FEC FORM 3X	AN	PORT C ID DISB Other Than A	URSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in f		FEC MAILING L	L)	ample:If typing er the lines	, type			
National Health Co	rporation Politica	al Action Committ	ee 					
ADDRESS (number and	street)	.O. Box 1398						
Check if differ than previousl reported. (AC	У і М	urfreesboro					37130 	
2. FEC IDENTIFICAT	TION NUMBER	▼ _	CITY 🛋		S	STATE	ZIPCOD	e 🔺
C00153445			3. IS THIS REPORT		NEW N) OR	AMI (A)	ENDED	
July 15QuarterlyOctoberQuarterlyJanuary 3QuarterlyJuly 31 MReport(N)Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) 1id-Year on-election	b) Monthly Report Due On: (c) 12-Day PRE -Elec Report for (d) 30-Day Post -Ele Report for	ection		12C)	Sep 2	2S) in the State of	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of	reasurer J	t and to the best of J. B. KINNEY, Jr.	KINNEY, Jr.		Da	ate 01		2 0 1 1 5.C 437g.
Office Use Only							FEC FORM (Rev. 12/200	

Image# 11990067187

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

V	Vrite or Type Committee Name National Health Corporation Political Action (Committee	
F	Report Covering the Period: From:	^D ^D 23 2010	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y		544743.99
	(b) Cash on Hand at Begining of Reporting Period	558210.85]
	(c) Total Receipts (from Line 19)	11775.25	92747.47
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	569986.10	637491.46
7.	Total Disbursements (from Line 31)	7777.07	75282.43
В.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	562209.03	562209.03
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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

Image# 11990067188

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Health Corporation Political Action Committee

Report Covering the Period: From:	M 23 Y Y Y Y 2010	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	11775.25	87601.51
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	11775.25	87601.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) 🅨	11775.25	87601.51
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
8. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) B. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	5000.00
 Other Federal Receipts (Dividends, Interest, etc.) 	0.00	145.96
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	11775.25	92747.47
. Total Federal Receipts (subtract Line 18(c) from Line 19)	11775.25	92747.47

3/7

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Image# 11990067189

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	4 / 7				
II. DISBURSEMENTS	ISBURSEMENTS COLUMN A Total This Period					
 Operating Expenditures: (a) Shared Federal/Non-Federal 		Calendar Year-to-Date				
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	113.97				
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	113.97				
 Transfers to Affiliated/Other Party Committees Contributions to 	0.00	0.00				
Federal Candidates/Committeesand Other Political Committees	7600.00	74600.00				
 Independent Expenditure (use Schedule E) Coordinated Expenditures Made by Party 	0.00	0.00				
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00				
6. Loan Repayments Made	0.00	0.00				
 Loans Made Refunds of Contributions To: 	0.00	0.00				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees (such as PACs)	0.00	0.00				
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00				
9. Other Disbursements	177.07	568.46				
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared 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,	7777 07	75000 10				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7777.07	75282.43				
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 						
from Line 31)	7777.07	75282.43				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) III. Net Contributions/Operating COLUMN B COLUMN A Expenditures **Total This Period** Calendar Year-to-Date 33. Total Contributions (other than loans) 11775.25 87601.51 from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d)) 35. Net Contributions (other than loans) 11775.25 87601.51 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.00 113.97 (add Line 21(a)(i) and Line 21(b))..... 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3) 38. Net Operating Expenditures 0.00 113.97 (subtract Line 37 from Line 36)

FE6AN026

5/7

ITEMIZED DISBURSEMENTS Dise statul scheduling: breach category of the Detailed Summary Page (check only one) 21 22 23 24 25 302 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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 Transaction ID: SB23.4836 Date of Disbursement A. Full Name (Last, First, Middle Initial) TREY GOWDY Transaction ID: SB23.4836 Date of Disbursement this Period City SPARTANBURG SC 29304 Purpose of Disbursement Office Sought: Y House Senate Disbursement For: Office Sought: Amount of Each Disbursement this Period Category/ Type B. Full Name (Last, First, Middle Initial) TIMOTHY E SCOTT Transaction ID: SB23.4838 Date of Disbursement Other (specify) ▼ City Charleston State Zip Code SC Zip Code SC Amount of Each Disbursement this Period City Category/ Type City Charleston State Zip Code SC Zip Code SC Amount of Each Disbursement this Period City Category/ Type City City City Categoryi: State Zip Code Senate Zip Code Senate Amount of Each Disbursement	S	CHEDULE B (FEC Form 3	3X)		FORLINE	NUMBER:	PAGE 6/7
Detailed Summary Page 21 22 24 25 26 30 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 Transaction ID: SB23.4836 A. TREY GOWDY Transaction ID: SB23.4836 Mailing Address PO BOX 3324 Transaction ID: SB23.4836 City State Zip Code Share Disbursement 2600.00 Office Sought: X House Disbursement For: Office Sought: X House Disbursement For: Office Sought: State Zip Code TIMOTHY E SCOTT State Zip Code Mailing Address 1405 ASHLEY RIVER RD Transaction ID: SB23.4838 Date of Disbursement Y 2 0 1 0 City State Zip Code Full Name (Last, First, Middle Initial) Transaction ID: SB23.4838 TIMOTHY E SCOTT Mailing Address 1405 ASHLEY RIVER RD City Candidate Name <t< th=""><th></th><th>-</th><th>Use sepa</th><th></th><th>-</th><th>-</th><th></th></t<>		-	Use sepa		-	-	
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee NAME OF COMMITTEE (In Full) National Health Corporation Political Action Committee A. Full Name (Last, First, Middle Initial) TREY GOWDY Mailing Address PO BOX 3324 City SPARTANBURG Sc Purpose of Disbursement Candidate Name Office Sought: X House Disbursement Full Name (Last, First, Middle Initial) Reverse of Disbursement Candidate Name Candidate Name District: 04 Purpose of Disbursement For: President State: SC District: 04 Tild OTHY E SCOTT Mailing Address 1405 ASHLEY RIVER RD City State Zip Code Candidate Name Category/ Purpose of Disbursement State City State Zip Code Chance (Last, First, Middle Initial) Category/ Category/ Type Amount of Each Disbursement this Period Offic		I EMIZED DISBORSEMEN			21b		
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) National Health Corporation Political Action Committee Full Name (Last, First, Middle Initial) TREY GOWDY Mailing Address PO BOX 3324 City State Zip Code SPARTANBURG SC 29304 Purpose of Disbursement	_						
NAME OF COMMITTEE (In Full) National Health Corporation Political Action Committee Full Name (Last, First, Middle Initial) TREY GOWDY Mailing Address PO BOX 3324 City State Zip Code SPARTANBURG SC 29304 Purpose of Disbursement Category/ Type Office Sought: X House Senate President Disbursement For: President Category/ Type B. TIMOTHY E SCOTT Transaction ID: SB23.4838 Date of Disbursement Mailing Address 1405 ASHLEY RIVER RD Transaction ID: SB23.4838 Date of Disbursement City State Zip Code Senate Amount of Each Disbursement Purpose of Disbursement Other (specify) Transaction ID: SB23.4838 Date of Disbursement Mailing Address 1405 ASHLEY RIVER RD Transaction ID: SB23.4838 Date of Disbursement City State Zip Code 29407 Amount of Each Disbursement this Period Office Sought: X House Disbursement For: Category/ Type 5000.00 Office Sought: X House Disbursement For: Disbursement For: Primary General Other (specify) Full Name (Last, First, Middle Initia)							
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B. President Other (specify) ▼ B. Full Name (Last, First, Middle Initial) Transaction ID: SB23.4838 Date of Disbursement Date of Disbursement Mailing Address 1405 ASHLEY RIVER RD City State Zip Code CHARLESTON SC 29407 Purpose of Disbursement Category/ Candidate Name Category/ Office Sought: X House Disbursement For: Senate Primary General Other (specify)							
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City State Zip Code CHARLESTON SC 29407 Purpose of Disbursement Category/ Type 5000.00 Office Sought: X House Disbursement For: Office Sought: X House Disbursement For: President Other (specify) ▼							
CHARLESTON SC 29407 Purpose of Disbursement 5000.00 Candidate Name Category/ Type Office Sought: X House Disbursement For: Senate Primary General Other (specify)		Mailing Address 1405 ASHLEY I	RIVER RD			11 24	2010
Purpose of Disbursement 5000.00 Candidate Name Category/ Type Office Sought: X X House Disbursement For: Senate Primary Other (specify)		City	State	Zip Code		Amount of Each Dis	bursement this Period
Candidate Name Category/ Type Office Sought: X Y Disbursement For: Senate Primary Other (specify)		CHARLESTON	SC	29407			5000.00
Office Sought: X House Disbursement For: Senate Primary General President Other (specify)		Purpose of Disbursement					5000.00
Office Sought: X House Disbursement For: Senate Primary General President Other (specify)		Candidate Name			Category/		
Senate Primary General President Other (specify)							
President Other (specify)		Office Sought: X House	Disbursement For:				
States SC District: 01		State: SC District: 01	Other (spe	cify) 🔻			

	SUBTOTAL of Disbursements This Page (optional)	•	7600.00
	TOTAL This Period (last page this line number only)	►	7600.00
Ì	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		Use separate schedule(s)						LINE NUMBER: PAGE Ck only one)							7 / 7			
		5	Detailed				\square	21b 27		22 28a	\square	23 28b		24 28c	x	25 29		26 30b	
	 y Information copied from such Reports a for commercial purposes, other than using													•					
	NAME OF COMMITTEE (In Full) National Health Corporation Politic	al Action	Commit	tee															
Α.	 Full Name (Last, First, Middle Initial) Regions Mailing Address Church Street								-	Trans Date 1 2	of Di	sburs	eme			5 0 1 0	Y		
	City Murfreesboro Purpose of Disbursement	-	itate TN	Zip C 371			_			Amou	int of	Each	i Dis	bursen	-	this P 7.07	-	t t	
	Bank Fees Candidate Name						ateg Type	-			A		<u> </u>			<u> </u>			
	Office Sought: House Senate President		nent For: Primary Other (spe		General														
	State: District:																		

	SUBTOTAL of Disbursements This Page (optional)	•	177.07
	TOTAL This Period (last page this line number only)	►	177.07
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)