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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	nonzea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
National Health Corpo	ration PAC - Federal		
ADDRESS (number and street)	P.O. Box 1398		
▼ Check if different			
than previously reported. (ACC)	Murfreesboro		TN 37130 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00153445		S THIS NEW (N) O	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (0		20 (M4) Jul 20 (M7	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (\)	YE) Electio	n on	in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on	in the State of
5. Covering Period 0°		through 06	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined th		my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Shelly, Tim, , , er		
Signature of Treasurer	ly, Tim, , ,	[Electronically Filed]	Date 07 / 31 / 2019
NOTE: Submission of false, erron	eous, or incomplete information	n may subject the person signin	g this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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Page 2

Write or Type Committee Name

National Health Corporation PAC - Federal

Report Covering the Period: From: 01 01 2019 To: 06 30 2019

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Health Corporation PAC - Federal

COLUMN B Calendar Year-to-Date 165.00 149.76 6149.76 7314.76 0.00 0.00 0.00 7314.76 0.00 0.00 0.00 0.00 0.00 0.00 0.00
149.76 6149.76 314.76 7314.76 0.00 0.00 314.76 7314.76 0.00 0.00 314.76 7314.76 0.00 0.00 0.00 0.00
149.76 6149.76 314.76 7314.76 0.00 0.00 314.76 7314.76 0.00 0.00 314.76 7314.76 0.00 0.00 0.00 0.00
149.76 6149.76 314.76 7314.76 0.00 0.00 314.76 7314.76 0.00 0.00 314.76 7314.76 0.00 0.00 0.00 0.00
7314.76 7314.76 0.00 0.00 0.00 0.00 7314.76 7314.76 0.00 0.00 0.00 0.00
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959.23 3959.23
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0.00
0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronida Toda to Date
(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
Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	46000.00	46000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	200	0.00
man Folitical 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
Other Disbursements (Including		
Non-Federal Donations)	10881.99	10881.99
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(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	7 7 7	45 45 45
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	58019.08	58019.08
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		
HOIT LINE 31)	58019.08	58019.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Operating Expenditures

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 7314.76 7314.76 (from Line 11(d), page 3) 0.00 0.00 (from Line 28(d))..... 7314.76 7314.76 (subtract Line 34 from Line 33) 1137.09 1137.09 (add Line 21(a)(i) and Line 21(b))▶ 37.09 37.09 (from Line 15, page 3)..... 1100.00 1100.00 (subtract Line 37 from Line 36)

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

Use separate schedule(s)

FOR LINE NUMBER:					PAGE		6	OF	27	
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		13		14		15		16	6	17

for each category of the Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Effland, Karla, R, , Date of Receipt Mailing Address 35 Sugar Maple Lane 2019 City Zip Code State Transaction ID: A2019-1177236 MO St. Charles 63303 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Asst Reg Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Effland, Karla, R,, Date of Receipt Mailing Address 35 Sugar Maple Lane 05 2019 City State Zip Code Transaction ID : A2019-1177328 St. Charles MO 63303 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Asst Reg Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Effland, Karla, R., Date of Receipt Mailing Address 35 Sugar Maple Lane 02 2019 City Zip Code State Transaction ID : A2019-1177428 MO St. Charles 63303 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Asst Reg Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

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:

Use separate schedule(s) for each category of the

F	FOR LINE NUMBER:				PAGE		8	OF	27	
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Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Effland, Karla, R, , Date of Receipt Mailing Address 35 Sugar Maple Lane 2019 16 City Zip Code State Transaction ID: A2019-1451244 MO St. Charles 63303 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Asst Reg Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Effland, Karla, R,, Date of Receipt Mailing Address 35 Sugar Maple Lane 2019 City State Zip Code Transaction ID: A2019-1451660 St. Charles MO 63303 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Asst Reg Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 325.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Fleeman, Glendora, F., Date of Receipt Mailing Address 374 Brink Street 02 2019 City Zip Code State Transaction ID: A2019-1177393 TN Lawrenceburg 38464 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Lawrenceburg Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fleeman, Glendora, F,, Date of Receipt Mailing Address 374 Brink Street 16 2019 City Zip Code State Transaction ID: A2019-1451072 TN Lawrenceburg 38464 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Lawrenceburg Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Fleeman, Glendora, F, , Date of Receipt Mailing Address 374 Brink Street 2019 City State Zip Code Transaction ID: A2019-1451489 TN Lawrenceburg 38464 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Lawrenceburg Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Francis, Timothy, R, Date of Receipt Mailing Address 801 Brim Street 02 2019 City Zip Code State Transaction ID: A2019-1177366 MO Desloge 63601 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Desloge Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Francis, Timothy, R,, Date of Receipt Mailing Address 801 Brim Street 16 2019 City Zip Code State Transaction ID: A2019-1450954 MO Desloge 63601 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Nursing NHC Desloge Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Francis, Timothy, R, , Date of Receipt Mailing Address 801 Brim Street 2019 City State Zip Code Transaction ID : A2019-1451408 MO Desloge 63601 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Desloge Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Goodwin, Pamela, J., Date of Receipt Mailing Address 1425 McFarland Avenue 05 2019 City State Zip Code Transaction ID: A2019-1177244 GΑ Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 65.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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

Use separate schedule(s)

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goodwin, Pamela, J,, Date of Receipt Mailing Address 1425 McFarland Avenue 19 2019 City Zip Code State Transaction ID: A2019-1177336 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NHC** Rossville Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Goodwin, Pamela, J, , Date of Receipt Mailing Address 1425 McFarland Avenue 2019 City State Zip Code Transaction ID : A2019-1177436 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 275.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Goodwin, Pamela, J., Date of Receipt Mailing Address 1425 McFarland Avenue 16 2019 City State Zip Code Transaction ID: A2019-1451262 GΑ Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goodwin, Pamela, J,, Date of Receipt Mailing Address 1425 McFarland Avenue 2019 City Zip Code State Transaction ID: A2019-1451678 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Nursing **NHC** Rossville Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Griffith, Johnnie, S,, Date of Receipt Mailing Address 360 Dell Trail 2019 City State Zip Code Transaction ID : A2019-607788 TN Dunlap 37327 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Sequatchie Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Griffith, Johnnie, S., Date of Receipt Mailing Address 360 Dell Trail 2019 City Zip Code State Transaction ID: A2019-1177037 TN Dunlap 37327 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Sequatchie Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 95.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Griffith, Johnnie, S,, Date of Receipt Mailing Address 360 Dell Trail 2019 City Zip Code State Transaction ID: A2019-1177137 TN Dunlap 37327 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Nursing NHC Sequatchie Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Griffith, Johnnie, S,, Date of Receipt Mailing Address 360 Dell Trail 05 05 2019 City State Zip Code Transaction ID: A2019-1177245 TN Dunlap 37327 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Sequatchie Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 315.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Griffith, Johnnie, S., Date of Receipt Mailing Address 360 Dell Trail 19 2019 City Zip Code State Transaction ID: A2019-1177337 TN Dunlap 37327 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Sequatchie Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 105.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Griffith, Johnnie, S,, Date of Receipt Mailing Address 360 Dell Trail 2019 City Zip Code State Transaction ID: A2019-1177437 TN Dunlap 37327 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Nursing NHC Sequatchie Receipt For: Aggregate Year-to-Date ▼ Primary General 385.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Griffith, Johnnie, S,, Date of Receipt Mailing Address 360 Dell Trail 16 2019 City State Zip Code Transaction ID: A2019-1451264 TN Dunlap 37327 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Sequatchie Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Griffith, Johnnie, S., Date of Receipt Mailing Address 360 Dell Trail 30 2019 City Zip Code State Transaction ID: A2019-1451680 TN Dunlap 37327 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Sequatchie Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 455.00 Other (specify) 105.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Riedy, Susan, L,, Date of Receipt Mailing Address 9405 Highway 17 Bypass 2019 City Zip Code State Transaction ID: A2019-1177215 SC Murrells Inlet 29576 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Nursing NHC Garden City Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Riedy, Susan, L,, Date of Receipt Mailing Address 9405 Highway 17 Bypass 19 2019 City State Zip Code Transaction ID: A2019-1177307 Murrells Inlet SC 29576 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Garden City Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Riedy, Susan, L, , Date of Receipt Mailing Address 9405 Highway 17 Bypass 02 2019 City Zip Code State Transaction ID: A2019-1177407 SC Murrells Inlet 29576 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Garden City Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Robinson, Donna, L, , Date of Receipt Mailing Address 1501 East Greenville Street 2019 City Zip Code State Transaction ID: A2019-1177371 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Robinson, Donna, L, , Date of Receipt Mailing Address 1501 East Greenville Street 16 2019 City State Zip Code Transaction ID : A2019-1450978 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NHC Anderson** Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Robinson, Donna, L, , Date of Receipt Mailing Address 1501 East Greenville Street 30 2019 City Zip Code State Transaction ID: A2019-1451341 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tennison, Kelly, L,, Date of Receipt Mailing Address 3980 South Jackson Drive 2019 City Zip Code State Transaction ID: A2019-607580 MO Independence 64057 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Villages of Jackson Creek Assistant Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tennison, Kelly, L,, Date of Receipt Mailing Address 3980 South Jackson Drive 04 2019 City State Zip Code Transaction ID: A2019-1176984 MO Independence 64057 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Villages of Jackson Creek Assistant Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Tennison, Kelly, L, Date of Receipt Mailing Address 3980 South Jackson Drive 2019 City Zip Code State Transaction ID: A2019-1177084 MO Independence 64057 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Villages of Jackson Creek Assistant Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tennison, Kelly, L,, Date of Receipt Mailing Address 3980 South Jackson Drive 2019 City Zip Code State Transaction ID: A2019-1177192 MO Independence 64057 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Villages of Jackson Creek Assistant Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tennison, Kelly, L,, Date of Receipt Mailing Address 3980 South Jackson Drive 19 2019 City State Zip Code Transaction ID: A2019-1177284 MO Independence 64057 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Villages of Jackson Creek Assistant Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Tennison, Kelly, L, , Date of Receipt Mailing Address 3980 South Jackson Drive 02 2019 City Zip Code State Transaction ID: A2019-1177384 MO Independence 64057 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Villages of Jackson Creek Assistant Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tennison, Kelly, L,, Date of Receipt Mailing Address 3980 South Jackson Drive 16 2019 City Zip Code State Transaction ID: A2019-1451049 MO Independence 64057 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Villages of Jackson Creek Assistant Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tennison, Kelly, L,, Date of Receipt Mailing Address 3980 South Jackson Drive 2019 City State Zip Code Transaction ID: A2019-1451466 MO Independence 64057 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Villages of Jackson Creek Assistant Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ward, Mary, E, , Date of Receipt Mailing Address 2700 East 34th Street 02 2019 City Zip Code State Transaction ID: A2019-1177426 MO Joplin 64804 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Regional Social Worker Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ward, Mary, E,, Date of Receipt Mailing Address 2700 East 34th Street 16 2019 City Zip Code State Transaction ID: A2019-1451236 MO Joplin 64804 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Regional Social Worker Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ward, Mary, E,, Date of Receipt Mailing Address 2700 East 34th Street 2019 City State Zip Code Transaction ID: A2019-1451652 MO Joplin 64804 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Regional Social Worker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... 1165.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 OF 27 (check only one)			
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one) 11a 11b 11c 12			
		Detailed Summary Page	13 14 15 16 X 17			
Any information copied from such Reports and sor for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) National Health Corporation PA						
Full Name of Individual (Last, First, Middle In Regions Bank	itial) or Full C	rganization Name	Date of Receipt			
Mailing Address 100 E. Vine St.	Otata	7in Code	01 31 2019			
City Murfreesboro	State TN	Zip Code 37130	Transaction ID : A2019-17101 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		715.88			
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item Bank Interest			
Receipt For: 2019 Primary General Other (specify) ▼ Not Applicable	Aggregate	Year-to-Date ▼ 715.88]			
Full Name of Individual (Last, First, Middle In Regions Bank	nitial) or Full C	rganization Name	Date of Receipt			
Mailing Address 100 E. Vine St.	01-1-	7. Oada	02 28 2019			
City Murfreesboro	State TN	Zip Code 37130	Transaction ID : A2019-17102 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		647.05			
Name of Employer (for Individual)	Осс	upation (for Individual)	Memo Item Bank Interest			
Receipt For: 2019 Primary General ✓ Other (specify) ▼ Not Applicable	Aggregate	Year-to-Date ▼ 1362.93]			
Full Name of Individual (Last, First, Middle In Regions Bank	itial) or Full C	rganization Name	Date of Receipt			
Mailing Address 100 E. Vine St.			03 29 2019			
City Murfreesboro	State TN	Zip Code 37130	Transaction ID : A2019-17283 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		670.10			
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item Bank Interest			
Receipt For: 2019 Primary General Other (specify) Not Applicable	Aggregate	Year-to-Date ▼ 2033.03				
SUBTOTAL of Receipts This Page (optional)			2033.03			
TOTAL This Period (last page this line number	only)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 OF 27 (check only one)				
П	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17				
	ny information copied from such Reports and St for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) National Health Corporation PAGE	C - Fede	ral					
Α.	Full Name of Individual (Last, First, Middle Init Regions Bank	ial) or Full C	organization Name	Date of Receipt				
	Mailing Address 100 E. Vine St.			04 30 / Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID : A2019-17284				
	Murfreesboro	TN	37130	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		696.42				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item Bank Interest				
	Receipt For: 2019	Aggregate	Year-to-Date ▼					
	Primary General	00 0	2729.45	1				
	★ Other (specify) ▼ Not Applicable		4-1-4-1-4-1-					
R	Full Name of Individual (Last, First, Middle Init Regions Bank	ial) or Full C	rganization Name	Date of Receipt				
٥.	Mailing Address 100 E. Vine St.			05 31 2019				
	City	State	Zip Code	Transaction ID : A2019-17285				
	Murfreesboro	TN	37130	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		656.92				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item Bank Interest				
	Receipt For: 2019	Aggregate	Year-to-Date ▼					
	Primary General	00 0		1				
	★ Other (specify) ▼ Not Applicable		3386.37					
C.	Full Name of Individual (Last, First, Middle Init Regions Bank	ial) or Full C	Organization Name	Date of Receipt				
	Mailing Address 100 E. Vine St.			06 28 2019				
	City Murfreesboro	State TN	Zip Code 37130	Transaction ID : A2019-17347				
			37 130	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		572.86				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item Bank Interest				
	Receipt For: 2019	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) Not Applicable		3959.23					
Γ				1926.20				
H	SUBTOTAL of Receipts This Page (optional)			3959.23				
I	OTAL This Period (last page this line number of	only)	······	3333.23				

ľ

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 23 OF 27			
TEMIZED DISBURSEMENTS	Use separate schedule(s) (check only	NOMBEN:		
	for each category of the Detailed Summary Page	X 21b			
		28a	28b 28c 29 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)	no and address of any polit	ioai committee t	GONOR CONTRIBUTIONS HOTH SUCH COMMITTEE.		
National Health Corporation PAC -	. Federal				
/ National Hoalth Corporation 1 AC -	i Gudiai				
Full Name (Last, First, Middle Initial)					
A. Dept of the Treasury IRS			Date of Disbursement		
Mailing Address .			04 11 2019		
City	State Zip Code				
Ogden	UT 84201		FEC Identification Number		
Purpose of Disbursement			C		
Tax Payment		001	Transaction ID : B728389		
Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburser	ment For: 2019	Туре	1100.00		
Office Sought: House Disburser Senate	ment For: 2019 Primary General		1100.00		
President x	Other (specify)		Manua Ban		
State: District:	Not Applicab	le	Memo Item		
Full Name (Last, First, Middle Initial)					
3.			Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address					
City	State Zip Code		FFO Identification Number		
	'		FEC Identification Number		
Purpose of Disbursement	<u> </u>				
Candidate Name					
Gandidate Ivallie		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburser	ment For:	Type			
Senate	Primary General		T T T T		
President	Other (specify)		Memo Item		
State: District:			INIGINO ILGIN		
Full Name (Last, First, Middle Initial)					
) .			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y		
walling Address					
City	State Zip Code		FEC Identification Number		
Purpose of Disbursement			С		
,			O		
Candidate Name		Category/	Amount of Each Disbursement this Period		
		Type	3100		
	ment For:		4 4		
Senate	Primary General				
State: District:	Other (specify) ▼		Memo Item		
State. District.					
SUBTOTAL of Disbursements This Page (optional)			1100.00		
CODITION OF DISDUISEMENTS THIS Page (OPHONAI)			4 4		
TOTAL This Period (last page this line number only))		1100.00		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 24 OF 27		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orlin)			
	Detailed Summary Page	21b 28a	22 x 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Staten	mente may not be cold or us				
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
National Health Corporation PAC -	Federal				
Full Name (Last, First, Middle Initial)					
^{A.} Marsha for Senate			Date of Disbursement		
Mailing Address 4916 Thoroughbred Ln			03 06 2019		
00	0				
City Brentwood	State Zip Code TN 37027		FEC Identification Number		
Purpose of Disbursement	07027		C C00376939		
Contribution		011	Transaction ID : B723269		
Candidate Name		Category/	Amount of Each Disbursement this Period		
Blackburn, Marsha, , ,		Туре	2500.00		
	ment For: 2024		2500.00		
A	Primary General Other (specify) ▼				
State: TN District:	∀		Memo Item		
Full Name (Last, First, Middle Initial)					
B. Richard E Neal for Congress			Date of Disbursement		
Mailing Address 44714			M M / D D / Y Y Y Y		
Mailing Address 415 New Jersey Ave. SE Unit 1			03 20 2019		
,	State Zip Code DC 20003		FEC Identification Number		
Washington Purpose of Disbursement	20003		C C00226522		
Contribution		011	Transaction ID : B726386		
Candidate Name		Category/	Amount of Each Disbursement this Period		
Neal, Richard, E, ,		Туре	5000.00		
	ment For: 2020		5000.00		
	Other (specify) General				
State: MA District: 01			Memo Item		
Full Name (Last, First, Middle Initial)					
C. Richard E Neal for Congress			Date of Disbursement		
Mailing Address 415 New Jersey Ave. SE Unit 1			03 20 2019		
Mailing Address 415 New Jersey Ave. SE Office			20 2019		
City	State Zip Code		FEC Identification Number		
Washington Purpose of Disbursement	DC 20003				
Contribution		011	C C00226522		
Candidate Name			Transaction ID : B726389 Amount of Each Disbursement this Period		
Neal, Richard, E, ,	Category/				
Office Sought: House Disbursen	ment For: 2020		5000.00		
	Primary General				
State: MA District: 01	Other (specify) ▼		Memo Item		
CIGIO. IVIA DIGITOL. UI					
SUBTOTAL of Disbursements This Page (optional)			12500.00		
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 25 OF 27
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem	anto may not be cold or use		
or for commercial purposes, other than using the nam	ne and address of any politic	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Health Corporation PAC -	Federal		
Full Name (Last, First, Middle Initial)			
^{A.} Team Graham Inc.			Date of Disbursement
Mailing Address P.O. Box 1801			03 26 2019
City	State Zip Code		FEC Identification Number
Columbia	SC 29202		FEC Identification Number
Purpose of Disbursement Contribution		011	C C00458828
Candidate Name		011	Transaction ID : B727236
Graham, Lindsey, O, ,		Category/ Type	Amount of Each Disbursement this Period
	nent For: 2020	.,,,,,	5000.00
	Primary General		
	Other (specify) ▼		Memo Item
State: SC District:			
Full Name (Last, First, Middle Initial) B. Team Graham Inc.			Date of Disbursement
- Team Granam inc.			M M / D D / Y Y Y Y
Mailing Address P.O. Box 1801			03 26 2019
,	State Zip Code		FEC Identification Number
Columbia Purpose of Disbursement	SC 29202		
Contribution		011	C C00458828
Candidate Name		Category/	Transaction ID : B727237 Amount of Each Disbursement this Period
Graham, Lindsey, O, ,		Type	Amount of Each Disbursement this Feriod
Office Sought: House Disbursen	nent For: 2020		5000.00
	Primary General		
State: SC District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			
C. Scalise Leadership Fund			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 317 15th St NE			04 22 2019
City	State Zip Code		FEC Identification Number
Washington	DC 20002		FEC Identification Number
Purpose of Disbursement Contribution		044	C C00394957
Candidate Name		011	Transaction ID : B728876
Scalise, Steve, , ,		Category/ Type	Amount of Each Disbursement this Period
	nent For: 2019	- 7	5000.00
	Primary General		7 7 7 7
	Other (specify) ▼		Memo Item
State: LA District: 01	Not Applicable)	
SUBTOTAL of Disbursements This Page (optional)			15000.00
			7 7 7
TOTAL This Period (last page this line number only)			1

SCHEDULE B (FEC Form 3X)	11	FOR LINE I	NUMBER: PAGE 26 OF 27
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem	anto may not be cold or use		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
National Health Corporation PAC -	Federal		
Full Name (Last, First, Middle Initial)			
A. Friends of Jim Clyburn			Date of Disbursement
Mailing Address Post Office Box 12567			05 22 7 2019
City	State Zip Code		CCO Identification Number
Columbia	SC 29211		FEC Identification Number
Purpose of Disbursement Contribution		244	C C00255562
Candidate Name		011	Transaction ID : B730541
Clyburn, James, E, ,		Category/ Type	Amount of Each Disbursement this Period
	nent For: 2020	Туре	1000.00
	Primary General		7 7 7
President State: SC District: 06	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			
B. McCarthy Victory Fund			Date of Disbursement
Mailing Address 439 New Jersey Ave SE			05 23 2019
5			
,	State Zip Code		FEC Identification Number
Washington Purpose of Disbursement	DC 20003		
Contribution		011	C C00541011
Candidate Name			Transaction ID: B730558 Amount of Each Disbursement this Period
		Category/ Type	Amount of Lacif Disbursement this Feriod
Office Sought: House Disbursen	nent For: 2019		15000.00
	Primary General		
President State: District:	Other (specify) Not Applicable		Memo Item
Full Name (Last, First, Middle Initial)	Not Applicable	;	
C. William Timmons for US House			Date of Disbursement
William Timinons for GG Flouse			M M / D D / Y Y Y Y
Mailing Address P.O. Box 3416			06 26 2019
,	State Zip Code		FEC Identification Number
Greenville Purpose of Disbursement	SC 29602		
Contribution		011	C C00668491
Candidate Name			Transaction ID: B733683 Amount of Each Disbursement this Period
Timmons, William, R,,		Category/ Type	Amount of Each Disbursement this 1 chod
Office Sought: House Disbursen	nent For: 2020		2500.00
	Primary General		
	Other (specify) ▼		Memo Item
State: SC District: 04			
SUBTOTAL of Disbursements This Page (optional)			18500.00
			40000.00
TOTAL This Period (last page this line number only)			46000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(a\	FOR LINE NUMBER: PAGE 27 OF 27 (check only one)		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21h	22 23 26 27 28b 28c x 29 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) National Health Corporation PAC -					
Full Name (Last, First, Middle Initial) A. National Health Corp. Missouri-Fed	Date of Disbursement				
Mailing Address 100 East Vine Street			02 19 2019		
City Murfreesboro Purpose of Disbursement	State Zip Code TN 37130		FEC Identification Number		
State PAC Candidate Name		011 Category/	Transaction ID : B717678 Amount of Each Disbursement this Period		
Senate	ment For: 2019 Primary General Other (specify)	Type	181.99 Memo Item		
State: District:	Not Applica	ble	Wellio Item		
B. National Health Corp. Missouri-Federal Cmte Mailing Address 100 East Vine Street			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Murfreesboro	State Zip Code TN 37130		FEC Identification Number		
Purpose of Disbursement State PAC Candidate Name Category/ Type			Transaction ID : B728390 Amount of Each Disbursement this Period		
Senate	nent For: 2019 Primary General Other (specify)	1762	10000.00 Memo Item		
State: District: Full Name (Last, First, Middle Initial)	Not Applica	ble	Monto Rom		
C. NHC HealthCare Greenville	Date of Disbursement				
Mailing Address 1305 Boiling Springs Road	05 22 2019				
City Greer Purpose of Disbursement Refund to Corporation	State Zip Code SC 29650	010	FEC Identification Number		
Candidate Name	Transaction ID: B730167 Amount of Each Disbursement this Period				
Senate	ment For: 2019 Primary General Other (specify) ▼ Not Applica	Type	700.00 Memo Item		
			1000100		
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	10881.99		
TOTAL This Period (last page this line number only))		10881.99		