. Nason, Jay, , ,**  
 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) NHC Occupation (for Individual) SVP-Eastern  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4243**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 36
<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 POLITICAL ACTION COMMITTEE**

**A. Norris, Chelsey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 216 Fairground St.  
 City Franklin State TN Zip Code 37064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2021  
**Transaction ID : SA11AI.4287**  
 Amount of Each Receipt this Period  
 240.00  
 Memo Item

**B. Parenti, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 Thorne Blvd.  
 City Gallatin State TN Zip Code 37066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Regional Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2021  
**Transaction ID : SA11AI.4288**  
 Amount of Each Receipt this Period  
 240.00  
 Memo Item

**C. Peimann, Seth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Sugar Maple Ln.  
 City St. Charles State MO Zip Code 63303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2021  
**Transaction ID : SA11AI.4289**  
 Amount of Each Receipt this Period  
 240.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	720.00
<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 22 OF 36
<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 POLITICAL ACTION COMMITTEE**

**A. Perry, Kellie, , ,**  
 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) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4249**  
 Amount of Each Receipt this Period 320.00  
 Memo Item

**B. Pudlowski, Jackie, , ,**  
 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) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4290**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**C. Raffa, Tony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2700 Parkwood Ave.  
 City Chattanooga State TN Zip Code 37404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4291**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<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 23 OF 36
<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 POLITICAL ACTION COMMITTEE**

**A. Rector, Mel, , ,**  
 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) NHC Occupation (for Individual) SVP-Missouri  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4244**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Rumsey, Whitney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Walnut Ln.  
 City Columbia State TN Zip Code 38401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4292**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**C. Salyers, Marinda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 McFarland Ave.  
 City Rossville State GA Zip Code 30741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4293**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	880.00
<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 24 OF 36
	<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 POLITICAL ACTION COMMITTEE**

**A. Sauer, David, , ,**  
 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) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.40

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4264**  
 Amount of Each Receipt this Period 218.40  
 Memo Item

**B. Sellars, Alex, , ,**  
 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) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4252**  
 Amount of Each Receipt this Period 304.00  
 Memo Item

**C. Sellars, Gideon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 E. Cambridge Ave.  
 City Greenwood State SC Zip Code 29646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4294**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 762.40  
**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 25 OF 36
	<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 POLITICAL ACTION COMMITTEE**

**A. Sellars, Rick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 437 E. Cambridge Ave.

City Greenwood	State SC	Zip Code 29646
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NHC	Occupation (for Individual) VP-AL
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2021

**Transaction ID : SA11AI.4295**

Amount of Each Receipt this Period  
240.00

Memo Item

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

Mailing Address 7601 Parklane Rd.

City Columbia	State SC	Zip Code 29223
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2021

**Transaction ID : SA11AI.4296**

Amount of Each Receipt this Period  
240.00

Memo Item

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

Mailing Address 379 Pinehaven St.

City Laurens	State SC	Zip Code 29360
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2021

**Transaction ID : SA11AI.4297**

Amount of Each Receipt this Period  
240.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	720.00
<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 36
	<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 POLITICAL ACTION COMMITTEE**

**A. Shelley, Karin, , ,**  
 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) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4247**  
 Amount of Each Receipt this Period 360.00  
 Memo Item

**B. Shelly, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 Thorne Blvd.  
 City Gallatin State TN Zip Code 37066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) SVP-Metro  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4298**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

**C. Shelton, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 Lake Sr.  
 City Somerville State TN Zip Code 38068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4299**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	780.00
<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 36
<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 POLITICAL ACTION COMMITTEE**

**A. Shuford, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 E. Emerald Ave.  
 City Knoxville State TN Zip Code 37917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2021  
**Transaction ID : SA11AI.4300**  
 Amount of Each Receipt this Period  
 240.00  
 Memo Item

**B. Skafas, Beth, , ,**  
 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) NHC Occupation (for Individual) Administrator  
 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  
 06 / 22 / 2021  
**Transaction ID : SA11AI.4259**  
 Amount of Each Receipt this Period  
 280.00  
 Memo Item

**C. Smith, Jeff, , ,**  
 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) NHC Occupation (for Individual) Treasurer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2021  
**Transaction ID : SA11AI.4301**  
 Amount of Each Receipt this Period  
 240.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	760.00
<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 36
<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 POLITICAL ACTION COMMITTEE**

**A. Stallings, Keely, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Hospital St.  
 City Moulton State AL Zip Code 35650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4302**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**B. Stephens, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 245 North St.  
 City Bristol State VA Zip Code 24201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4303**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**C. Stoner, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 815 S. Walnut Ave.  
 City Cookeville State TN Zip Code 38501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4250**  
 Amount of Each Receipt this Period 320.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 29 OF 36
<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 POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Taylor, Susan, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2021
Mailing Address 100 E. Vine St.		<b>Transaction ID : SA11AI.4262</b>
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 256.00
Name of Employer (for Individual) NHC	Occupation (for Individual) Administrator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ussery, Marshall, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2021
Mailing Address 8353 Hwy. 100		<b>Transaction ID : SA11AI.4245</b>
City Nashville	State TN	Zip Code 37221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) NHC	Occupation (for Individual) Administrator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Ussery, Mike, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2021
Mailing Address 100 E. Vine St.		<b>Transaction ID : SA11AI.4237</b>
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer (for Individual) NHC	Occupation (for Individual) President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1456.00
<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 36
<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 POLITICAL ACTION COMMITTEE**

**A. Vincent, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 812 N. Charlotte St.  
 City Dickson State TN Zip Code 37055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 06 / 22 / 2021  
**Transaction ID : SA11AI.4304**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**B. Waddell, Robert, , ,**  
 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) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 06 / 22 / 2021  
**Transaction ID : SA11AI.4251**  
 Amount of Each Receipt this Period 320.00  
 Memo Item

**C. West, Chris, , ,**  
 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) NHC Occupation (for Individual) VP-Human Resources  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 06 / 22 / 2021  
**Transaction ID : SA11AI.4238**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1160.00
<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 31 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Wrather, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2120 Highland Ave.  
 City Knoxville    State TN    Zip Code 37916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC    Occupation (for Individual) Administrator  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4260**  
 Amount of Each Receipt this Period 280.00  
 Memo Item

**B. Wright, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 St. Luke Dr.  
 City Nashville    State TN    Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC    Occupation (for Individual) Administrator  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 22 / 2021  
**Transaction ID : SA11AI.4305**  
 Amount of Each Receipt this Period 210.00  
 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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	490.00
<b>TOTAL</b> This Period (last page this line number only).....▶	23086.80

# 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 36
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
National Health Corporation Missouri Federal Committee

Mailing Address PO Box 1398

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:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13734.40

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		31		2021

**Transaction ID : SA12.4128**

Amount of Each Receipt this Period  
13734.40

Memo Item  
Close Account

**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
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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
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13734.40
<b>TOTAL</b> This Period (last page this line number only).....	13734.40



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOB CASEY FOR SENATE INC**

Mailing Address PO BOX 58746

City PHILADELPHIA

State PA

Zip Code 19102

Purpose of Disbursement

Candidate Name

**BOB CASEY FOR SENATE INC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

State: PA

District: 00

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2021

FEC Identification Number

C000431056

**Transaction ID : SB23.4143**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CRAPO VICTORY COMMITTEE**

Mailing Address 228 S. WASHINGTON ST.  
STE. 115

City ALEXANDRIA

State VA

Zip Code 22314

Purpose of Disbursement

Candidate Name

**CRAPO VICTORY COMMITTEE**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2021

FEC Identification Number

C000649574

**Transaction ID : SB23.4149**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DSCC**

Mailing Address 120 MARYLAND AVE NE

City WASHINGTON

State DC

Zip Code 20002

Purpose of Disbursement

Candidate Name

**DSCC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2021

FEC Identification Number

C000042366

**Transaction ID : SB23.4144**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KUSTOFF FOR CONGRESS**

Mailing Address 1661 AARON BRENNER DR  
STE 300

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement

Candidate Name

**KUSTOFF FOR CONGRESS**

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

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2021

FEC Identification Number

**C** C00614826

**Transaction ID : SB23.4145**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MAGGIE FOR NH**

Mailing Address PO BOX 298

City CONCORD State NH Zip Code 03302

Purpose of Disbursement

Candidate Name

**MAGGIE FOR NH**

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

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2021

FEC Identification Number

**C** C00588772

**Transaction ID : SB23.4148**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARSHA FOR SENATE**

Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement

Candidate Name

**MARSHA FOR SENATE**

Office Sought:  House  Senate  President  
 Disbursement For: 2024  Primary  General  Other (specify) ▼  
 State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2021

FEC Identification Number

**C** C00376939

**Transaction ID : SB23.4141**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

8000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. NRSC**

Mailing Address 425 2ND STREET NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement

Candidate Name

**NRSC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2021

FEC Identification Number

C C00027466

**Transaction ID : SB23.4147**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City  
LONG BRANCH

State  
NJ

Zip Code  
07740

Purpose of Disbursement

Candidate Name

**PALLONE FOR CONGRESS**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify)

State: NJ

District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2021

FEC Identification Number

C C00226928

**Transaction ID : SB23.4146**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER RD

City  
CHARLESTON

State  
SC

Zip Code  
29407

Purpose of Disbursement

Candidate Name

**TIM SCOTT FOR SENATE**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify) ▼

State: SC

District: 00

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2021

FEC Identification Number

C C00540302

**Transaction ID : SB23.4142**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

18500.00

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

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

**A. US Dept. of Treasury**

Full Name (Last, First, Middle Initial)

Mailing Address 1500 Pennsylvania Ave.

City Washington DC State DC Zip Code 20002

Purpose of Disbursement Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 25 / 2021

FEC Identification Number: C

Transaction ID : SB29.4152

Amount of Each Disbursement this Period: 276.00

Memo Item

**B.**

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

**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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	276.00
<b>TOTAL</b> This Period (last page this line number only).....▶	276.00