

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2019"/>		419311.58
(b) Cash on Hand at Beginning of Reporting Period.....	419311.58	
(c) Total Receipts (from Line 19)	11311.08	11311.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	430622.66	430622.66
7. Total Disbursements (from Line 31).....	58019.08	58019.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	372603.58	372603.58
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).....	1165.00	1165.00
(ii) Unitemized	6149.76	6149.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7314.76	7314.76
(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)	7314.76	7314.76
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).....	37.09	37.09
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3959.23	3959.23
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)).....▶	11311.08	11311.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11311.08	11311.08

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	1137.09	1137.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1137.09	1137.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	46000.00
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).....	10881.99	10881.99
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)) ..	58019.08	58019.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58019.08	58019.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	7314.76	7314.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7314.76	7314.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1137.09	1137.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	37.09	37.09
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1100.00	1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
<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. Efland, Karla, R, ,
 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) PHS Missouri Occupation (for Individual) Asst Reg Nurse Consultant
 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
 05 / 05 / 2019
Transaction ID : A2019-1177236
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Efland, Karla, R, ,
 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) PHS Missouri Occupation (for Individual) Asst Reg Nurse Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2019
Transaction ID : A2019-1177328
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Efland, Karla, R, ,
 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) PHS Missouri Occupation (for Individual) Asst Reg Nurse Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2019
Transaction ID : A2019-1177428
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 27
	<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. Efland, Karla, R, ,
 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) PHS Missouri Occupation (for Individual) Asst Reg Nurse Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2019
Transaction ID : A2019-1451244
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Efland, Karla, R, ,
 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) PHS Missouri Occupation (for Individual) Asst Reg Nurse Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2019
Transaction ID : A2019-1451660
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Fleeman, Glendora, F, ,
 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) Director of Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 02 / 2019
Transaction ID : A2019-1177393
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
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 27
	<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. Fleeman, Glendora, F, ,
 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) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2019
Transaction ID : A2019-1451072
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Fleeman, Glendora, F, ,
 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) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2019
Transaction ID : A2019-1451489
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Francis, Timothy, R, ,
 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) Director of Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 02 / 2019
Transaction ID : A2019-1177366
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 27
	<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. Francis, Timothy, R, ,
 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) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2019
Transaction ID : A2019-1450954
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Francis, Timothy, R, ,
 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) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2019
Transaction ID : A2019-1451408
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Goodwin, Pamela, 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) Director of Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 05 / 2019
Transaction ID : A2019-1177244
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
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 27
	<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. Goodwin, Pamela, 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) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 19 / 2019**
Transaction ID : A2019-1177336
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Goodwin, Pamela, 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) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **06 / 02 / 2019**
Transaction ID : A2019-1177436
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Goodwin, Pamela, 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) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 16 / 2019**
Transaction ID : A2019-1451262
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 27
	<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. Goodwin, Pamela, 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) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2019**
Transaction ID : A2019-1451678
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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 **03 / 24 / 2019**
Transaction ID : A2019-607788
 Amount of Each Receipt this Period 35.00
 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 ▼ 245.00

Date of Receipt **04 / 07 / 2019**
Transaction ID : A2019-1177037
 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 13 OF 27
	<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. 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 ▼ 280.00

Date of Receipt 04 / 21 / 2019
Transaction ID : A2019-1177137
 Amount of Each Receipt this Period 35.00
 Memo Item

B. 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 ▼ 315.00

Date of Receipt 05 / 05 / 2019
Transaction ID : A2019-1177245
 Amount of Each Receipt this Period 35.00
 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 ▼ 350.00

Date of Receipt 05 / 19 / 2019
Transaction ID : A2019-1177337
 Amount of Each Receipt this Period 35.00
 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 14 OF 27
	<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. 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 ▼ 385.00

Date of Receipt 06 / 02 / 2019
Transaction ID : A2019-1177437
 Amount of Each Receipt this Period 35.00
 Memo Item

B. 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 ▼ 420.00

Date of Receipt 06 / 16 / 2019
Transaction ID : A2019-1451264
 Amount of Each Receipt this Period 35.00
 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 ▼ 455.00

Date of Receipt 06 / 30 / 2019
Transaction ID : A2019-1451680
 Amount of Each Receipt this Period 35.00
 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 15 OF 27
<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. Riedy, Susan, L, ,
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) Director of Nursing
--	--

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
05	/	05	/	2019

Transaction ID : A2019-1177215

Amount of Each Receipt this Period
25.00

Memo Item

B. Riedy, Susan, L, ,
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) Director of Nursing
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2019

Transaction ID : A2019-1177307

Amount of Each Receipt this Period
25.00

Memo Item

C. Riedy, Susan, L, ,
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) Director of Nursing
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2019

Transaction ID : A2019-1177407

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 27
	<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. Robinson, Donna, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 East Greenville Street
 City Anderson State SC Zip Code 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 02 / 2019
Transaction ID : A2019-1177371
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Robinson, Donna, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 East Greenville Street
 City Anderson State SC Zip Code 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2019
Transaction ID : A2019-1450978
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Robinson, Donna, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 East Greenville Street
 City Anderson State SC Zip Code 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2019
Transaction ID : A2019-1451341
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 27
	<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. 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2019
Transaction ID : A2019-607580
 Amount of Each Receipt this Period
 40.00
 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 ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2019
Transaction ID : A2019-1176984
 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 ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2019
Transaction ID : A2019-1177084
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 27
	<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. 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 ▼ 360.00

Date of Receipt 05 / 05 / 2019
Transaction ID : A2019-1177192
 Amount of Each Receipt this Period 40.00
 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 ▼ 400.00

Date of Receipt 05 / 19 / 2019
Transaction ID : A2019-1177284
 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 ▼ 440.00

Date of Receipt 06 / 02 / 2019
Transaction ID : A2019-1177384
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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 27
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Tennison, Kelly, L, ,		Date of Receipt MM / DD / YYYY 06 / 16 / 2019 Transaction ID : A2019-1451049
Mailing Address 3980 South Jackson Drive		Amount of Each Receipt this Period 40.00
City Independence	State MO	Zip Code 64057
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Villages of Jackson Creek	Occupation (for Individual) Assistant Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tennison, Kelly, L, ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2019 Transaction ID : A2019-1451466
Mailing Address 3980 South Jackson Drive		Amount of Each Receipt this Period 40.00
City Independence	State MO	Zip Code 64057
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Villages of Jackson Creek	Occupation (for Individual) Assistant Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ward, Mary, E, ,		Date of Receipt MM / DD / YYYY 06 / 02 / 2019 Transaction ID : A2019-1177426
Mailing Address 2700 East 34th Street		Amount of Each Receipt this Period 20.00
City Joplin	State MO	Zip Code 64804
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Regional Social Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 220.00	

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 20 OF 27
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ward, Mary, E, ,

Mailing Address 2700 East 34th Street

City Joplin	State MO	Zip Code 64804
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Regional Social Worker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2019

Transaction ID : A2019-1451236

Amount of Each Receipt this Period
20.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ward, Mary, E, ,

Mailing Address 2700 East 34th Street

City Joplin	State MO	Zip Code 64804
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Regional Social Worker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2019

Transaction ID : A2019-1451652

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	1165.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 27
<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: 2019
 Primary General
 Other (specify) ▼
 Not Applicable

Aggregate Year-to-Date ▼
715.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2019

Transaction ID : A2019-17101

Amount of Each Receipt this Period
715.88

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: 2019
 Primary General
 Other (specify) ▼
 Not Applicable

Aggregate Year-to-Date ▼
1362.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2019

Transaction ID : A2019-17102

Amount of Each Receipt this Period
647.05

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: 2019
 Primary General
 Other (specify) ▼
 Not Applicable

Aggregate Year-to-Date ▼
2033.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2019

Transaction ID : A2019-17283

Amount of Each Receipt this Period
670.10

Memo Item
Bank Interest

SUBTOTAL of Receipts This Page (optional).....	2033.03
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 27
<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: 2019
 Primary General
 Other (specify) ▼
 Not Applicable

Aggregate Year-to-Date ▼
2729.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2019

Transaction ID : A2019-17284

Amount of Each Receipt this Period
696.42

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: 2019
 Primary General
 Other (specify) ▼
 Not Applicable

Aggregate Year-to-Date ▼
3386.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2019

Transaction ID : A2019-17285

Amount of Each Receipt this Period
656.92

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: 2019
 Primary General
 Other (specify) ▼
 Not Applicable

Aggregate Year-to-Date ▼
3959.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2019

Transaction ID : A2019-17347

Amount of Each Receipt this Period
572.86

Memo Item
Bank Interest

SUBTOTAL of Receipts This Page (optional).....	1926.20
TOTAL This Period (last page this line number only).....	3959.23

**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

A. Dept of the Treasury IRS

Full Name (Last, First, Middle Initial)

Mailing Address .

City: Ogden State: UT Zip Code: 84201

Purpose of Disbursement: Tax Payment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2019 Primary General Other (specify) ▼

State: District: Not Applicable

Date of Disbursement: 04 / 11 / 2019

FEC Identification Number: C

Transaction ID : B728389

Amount of Each Disbursement this Period: 1100.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	1100.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Marsha for Senate

Full Name (Last, First, Middle Initial)
Mailing Address 4916 Thoroughbred Ln

City Brentwood State TN Zip Code 37027

Purpose of Disbursement Contribution
Candidate Name **Blackburn, Marsha, , ,**
Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: TN District:

Date of Disbursement: 03 / 06 / 2019

FEC Identification Number: **C00376939**
Transaction ID : **B723269**
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Richard E Neal for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 415 New Jersey Ave. SE Unit 1

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution
Candidate Name **Neal, Richard, E, ,**
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MA District: 01

Date of Disbursement: 03 / 20 / 2019

FEC Identification Number: **C00226522**
Transaction ID : **B726386**
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. Richard E Neal for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 415 New Jersey Ave. SE Unit 1

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution
Candidate Name **Neal, Richard, E, ,**
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MA District: 01

Date of Disbursement: 03 / 20 / 2019

FEC Identification Number: **C00226522**
Transaction ID : **B726389**
Amount of Each Disbursement this Period: 5000.00

Memo Item

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

Full Name (Last, First, Middle Initial) A. Team Graham Inc.		Date of Disbursement MM / DD / YYYY 03 / 26 / 2019
Mailing Address P.O. Box 1801		FEC Identification Number C00458828 Transaction ID : B727236
City Columbia	State SC	Zip Code 29202
Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Graham, Lindsey, O, ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Team Graham Inc.		Date of Disbursement MM / DD / YYYY 03 / 26 / 2019
Mailing Address P.O. Box 1801		FEC Identification Number C00458828 Transaction ID : B727237
City Columbia	State SC	Zip Code 29202
Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Graham, Lindsey, O, ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Scalise Leadership Fund		Date of Disbursement MM / DD / YYYY 04 / 22 / 2019
Mailing Address 317 15th St NE		FEC Identification Number C00394957 Transaction ID : B728876
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Scalise, Steve, , ,		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: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State: LA District: 01	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
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. Friends of Jim Clyburn

Full Name (Last, First, Middle Initial)
Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement Contribution
Candidate Name Clyburn, James, E, ,
Office Sought: House Senate President
Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement: 05 / 22 / 2019

FEC Identification Number: C00255562
Transaction ID : B730541
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. McCarthy Victory Fund

Full Name (Last, First, Middle Initial)
Mailing Address 439 New Jersey Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution
Candidate Name
Office Sought: House Senate President
Disbursement For: 2019
 Primary General
 Other (specify) Not Applicable

State: District:

Date of Disbursement: 05 / 23 / 2019

FEC Identification Number: C00541011
Transaction ID : B730558
Amount of Each Disbursement this Period: 15000.00

Category/Type: 011

Memo Item

C. William Timmons for US House

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 3416

City Greenville State SC Zip Code 29602

Purpose of Disbursement Contribution
Candidate Name Timmons, William, R, ,
Office Sought: House Senate President
Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: SC District: 04

Date of Disbursement: 06 / 26 / 2019

FEC Identification Number: C00668491
Transaction ID : B733683
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

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

18500.00

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

46000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Health Corporation PAC - Federal

Full Name (Last, First, Middle Initial)

A. National Health Corp. Missouri-Federal Cmte

Mailing Address 100 East Vine Street

City Murfreesboro State TN Zip Code 37130

Purpose of Disbursement State PAC

011
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2019
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : B717678
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. National Health Corp. Missouri-Federal Cmte

Mailing Address 100 East Vine Street

City Murfreesboro State TN Zip Code 37130

Purpose of Disbursement State PAC

011
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2019
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : B728390
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. NHC HealthCare Greenville

Mailing Address 1305 Boiling Springs Road

City Greer State SC Zip Code 29650

Purpose of Disbursement Refund to Corporation

010
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2019
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : B730167
Amount of Each Disbursement this Period

Memo Item

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

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