

**FEC
FORM 3X**

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

Office Use Only

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

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

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

4. **TYPE OF REPORT (Choose One)**
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 X October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
 (b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 (c) 12-Day **PRE**Election Report for the: Primary (12P) General (12G) Special (12S) Runoff (12R)
 Convention (12C)
 Election on _____ in the State of _____
 (d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on _____ in the State of _____

5. Covering Period 07 01 2002 through 09 30 2002

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

Type or Print Name of Treasurer Doran Johnson
 Signature of Treasurer Electronically Filed by Doran Johnson Date 02 05 2003

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
National Health Corporation Political Action Committee

Report Covering the Period: From: ^h07 ^D01 ^v2002 To: ^h09 ^D30 ^v2002

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 ^v 2002 | | 371571.82 |
| (b) Cash on Hand at Beginning of Reporting Period | 356479.66 | |
| (c) Total Receipts (from Line 19) | 15225.02 | 42632.86 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 371704.68 | 414204.68 |
| 7. Total Disbursements (from Line 30) | 52500.00 | 95000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 319204.68 | 319204.68 |
| 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 (Revised 1/2001)

Page 3

Write or Type Committee Name

National Health Corporation Political Action Committee

Report Covering the Period: From: ^{MM}07 ^{DD}01 ^{YYYY}2002 To: ^{MM}09 ^{DD}30 ^{YYYY}2002

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 0.00 | |
| (ii) Unitemized | 14695.45 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 14695.45 | 41048.49 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) | 14695.45 | 41048.49 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 529.57 | 1584.37 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) | 15225.02 | 42632.86 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) | 15225.02 | 42632.86 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 52500.00 | 95000.00 |
| 24. Independent Expenditure (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶ | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶ | 52500.00 | 95000.00 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶ | 52500.00 | 95000.00 |
| <hr/> | | |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans) from Line 11(d), page 3)..... | 14695.45 | 41048.49 |
| 33. Total Contribution Refunds (from Line 28(d))..... | 0.00 | 0.00 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32)..... | 14695.45 | 41048.49 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶ | 0.00 | 0.00 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶ | 0.00 | 0.00 |

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

| | | | | | |
|--|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | PAGE 5 / 11 |
| | <input type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 | <input checked="" type="checkbox"/> 17 |

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

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

Full Name (Last, First, Middle Initial) _____

A. Mailing Address _____

City _____ State _____ Zip Code _____

Date of Receipt _____

N M / D E / Y Y Y Y
09 / 30 / 2002

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 529.57

Name of Employer _____ Occupation _____ Interest _____

Receipt For: _____ Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 42832.86

Transaction ID: SA17.4243

B. _____

C. _____

| | | |
|--|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 529.57 |
| TOTAL This Period (last page this line number only) | ▶ | 529.57 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6/11

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

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

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. ALEXANDER FOR SENATE INC | | Date of Disbursement 09 / 11 / 2002 | |
| Mailing Address PO BOX 121919 City State Zip Code NASHVILLE TN 37212 | | Amount of Each Disbursement this Period 5000.00 | |
| Purpose of Disbursement Candidate Name | | Category/ Type | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4247 | |
| State: TN District: 00 | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. ALEXANDER FOR SENATE INC | | Date of Disbursement 09 / 11 / 2002 | |
| Mailing Address PO BOX 121919 City State Zip Code NASHVILLE TN 37212 | | Amount of Each Disbursement this Period 5000.00 | |
| Purpose of Disbursement Debt Retirement Candidate Name | | Category/ Type | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) ▼ Primary-Debt Retir | Transaction ID: SB23.4270 | |
| State: TN District: 00 | | | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. JAMES GRESHAM BARRETT | | Date of Disbursement 09 / 11 / 2002 | |
| Mailing Address PO BOX 889 204 RETREAT ST City State Zip Code WESTMINSTER SC 29683 | | Amount of Each Disbursement this Period 4000.00 | |
| Purpose of Disbursement Candidate Name | | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4249 | |
| State: SC District: 03 | | | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 14000.00 |
| 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)

PAGE 7 / 11

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

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

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. MARSHA W BLACKBURN | | Date of Disbursement 08 / 27 / 2002 | |
| Mailing Address 6103 MURRAY LANE City BRENTWOOD State TN Zip Code 37027 | | Amount of Each Disbursement this Period 2000.00 | |
| Purpose of Disbursement Candidate Name | | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Transaction ID: SB23.426B | |
| State: TN District: 7 | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. JANICE H BOWLING | | Date of Disbursement 09 / 11 / 2002 | |
| Mailing Address 2315 OVDCA RD City TULLAHOMA State TN Zip Code 37388 | | Amount of Each Disbursement this Period 2500.00 | |
| Purpose of Disbursement Candidate Name | | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Transaction ID: SB23.4246 | |
| State: TN District: 04 | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. BROWN-WAITE FOR CONGRESS | | Date of Disbursement 08 / 01 / 2002 | |
| Mailing Address 2499 CURBREATH RD City BROOKSVILLE State FL Zip Code 34602 | | Amount of Each Disbursement this Period 10000.00 | |
| Purpose of Disbursement Candidate Name | | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Transaction ID: SB23.4260 | |
| State: FL District: 06 | | | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 14500.00 |
| 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)

PAGE 8/11

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

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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. BOB CLEMENT | | Date of Disbursement 09 / 25 / 2002 | |
| Mailing Address PO BOX 22910 City: NASHVILLE State: TN Zip Code: 37202 | | Amount of Each Disbursement this Period 8000.00 | |
| Purpose of Disbursement Candidate Name | | Transaction ID: SB23.4250 | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | | |
| State: TN District: 00 | Category/Type | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. BOB CLEMENT | | Date of Disbursement 09 / 25 / 2002 | |
| Mailing Address PO BOX 22910 City: NASHVILLE State: TN Zip Code: 37202 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement Candidate Name | | Transaction ID: SB23.4252 | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | | |
| State: TN District: 00 | Category/Type | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. LINCOLN DAVIS | | Date of Disbursement 07 / 30 / 2002 | |
| Mailing Address 1890 DELK CREEK ROAD City: PALL MALL State: TN Zip Code: 38577 | | Amount of Each Disbursement this Period 5000.00 | |
| Purpose of Disbursement Candidate Name | | Transaction ID: SB23.4258 | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: TN District: 04 | Category/Type | | |

| | |
|--|-----------------|
| 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)

PAGE 9 / 11

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

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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. BARTON JENNINGS GORDON | | Date of Disbursement 07 / 18 / 2002 | |
| Mailing Address 940 EAST NORTHFIELD BOULEVARD City: MURFREESBORO State: TN Zip Code: 37130 | | Amount of Each Disbursement this Period 5000.00 | |
| Purpose of Disbursement Candidate Name | | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Transaction ID: SB23.4253 | |
| State: TN District: 06 | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. LINDSEY O GRAHAM | | Date of Disbursement 08 / 12 / 2002 | |
| Mailing Address PO BOX 1155 City: SENECA State: SC Zip Code: 29679 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement Candidate Name | | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Transaction ID: SB23.4262 | |
| State: SC District: 03 | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. LINDSEY O GRAHAM | | Date of Disbursement 08 / 27 / 2002 | |
| Mailing Address PO BOX 1155 City: SENECA State: SC Zip Code: 29679 | | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement Candidate Name | | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Transaction ID: SB23.4263 | |
| State: SC District: 03 | | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6500.00 |
| 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)

PAGE 10 / 11

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

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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. MARK NORRIS | | Date of Disbursement 07 / 22 / 2002 | |
| Mailing Address 853 S COLLIERVILLE-ARLINGTON RD City: COLLIERVILLE State: TN Zip Code: 38017 | | Amount of Each Disbursement this Period 1500.00 | |
| Purpose of Disbursement Candidate Name | | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | Transaction ID: SB23.4255 | |
| State: TN District: 07 | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. TALENT FOR SENATE COMMITTEE | | Date of Disbursement 08 / 27 / 2002 | |
| Mailing Address 9378 OLIVE BLVD #208 City: ST LOUIS State: MO Zip Code: 63132 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement Candidate Name | | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Transaction ID: SB23.4267 | |
| State: MO District: 00 | | | |

C.

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2500.00 |
| TOTAL This Period (last page this line number only) | 52500.00 |

Form/Schedule: **SB23**
Transaction ID: **SB23.4258**

A clerical error was made on the original filing. The check written to Lincoln Davis on 07/30/02 was for the Primary election and not the General election.