

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 National Health Corporation Political Action Committee

ADDRESS (number and street) **Check if different than previously reported. (ACC)**  
 P.O. Box 1398  
 Murfreesboro TN 37130

2. **FEC IDENTIFICATION NUMBER** C00153445  
**CITY** **STATE** **ZIP CODE**  
 3. **IS THIS REPORT**  **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: X General (30G) Runoff (30R) Special (30S)  
 Termination Report (TER) Election on 11 05 2002 in the State of TN

5. **Covering Period** 10 01 2002 through 11 25 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Doran Johnson  
 Signature of Treasurer Electronically Filed by Doran Johnson Date 11 26 2002

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
National Health Corporation Political Action Committee

Report Covering the Period: From: <sup>h</sup>10 <sup>d</sup>01 <sup>y</sup>2002 To: <sup>h</sup>11 <sup>d</sup>25 <sup>y</sup>2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>y</sup> 2002		371571.82
(b) Cash on Hand at Beginning of Reporting Period .....	319204.68	
(c) Total Receipts (from Line 19) .....	11711.02	54343.88
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	330915.70	425915.70
7. Total Disbursements (from Line 30) .....	25000.00	120000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	305915.70	305915.70
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	

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**

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Page 3

Write or Type Committee Name

National Health Corporation Political Action Committee

Report Covering the Period: From: <sup>W</sup>10 <sup>D</sup>01 <sup>Y</sup>2002 To: <sup>W</sup>11 <sup>D</sup>25 <sup>Y</sup>2002

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) .....	0.00	
(ii) Unitemized .....	11551.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11551.00	52599.49
(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 32, page 4) .....	11551.00	52599.49
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	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.) .....	160.02	1744.39
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	11711.02	54343.88
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	11711.02	54343.88

**DETAILED SUMMARY PAGE**

of Disbursements

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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)		
(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.....	25000.00	120000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	25000.00	120000.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	25000.00	120000.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	11551.00	52599.49
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	11551.00	52599.49
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 5 / 7
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" 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

Full Name (Last, First, Middle Initial) \_\_\_\_\_

A. Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Receipt \_\_\_\_\_

N M / D E / Y Y Y Y  
11 / 25 / 2002

FEC ID number of contributing federal political committee. \_\_\_\_\_

Amount of Each Receipt this Period 160.02

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼

Primary General  
Other (specify) ▼ 54343.88

Transaction ID: SA17.4265

B. \_\_\_\_\_

C. \_\_\_\_\_

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>160.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>160.02</b>

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
National Health Corporation Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. JANICE H BOWLING</b>		Date of Disbursement 10 / 16 / 2002	
Mailing Address 2315 OVOGA RD City TULLAHOMA State TN Zip Code 37388		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.4277	

Full Name (Last, First, Middle Initial) <b>B. JAMES COOPER</b>		Date of Disbursement 10 / 17 / 2002	
Mailing Address 2319 WOODMONT BLVD City NASHVILLE State TN Zip Code 37215		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.4278	

Full Name (Last, First, Middle Initial) <b>C. LINCOLN DAVIS</b>		Date of Disbursement 10 / 29 / 2002	
Mailing Address 1890 DELK CREEK ROAD City PALL MALL State TN Zip Code 38577		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.4283	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>12500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7/7

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
National Health Corporation Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. TALENT VICTORY COMMITTEE INC</b>		Date of Disbursement 10 / 10 / 2002	
Mailing Address 9378 OLIVE BLVD #206 City ST LOUIS State MO Zip Code 63132		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement		Transaction ID: SB23.4272	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MO      District: 00			

Full Name (Last, First, Middle Initial) <b>B. TALENT VICTORY COMMITTEE INC</b>		Date of Disbursement 10 / 22 / 2002	
Mailing Address 9378 OLIVE BLVD #206 City ST LOUIS State MO Zip Code 63132		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement		Transaction ID: SB23.4279	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MO      District: 00			

Full Name (Last, First, Middle Initial) <b>C. YOUNG, C W BILL</b>		Date of Disbursement 10 / 04 / 2002	
Mailing Address 2407 RAYBURN BUILDING City WASHINGTON State DC Zip Code 20515		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement		Transaction ID: SB23.4281	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL      District: 10			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>25000.00</b>