10/08/2010 11:03

Image# 10991247216

## **FEC** FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Health Corporation Political Action Committee P.O. Box 1398 ADDRESS (number and street) Check if different than previously Murfreesboro TN 37130 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00153445 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2010 09 3 0 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. J. B. KINNEY, Jr. Type or Print Name of Treasurer Electronically Filed by J. B. KINNEY, Jr. 10 8 0 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

# **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/9

Write or Type Committee Name

National Health Corporation Political Action Committee

FEC Form 3X (Rev. 02/2003)

Y W Y 2010 <sup>D</sup> 30 м м 0 7 м м 0 9 D D 0 1 2010 Report Covering the Period: From: To:

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010 ° °		544743.99
(b) Cash on Hand at Begining of Reporti	ng Period	557157.74	
(c) Total Receipts (from	n Line 19)	21548.50	63791.97
(d) Subtotal (add lines	6(b) and		
6(c) for Column A a 6(a) and 6(c) for Co		578706.24	608535.96
. Total Disbursements (fro	om Line 31)	10575.64	40405.36
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line)		568130.60	568130.60
Debts and Obligations of the committee (Itemize a Schedule C and/or Sche	ll on	0.00	
Debts and Obligations of the committee (Itemize a Schedule C and/or Sche	ll on	0.00	

### For further information contact:

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

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 9

Write or Type Committee Name

National Health Corporation Political Action Committee

Report Covering the Period:

From: 0 7

<sup>D</sup> 0 1

<sup>Y</sup> 2010

Γο·

м м 0 9 D D D

Y Y Y Y 2 0 1 0

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	21548.50	63646.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21548.50	63646.01
(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)	21548.50	63646.01
. Transfers From Affiliated/Other Party Committees	0.00	0.00
. 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)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
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))	21548.50	63791.97
Total Federal Receipts (subtract Line 18(c) from Line 19)	21548.50	63791.97

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/9

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(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
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	10400.00	39900.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
٥.			
	Loans Made Refunds of Contributions To:	0.00	0.00
٠.	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	175.64	391.39
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
••	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10575.64	40405.36
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	10575.64	40405.36

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 9

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	21548.50	63646.01
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	21548.50	63646.01
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	113.97
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	113.97

FE6AN026

City BOSTON MA 02110  Purpose of Disbursement  Candidate Name  Office Sought: X House President Primary General Processory  State: MA District: 04  Full Name (Last, First, Middle Initial) LINCOLN EDWARD DAVIS  Mailing Address PO BOX 350  City JAMESTOWN TN 38556  Purpose of Disbursement  Candidate Name  Office Sought: X House Primary General Primar		(FEC Form 3X)	Use sepa	arate schedule(s)	FOR LINE	
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) National Health Corporation Political Action Committee  Full Name (Last, First, Middle Initial) RACHEL BROWN  Mailing Address 76 SUMMER ST 3RD FL  City BOSTON MA 02110  Office Sought: X House Senate President State: MA District: 04  Full Name (Last, First, Middle Initial) LINCOLN EDWARD DAVIS  City State Zip Code Other (specify) ▼  State Zip Code Other (specify) ▼  Transaction ID: SB23.4787 Date of Disbursement this  Transaction ID: SB23.4787 Date of Disbursement this  Amount of Each Disbursement this  Transaction ID: SB23.4803 Date of Disbursement  Transaction ID: SB23.4789 Date of Disbursement  Transaction ID: SB23.4789  Date of Disbursement  Transaction ID: SB23.4789  Date of Disbursement  Transaction ID: SB23.4789  Date of Disbursement  Transaction ID: SB23.4789  Date of Disbursement  Transaction ID: SB23.4789  Date of Disbursement  Transaction ID: SB23.4789  Date of Disbursement  Transaction ID: SB23.4789  Date of Disbursement  Transaction ID: SB23.4789  Date of Disbursement  Transaction ID: SB23.4789  Date of Disbursement  Transaction ID: SB23.4789  Date of Disbursement  Transaction ID: SB23.4789  Date of Disbursement  Transaction ID: SB23.4789  Date of Disbursement  Transaction ID: SB23.4789  Da	ITEMIZED DIS	BURSEMENTS			21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) National Health Corporation Political Action Committee  Full Name (Last, First, Middle Initial) RACHEL BROWN  Mailing Address 76 SUMMER ST 3RD FL  City BOSTON MA 02110  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President State: MA District: 04  Full Name (Last, First, Middle Initial) LINCOLN EDWARD DAVIS  Mailing Address PO BOX 350  City Office Sought: X House Senate President Category/ Type  Transaction ID: SB23.4787  Date of Disbursement this Disbursement For: Senate President TN 38556  Amount of Each Disbursement  O'7 M 2 6 7 Y 2 0 1  Transaction ID: SB23.4803  Date of Disbursement  O'7 M 2 6 7 Y 2 0 1  Transaction ID: SB23.4803  Date of Disbursement  O'7 M 2 6 7 Y 2 0 1  Transaction ID: SB23.4803  Date of Disbursement  O'7 M 2 6 7 Y 2 0 1  Transaction ID: SB23.4803  Date of Disbursement  O'7 M 2 6 7 Y 2 0 1  Transaction ID: SB23.4803  Date of Disbursement  O'7 M 2 6 7 Y 2 0 1  Transaction ID: SB23.4803  Date of Disbursement this  1000.0  Transaction ID: SB23.4789  Date of Disbursement  O'8 M 2 6 7 Y 2 0 1  Transaction ID: SB23.4789  Date of Disbursement  O'8 M 2 6 7 Y 2 0 1  Transaction ID: SB23.4789  Date of Disbursement this  Date of Disbursement this  Transaction ID: SB23.4789  Date of Disbursement  O'8 M 2 6 7 Y 2 0 1  Transaction ID: SB23.4789  Date of Disbursement this  Date of Disbursement this  Transaction ID: SB23.4789  Date of Disbursement  O'8 M 2 6 7 Y 2 0 1  Transaction ID: SB23.4789  Date of Disbursement  O'8 M 2 6 7 Y 2 0 1  Transaction ID: SB23.4789  Date of Disbursement  O'8 M 2 6 7 Y 2 0 1  Transaction ID: SB23.4789  Date of Disbursement  O'8 M 2 6 7 Y 2 0 1  Transaction ID: SB23.4789  Date of Disbursement  O'8 M 2 6 7 Y 2 0 1  Transaction ID: SB23.4789  Date of Disbursement  O'7 M 2 6 7 Y						
RACHEL BROWN  Mailing Address 76 SUMMER ST 3RD FL  City BOSTON State Zip Code MA 02110  Purpose of Disbursement  Category' Type  Office Sought: X House President State: MA District: 04  Full Name (Last, First, Middle Initial) LINCOLN EDWARD DAVIS  Category' Type  Disbursement For: Primary General Disbursement  Category' Type  Office Sought: X House Senate President Transaction ID: SB23,4803 Date of Disbursement  Category' Type  Transaction ID: SB23,4803 Date of Disbursement  Office Sought: X House Senate Primary General Disbursement  Category' Type  Office Sought: X House Senate President State: TN District: 04  Full Name (Last, First, Middle Initial) LINCOLN EDWARD DAVIS  Mailing Address PO BOX 350  City JAMESTOWN State Zip Code TN 38556  Purpose of Disbursement Category' Type  Transaction ID: SB23,4789 Date of Disbursement  Transaction ID: SB23,4789 Date of Disbursement  Office Sought: X House Senate President Disbursement Category' Type  Office Sought: X House Senate President Disbursement Category' Type  Office Sought: X House Senate President Disbursement Category' Type  Office Sought: X House Senate President Disbursement Category' Type  Office Sought: X House Senate President Disbursement Category' Type  Office Sought: X House Senate President Disbursement Category' Type  Office Sought: X House Senate President Disbursement For: Primary General Disbursement Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Office Sought: X House Disbursement General Disbursement Category' Type  Office Sought: X House Disbursement For: Primary General Disbursement	NAME OF COMMI	TTEE (In Full)				
City BOSTON MA District of Each Disbursement this Solution of Each Disbursement Transaction ID: SB23.4803 Date of Disbursement Union of Each Disbursement this Solution of Each Disbursement of Each Disbursement this Solution of Each Disbursement this Solution o						
BÖSTON  Purpose of Disbursement  Cardidate Name  Office Sought:	Mailing Address	76 SUMMER ST 3RD	FL			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & R \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & S \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Q \\ Q & Q & Q & Q \end{smallmatrix} \end{bmatrix} $
Candidate Name  Office Sought:						Amount of Each Disbursement this Perio
Office Sought:		ement				500.00
Senate President State: MA District: 04  Full Name (Last, First, Middle Initial) LINCOLN EDWARD DAVIS  Mailing Address PO BOX 350  City State Zip Code TN 38556  Purpose of Disbursement  Candidate Name  Other (specify) ▼  Transaction ID: SB23.4803 Date of Disbursement Initial		I But			0 ,	
Full Name (Last, First, Middle Initial) LINCOLN EDWARD DAVIS  Mailing Address PO BOX 350  City JAMESTOWN Purpose of Disbursement  Candidate Name  Office Sought:  Value (Last, First, Middle Initial) District: 04  Full Name (Last, First, Middle Initial) LINCOLN EDWARD DAVIS  Amount of Each Disbursement this  Transaction ID: SB23.4803 Date of Disbursement this  Amount of Each Disbursement this  Category/ Type  Other (specify) ▼  Transaction ID: SB23.4789 Date of Disbursement  Transaction ID: SB23.4789 Date of Disbursement  Other (specify)  Amount of Each Disbursement this  Transaction ID: SB23.4789 Date of Disbursement  Other (specify)  Category/ Type  Office Sought:  X House Senate Primary General  Office Sought:  X House Senate Primary General Other (specify)  Other (specify)  Other (specify)  Other (specify)  Transaction ID: SB23.4789 Date of Disbursement  Other Sb23.4789 Date of Disbursement		Senate President	Primary			
City JAMESTOWN  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: X House Senate Primary General  LINCOLN EDWARD DAVIS  Mailing Address PO BOX 350  City JAMESTOWN  City JAMESTOWN  Category/ Type  Transaction ID: SB23.4789  Date of Disbursement this  Transaction ID: SB23.4789  Date of Disbursement  Mailing Address PO BOX 350  City JAMESTOWN  TN 38556  Purpose of Disbursement  Candidate Name  Category/ Type  Transaction ID: SB23.4789  Date of Disbursement  Mailing Address PO BOX 350  City JAMESTOWN  TN 38556  Purpose of Disbursement  Candidate Name  Disbursement For: Senate Primary General Other (specify) ▼  Other (specify) ▼	Full Name (Last, Fi	rst, Middle Initial)				
Disbursement  Candidate Name  Office Sought: X House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) LINCOLN EDWARD DAVIS  Mailing Address PO BOX 350  City JAMESTOWN TN 38556  Purpose of Disbursement  Candidate Name  Category/ Type  Transaction ID: SB23.4789 Date of Disbursement  Mailing Address PO BOX 350  City JAMESTOWN TN 38556  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary General Other (specify) ▼  Office Sought: X House Senate Primary General Other (specify) ▼	Mailing Address	PO BOX 350				$\begin{bmatrix}\begin{smallmatrix}M\\0^T^T\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\2^T^T\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}D\\2^T^T\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}Y\\2^T^T^T\end{smallmatrix}\end{bmatrix} \begin{bmatrix}Y\\2^T^T^T\end{smallmatrix}\end{bmatrix}$
Candidate Name  Category/ Type  Office Sought:						Amount of Each Disbursement this Perio
Office Sought: X House Senate Primary General Other (specify) V  State: TN District: 04  Full Name (Last, First, Middle Initial) LINCOLN EDWARD DAVIS  Mailing Address PO BOX 350  City JAMESTOWN TN 38556  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary General Other (specify) V  Condidate Name  Disbursement For: Senate Primary General Other (specify) V  Office Sought: X House Senate Primary General Other (specify) V  Other (specify) V  Other (specify) V  Category/ Type		sement			Category/	1000.00
Senate President State: TN District: 04  Full Name (Last, First, Middle Initial) LINCOLN EDWARD DAVIS  Mailing Address PO BOX 350  City JAMESTOWN TN 38556  Purpose of Disbursement  Candidate Name  Office Sought:  X House Primary Other (specify)  Other (specify)  Transaction ID: SB23.4789 Date of Disbursement    Amount of Each Disbursement this  500.0t  Category/ Type  Office Sought:  X House Primary General Other (specify)  Transaction ID: SB23.4789 Date of Disbursement  Other Disbursement  Category/ Type  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Other (specify)		V House Dish	rsement For:			
Full Name (Last, First, Middle Initial) LINCOLN EDWARD DAVIS  Mailing Address PO BOX 350  City State Zip Code JAMESTOWN TN 38556  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary General President  Disbursement For: General Other (specify)  Other (specify)  Other (specify)		Senate President	Primary			
City State Zip Code JAMESTOWN TN 38556  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: X House Senate Primary General President  President  City Code Amount of Each Disbursement this  Category/ Type  Other (specify) ▼	Full Name (Last, Fi	rst, Middle Initial)				
JAMESTOWN  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:   X House	Mailing Address	PO BOX 350				$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & R \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} $
Candidate Name  Category/ Type  Office Sought:						Amount of Each Disbursement this Perio
Office Sought:  X House Senate Primary President  Disbursement For:  General Other (specify)	Purpose of Disburs	ement				500.00
Senate Primary General President Other (specify) ▼	Candidate Name					
	Office Sought:	Senate	Primary			
State. TN District. 04	State: TN	District: 04		<i>→</i> , <b>▼</b>		

SCHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)		NUMBER: PAGE 7/9
TEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	7 one)   22   X  23     24     25
			27	28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the r				
NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
National Health Corporation Political Ad	ction Commit	tee		
Full Name (Last, First, Middle Initial)				Transaction ID: SB23.4795
JEFF DUNCAN				Date of Disbursement
Mailing Address PO BOX 732				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & T \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & O \end{smallmatrix} \end{bmatrix} $
City	State	Zip Code		Amount of Each Disbursement this Period
CLINTON  Purpose of Disbursement	SC	29325		2000.00
<u> </u>				
Candidate Name			Category/ Type	
9 7	ursement For:			
Senate President	X Primary Other (sp	General		
State: SC District: 03	Other (Sp.	cony) $lacksquare$		
Full Name (Last, First, Middle Initial)				Transaction ID: SB23.4779
CHUCK FLEISCHMANN				Date of Disbursement
Mailing Address P.O. Box 11091 SUITE 1000 JAMES B	BUILDING			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & O & D \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y \\ 2 & O & 1 & O \end{smallmatrix} \end{bmatrix} $
City	State TN	Zip Code 37401		Amount of Each Disbursement this Period
Chattanooga Purpose of Disbursement	IIN	3/401		500.00
Candidate Name			Category/ Type	
	ursement For:		, , , , , , , , , , , , , , , , , , ,	
Senate President	Other (sp	General		
State: TN District: 03	Other (sp	ecity) 🔻		
Full Name (Last, First, Middle Initial)				Transaction ID: SB23.4785
BARNEY FRANK				Date of Disbursement
Mailing Address 274 GROVE STREET	APT #5			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Q & O & I & O \end{smallmatrix} \end{bmatrix}$
City NEWTON	State MA	Zip Code 02466		Amount of Each Disbursement this Period
Purpose of Disbursement	<del>-</del>			500.00
Candidate Name			Cotogory	
Candidate inathe			Category/ Type	
Office Sought: X House Disb	ursement For:			
		General		
Senate	Primary Other (sp.			
	Other (sp			
Senate President	Other (sp	ecify) $\blacktriangledown$		3000.00

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			FOR LIN			R:			P	4GE	8/9		
ITEMIZED DISBURSEMENTS		category of the Summary Page		F	(check c 21b 27		22 28a	Х	23 28b	F	24 28c	F	25 29		26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														s	
NAME OF COMMITTEE (In Full)															
National Health Corporation Political Action	n Commit	tee													
Full Name (Last, First, Middle Initial) TREY GOWDY							Date		isburs	sei				V	
Mailing Address PO BOX 3324							0,8	IVI	′ [ ]	2	3 /	2	0 1	0 '	
	State SC	Zip Code 29304					Amou	ınt o	f Eacl	h [	Disburs	emer	nt this	Perio	od
Purpose of Disbursement			Г	_	•							24	00.00	) )	
Candidate Name					egory/ ype										
Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	General ecify) ▼													
State: SC District: 04															
Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSION	NAL COM	MITTEE					<b>Trans</b> Date		isburs	sei		.479	93		
Mailing Address 320 FIRST STREET SE							0 <sup>M</sup> 8	М	/ D	1	7 /	Ž	0 1	0 Y	
	State DC	Zip Code 20003					Amou	ınt o	f Eacl	h [	Disburs	emer	nt this	Perio	od
Purpose of Disbursement			Г	_	•		<u></u>			0		25	0.00	)	
Candidate Name					egory/ ype										
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General													
State: District:															
Full Name (Last, First, Middle Initial) EARL HENRY SHOLLEY							Date	of D	isburs	e					
Mailing Address 8 LAKESHORE DRIVE							0 <sup>M</sup> 9	М	/ D	0	<b>3</b> /	2	0 1	0 \	
•	State MA	Zip Code 02056					Amou	ınt o	f Eacl	h [	Disburs	emer	nt this	Perio	od
Purpose of Disbursement				_	,		L.					.5	00.00	Ď	
Candidate Name					egory/ ype										
Senate President	ment For: Primary Other (spe	General ecify) ▼													
State: MA District: 04															
SUBTOTAL of Disbursements This Page (optional) .					▶							54	00.00	)	
TOTAL This Period (last page this line number only)					. •	•						104	00.00	)	

SCHEDULE B (FEC Form 3X)	Use sepa				IE NUMBER: PAGE 9/9							
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page		21b	) <u> </u>	;) !2 [ !8a [	2 2	3 8b	24	c X	25 29	Н
Any Information copied from such Reports and States or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)	ie and addre	ss of arry political	COIII	millee ic	Solicit	OHUIL	Julioi	15 1101	iii Suci	COITIII	iiiiee	—
National Health Corporation Political Action	on Commit	tee										
Full Name (Last, First, Middle Initial) Regions						ate of	Disb	urse	ment	9.4800		
Mailing Address Church Street						07	/	<sup>D</sup> 3	<b>1</b> /	y Ž	0 Ĭ 0	Y
City Murfreesboro	State TN	Zip Code 37130			A	moun	t of E	ach [	Disburs	sement		-
Purpose of Disbursement					]		•				30.06	
Candidate Name				tegory/ Type								
Senate President	ement For: Primary Other (spe	General ecify) ▼										
State: District:												
Full Name (Last, First, Middle Initial) Regions						ransa ate of			_	9.480 <sup>-</sup>	1	
Mailing Address Church Street					<b>-</b> [	0 8	/	<sup>D</sup> 3	<sup>D</sup> /	y y 2	0 Ĭ 0	Y
City Murfreesboro	State TN	Zip Code 37130			A	moun	t of E	ach [	Disburs	sement		
Purpose of Disbursement				•	ا [[					į	57.15	
Candidate Name				itegory/ Γype								
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General Gecify) ▼										
State: District:												
Full Name (Last, First, Middle Initial) Regions						r <b>ansa</b> ate of		urse	ment	9.4802	2	
Mailing Address Church Street						0 9	/	<sup>D</sup> 3	0 /	<sup>Y</sup> 2	0 Ĭ 0	Y
City Murfreesboro	State TN	Zip Code 37130			A	moun	t of E	ach [	Disburs	sement		
Purpose of Disbursement					] [		•			į	58.43	_
Candidate Name				tegory/ Type								
Senate President	ement For: Primary Other (spe	General ecify) ▼										
State: District:												
SUBTOTAL of Disbursements This Page (optional)				I	<u> </u>					17	<b>'</b> 5.64	
TOTAL This Period (last page this line number only	)									17	<b>'</b> 5.64	