

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

National Health Corporation PAC - Federal

ADDRESS (number and street) P.O. Box 1398

Check if different than previously reported. (ACC)

Murfreesboro TN 37130

2. **FEC IDENTIFICATION NUMBER ▼** 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)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2018 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2018

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 M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2018

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)

Page 2

Write or Type Committee Name

National Health Corporation PAC - Federal

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		438256.45
(b) Cash on Hand at Beginning of Reporting Period.....	450954.52	
(c) Total Receipts (from Line 19)	9997.01	64297.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	460951.53	502553.83
7. Total Disbursements (from Line 31).....	20104.44	61706.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	440847.09	440847.09
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

Write or Type Committee Name

National Health Corporation PAC - Federal

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).....	3190.75	3190.75
(ii) Unitemized	5850.25	54234.59
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9041.00	57425.34
(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)	9041.00	57425.34
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	956.01	1872.04
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)).....▶	9997.01	64297.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9997.01	64297.38

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	104.44	206.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	104.44	206.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	61500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	20104.44	61706.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20104.44	61706.74

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	9041.00	57425.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9041.00	57425.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	104.44	206.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	104.44	206.74

**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 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Anderson, Zachary, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Brim Street
 City Desloge State MO Zip Code 63601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Desloge Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199270
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Bartlett, Gregory, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2230 Ashley Crossing Drive
 City Charleston State SC Zip Code 29414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Charleston Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199285
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Belcher, Danny, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 419 North Seminary Street
 City Madisonville State KY Zip Code 42431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Madisonville Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146754
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:
Transaction ID:

**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 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Belcher, Danny, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 419 North Seminary Street
 City Madisonville State KY Zip Code 42431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Madisonville Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199269
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Bidwell, Charles, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Walnut Lane
 City Columbia State TN Zip Code 38401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Columbia Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146652
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Bidwell, Charles, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Walnut Lane
 City Columbia State TN Zip Code 38401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Columbia Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199235
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	110.00
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 9 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bidwell, Gregory, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E Vine Street

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

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

Name of Employer (for Individual) Home Office	Occupation (for Individual) Regional Senior VP
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : A2018-2130237

Amount of Each Receipt this Period
225.00

Memo Item

B. Bidwell, Gregory, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E Vine Street

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

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

Name of Employer (for Individual) Home Office	Occupation (for Individual) Regional Senior VP
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

Transaction ID : A2018-2199673

Amount of Each Receipt this Period
150.00

Memo Item

C. Botte, David, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 95 Laurel Street

City Greenfield	State MA	Zip Code 01301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Buckley Healthcare	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
09		09		2018

Transaction ID : A2018-2146606

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	415.00
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 10 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Botte, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 Laurel Street
 City Greenfield State MA Zip Code 01301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Buckley Healthcare Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199206
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Colley, Elizabeth, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1321 Cedar Lane
 City Tullahoma State TN Zip Code 37388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Tullahoma Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199239
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Crofts, Jeanie, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1018 North Guignard Drive
 City Sumter State SC Zip Code 29150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Sumter Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 08 / 26 / 2018
Transaction ID : A2018-2137711
 Amount of Each Receipt this Period 43.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	113.00
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 11 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Crotts, Jeanie, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1018 North Guignard Drive
 City Sumter State SC Zip Code 29150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Sumter Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 258.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146663
 Amount of Each Receipt this Period 43.00
 Memo Item

B. Crotts, Jeanie, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1018 North Guignard Drive
 City Sumter State SC Zip Code 29150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Sumter Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 301.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199287
 Amount of Each Receipt this Period 43.00
 Memo Item

C. Davis, Kathryn, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 East Butler Road
 City Greenville State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Palmettos at Mauldin Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199289
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	116.00
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 12 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Davis, Samantha, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Honey Locust Lane
 City St. Charles State MO Zip Code 63303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake St. Charles Retirement Center Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199272
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Flatt, Stephen, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Vine Street
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Home Office Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2018
Transaction ID : A2018-2199681
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Garst, Joseph, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Eighth Avenue East
 City Springfield State TN Zip Code 37172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Springfield Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146657
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	165.00
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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Garst, Joseph, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Eighth Avenue East
 City Springfield State TN Zip Code 37172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Springfield Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199240
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Grant, Stephanie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 South Fort Avenue
 City Springfield State MO Zip Code 65807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Springfield Rehabilitation Health Care C Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199273
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Griffith, Johnnie, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 Dell Trail
 City Dunlap State TN Zip Code 37327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Sequatchie Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146709
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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:	PAGE 14 OF 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Griffith, Johnnie, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 Dell Trail
 City Dunlap State TN Zip Code 37327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Sequatchie Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199334
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Hall, Malcolm, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 Fisher Avenue
 City Smithville State TN Zip Code 37166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Smithville Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199241
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Harbin, Holly, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Hospital Street
 City Moulton State AL Zip Code 35650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Moulton Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146667
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
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 15 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Harbin, Holly, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Hospital Street
 City Moulton State AL Zip Code 35650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Moulton Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199291
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Harris, Hunter, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8353 Highway 100
 City Nashville State TN Zip Code 37221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Place at the Trace Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199242
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hill, Heath, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Austin Graybill Road
 City North Augusta State SC Zip Code 29860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC North Augusta Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199292
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
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 16 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Holder, Charles, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304 Jacobs Highway
 City Clinton State SC Zip Code 29325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Clinton Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199293
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hubbard, Mary, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Pavillion Drive
 City Kingsport State TN Zip Code 37660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Kingsport Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199244
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Jackson, Scott, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19400 E. 40th Street
 City Independence State MO Zip Code 64057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Villages of Jackson Creek Memory Care Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199275
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jones, Christina, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 504 Elmington Avenue
 City Nashville State TN Zip Code 37205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Richland Place Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146730
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Jones, Christina, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 504 Elmington Avenue
 City Nashville State TN Zip Code 37205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Richland Place Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199245
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Lane, Karla, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Cavett Hill Lane
 City Knoxville State TN Zip Code 37934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Farragut Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199246
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Manley, Michael, W, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2993 Sunset Boulevard

City West Columbia	State SC	Zip Code 29169
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) NHC Lexington	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
09	/	09	/	2018

Transaction ID : A2018-2146670

Amount of Each Receipt this Period
35.00

Memo Item

B. Manley, Michael, W, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2993 Sunset Boulevard

City West Columbia	State SC	Zip Code 29169
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2018

Transaction ID : A2018-2199294

Amount of Each Receipt this Period
35.00

Memo Item

C. McCord, Keith, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3916 Boyd's Bridge Pike

City Knoxville	State TN	Zip Code 37914
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Holston Health and Rehab	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
09	/	23	/	2018

Transaction ID : A2018-2199247

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 19 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. McKamey, Darrin, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 374 Brink Street
 City Lawrenceburg State TN Zip Code 38464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Lawrenceburg Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199249
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Michel, Anna, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Davis Drive
 City West Plains State MO Zip Code 65775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC West Plains Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199276
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Miner, Karyn, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1276 Hanover Street
 City Manchester State NH Zip Code 03104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Villa Crest Health Care Center Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146610
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
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 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Miner, Karyn, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1276 Hanover Street
 City Manchester State NH Zip Code 03104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Villa Crest Health Care Center Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199210
 Amount of Each Receipt this Period 35.00
 Memo Item

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

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199250
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Peimann, Seth, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Sugar Maple Lane
 City St. Charles State MO Zip Code 63303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC St. Charles Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199277
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
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 21 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Perry, Kellie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 Dean Street
 City Taunton State MA Zip Code 02780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Longmeadow of Taunton Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146607
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Perry, Kellie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 Dean Street
 City Taunton State MA Zip Code 02780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Longmeadow of Taunton Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199207
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Pudlowski, Jacqueline, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5400 Executive Centre Parkway
 City St. Peters State MO Zip Code 63376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Villages of St. Peters Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199278
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
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 22 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Raffa, Anthony, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 Parkwood Avenue
 City Chattanooga State TN Zip Code 37404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Chattanooga Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199253
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Richardson, Rachel, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29612 Kellogg Avenue
 City Macon State MO Zip Code 63552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Macon Health Care Center Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146764
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Richardson, Rachel, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29612 Kellogg Avenue
 City Macon State MO Zip Code 63552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Macon Health Care Center Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199279
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
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 23 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Salyers, Marinda, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1425 McFarland Avenue

City Rossville	State GA	Zip Code 30741
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NHC Rossville	Occupation (for Individual) 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
09	/	23	/	2018

Transaction ID : A2018-2199268

Amount of Each Receipt this Period
30.00

Memo Item

B. Sellars, Alexander, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1120 Falcon Drive

City Kennett	State MO	Zip Code 63857
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2018

Transaction ID : A2018-2146672

Amount of Each Receipt this Period
38.00

Memo Item

C. Sellars, Alexander, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1120 Falcon Drive

City Kennett	State MO	Zip Code 63857
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
266.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2018

Transaction ID : A2018-2199296

Amount of Each Receipt this Period
38.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	106.00
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 24 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Sellars, Gideon, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9405 Highway 17 Bypass
 City Murrells Inlet State SC Zip Code 29576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Garden City Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199297
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Sellars, Richard, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 East Cambridge Avenue
 City Greenwood State SC Zip Code 29646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Greenwood Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199298
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Shearer, Rickie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 379 Pinehaven Street Ext.
 City Laurens State SC Zip Code 29360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199299
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 25 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Shelley, Karin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 South Jackson Drive
 City Independence State MO Zip Code 64057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Villages of Jackson Creek Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 26 / 2018
Transaction ID : A2018-2137704
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Shelley, Karin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 South Jackson Drive
 City Independence State MO Zip Code 64057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Villages of Jackson Creek Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146765
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Shelley, Karin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 South Jackson Drive
 City Independence State MO Zip Code 64057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Villages of Jackson Creek Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199280
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
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 26 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199255
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Shuford, Thomas, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 Emerald Avenue N.E.
 City Knoxville State TN Zip Code 37917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Knoxville Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199256
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Skafas, Beth, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1276 Hanover Street
 City Manchester State NH Zip Code 03104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maple Leaf Health Care Center Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146611
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00
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 27 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Skafas, Beth, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1276 Hanover Street
 City Manchester State NH Zip Code 03104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maple Leaf Health Care Center Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199211
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Stallings, Keely, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Coleman Road
 City Anniston State AL Zip Code 36207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Anniston Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199302
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Stoner, Jeremy, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 South Walnut Avenue
 City Cookeville State TN Zip Code 38501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Cookeville Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146743
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	105.00
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 28 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Stoner, Jeremy, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 South Walnut Avenue
 City Cookeville State TN Zip Code 38501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Cookeville Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199258
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Strassner, Meghan, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13995 Clayton Road
 City Town & Country State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Town and Country Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199281
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Tambornini, Jeffrey, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Laboratory Road
 City Oak Ridge State TN Zip Code 37830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Oak Ridge Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199259
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Taylor, Susan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2920 Fee Fee Road
 City Maryland Heights State MO Zip Code 63043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Maryland Heights Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199282
 Amount of Each Receipt this Period 32.00
 Memo Item

B. Tennison, Kelly, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 South Jackson Drive
 City Independence State MO Zip Code 64057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Villages of Jackson Creek Occupation (for Individual) Assistant Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146614
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Tennison, Kelly, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 South Jackson Drive
 City Independence State MO Zip Code 64057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Villages of Jackson Creek Occupation (for Individual) Assistant Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199214
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	112.00
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 30 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Vincent, Brandon, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 N. Charlotte Street
 City Dickson State TN Zip Code 37055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Dickson Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199261
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Waddell, Robert, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Franklin Street
 City Quincy State MA Zip Code 02169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John Adams Healthcare Center Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199208
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Williams, Marlane, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 East 34th Street
 City Joplin State MO Zip Code 64804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Joplin Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199283
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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 31 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Winfree, John, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1927 Memorial Blvd
 City Murfreesboro State TN Zip Code 37129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Adams Place Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199263
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Winton, Jerry, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Cool Springs Boulevard
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Place Cool Springs Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.25

Date of Receipt 08 / 26 / 2018
Transaction ID : A2018-2137804
 Amount of Each Receipt this Period 41.25
 Memo Item

C. Winton, Jerry, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Cool Springs Boulevard
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Place Cool Springs Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 247.50

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146749
 Amount of Each Receipt this Period 41.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	112.50
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 32 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Winton, Jerry, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 Cool Springs Boulevard

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

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

Name of Employer (for Individual) NHC Place Cool Springs	Occupation (for Individual) Administrator
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2018

Transaction ID : A2018-2199264

Amount of Each Receipt this Period
41.25

Memo Item

B. Wong, Douglas, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 993 E. College Street

City Pulaski	State TN	Zip Code 38478
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NHC Pulaski	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
09		09		2018

Transaction ID : A2018-2146750

Amount of Each Receipt this Period
35.00

Memo Item

C. Wong, Douglas, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 993 E. College Street

City Pulaski	State TN	Zip Code 38478
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2018

Transaction ID : A2018-2199265

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	111.25
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 33 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Wrather, Timothy, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 928 Old Smithville Road
 City McMinnville State TN Zip Code 37110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC McMinnville Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 09 / 2018
Transaction ID : A2018-2146751
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Wrather, Timothy, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 928 Old Smithville Road
 City McMinnville State TN Zip Code 37110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC McMinnville Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199266
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Wynegar, Natalie, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 North Street
 City Bristol State VA Zip Code 24201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Bristol Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 23 / 2018
Transaction ID : A2018-2199300
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	3190.75

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 37
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. Regions Bank

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

Mailing Address 100 E. Vine St.

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

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

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

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

Aggregate Year-to-Date ▼
1238.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2018

Transaction ID : A2018-16754

Amount of Each Receipt this Period
322.75

Memo Item
Bank Interest

B. Regions Bank

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

Mailing Address 100 E. Vine St.

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

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

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

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

Aggregate Year-to-Date ▼
1549.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2018

Transaction ID : A2018-16755

Amount of Each Receipt this Period
310.29

Memo Item
Bank Interest

C. Regions Bank

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

Mailing Address 100 E. Vine St.

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

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

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

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

Aggregate Year-to-Date ▼
1872.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018

Transaction ID : A2018-16756

Amount of Each Receipt this Period
322.97

Memo Item
Bank Interest

SUBTOTAL of Receipts This Page (optional).....	956.01
TOTAL This Period (last page this line number only).....	956.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Health Corporation PAC - Federal

Full Name (Last, First, Middle Initial)

A. Regions Bank

Mailing Address 100 E. Vine St.

City
Murfreesboro

State
TN

Zip Code
37130

Purpose of Disbursement
Bank Service Charge

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 10 / 2018

FEC Identification Number

C

Transaction ID : B707970

Amount of Each Disbursement this Period

34.89

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

34.89

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

34.89

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jeff Duncan for Congress		Date of Disbursement MM / DD / YYYY 08 / 06 / 2018
Mailing Address PO Box 845		FEC Identification Number C00460550 Transaction ID : B697942
City Laurens	State SC	Zip Code 29360
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Duncan, Jeff, , ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: SC	District: 03	

Full Name (Last, First, Middle Initial) B. John Rose for U.S. Congress		Date of Disbursement MM / DD / YYYY 08 / 28 / 2018
Mailing Address P.O. Box 2404		FEC Identification Number C00329680 Transaction ID : B700415
City Cookeville	State TN	Zip Code 38502
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rose, John, , ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: KY	District: 06	

Full Name (Last, First, Middle Initial) C. Healthcare Freedom Fund		Date of Disbursement MM / DD / YYYY 09 / 06 / 2018
Mailing Address P.O. Box 2485		FEC Identification Number C00528414 Transaction ID : B701425
City Springfield	State VA	Zip Code 22152
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District: Not Applicable	

SUBTOTAL of Disbursements This Page (optional).....▶	12500.00
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 PAC - Federal

A. William Timmons for US House

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 3416

M M M	/	D D D	/	Y Y Y Y Y
09		07		2018

City Greenville State SC Zip Code 29602

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/Type

C	C00668491
---	-----------

Transaction ID : B701699

Amount of Each Disbursement this Period

Candidate Name
Timmons, William, R, ,

2500.00

Office Sought: House Senate President
State: SC District: 04

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

B. Marsha for Senate

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. Box 3750

M M M	/	D D D	/	Y Y Y Y Y
09		24		2018

City Brentwood State TN Zip Code 37024

FEC Identification Number

Purpose of Disbursement Contribution

011
Category/Type

C	C00376939
---	-----------

Transaction ID : B704358

Amount of Each Disbursement this Period

Candidate Name
Blackburn, Marsha, , ,

5000.00

Office Sought: House Senate President
State: TN District:

Disbursement For: 2018
 Primary General
 Other (specify)

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y
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City State Zip Code

FEC Identification Number

Purpose of Disbursement

Category/Type

C	
---	--

Amount of Each Disbursement this Period

Candidate Name

--

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

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

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

7500.00

20000.00
