

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) P.O. BOX 1398 MURFREESBORO TN 37130

2. FEC IDENTIFICATION NUMBER C00153445 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20 (M2) to Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2023 through 06 / 30 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Shelly, Tim, , , Type or Print Name of Treasurer

Signature of Treasurer Shelly, Tim, , , [Electronically Filed] Date 07 / 31 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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="2023"/>		<input type="text" value="145678.29"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="145678.29"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11766.58"/>	<input type="text" value="11766.58"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="157444.87"/>	<input type="text" value="157444.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40638.89"/>	<input type="text" value="40638.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="116805.98"/>	<input type="text" value="116805.98"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 / 01 / 2023 To: 06 / 30 / 2023

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).....	11005.50	11005.50
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11005.50	11005.50
(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)	11005.50	11005.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	761.08	761.08
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)).....▶	11766.58	11766.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11766.58	11766.58

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	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.....	40500.00	40500.00
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).....	138.89	138.89
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)) ..	40638.89	40638.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40638.89	40638.89

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11005.50	11005.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11005.50	11005.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 15
<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 POLITICAL ACTION COMMITTEE

A. Bidwell, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 N. University St.
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) SVP-Central
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11AI.4695
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

B. Burgess, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7097 Franklin Rd.
 City Murfreesboro State TN Zip Code 37128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2023
Transaction ID : SA11AI.4685
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Crofts, Jeanie, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11AI.4697
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 7 OF 15
<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 POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dodson, Vicki, , ,		Date of Receipt
Mailing Address 100 E. Vine St.		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2023"/>
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4694
Name of Employer (for Individual) NHC		Occupation (for Individual) VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="300.00"/>
		<input type="checkbox"/> Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Harbin, Holly, , ,		Date of Receipt
Mailing Address 350 Austin Graybill Rd.		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2023"/>
City North Augusta	State SC	Zip Code 29860
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4698
Name of Employer (for Individual) NHC		Occupation (for Individual) Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="300.00"/>
		<input type="checkbox"/> Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hassan, Emil, , ,		Date of Receipt
Mailing Address 100 E. Vine St.		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2023"/>
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4686
Name of Employer (for Individual) NHC		Occupation (for Individual) Board Member
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="850.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 15
<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 POLITICAL ACTION COMMITTEE

A. McClain, Jaclyn, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3039 Okatie Hwy.

City Okatie	State SC	Zip Code 29909
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2023

Transaction ID : SA11AI.4701

Amount of Each Receipt this Period
300.00

Memo Item Contribution

B. Stallings, Keely, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 Hospital St.

City Moulton	State AL	Zip Code 35650
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2023

Transaction ID : SA11AI.4693

Amount of Each Receipt this Period
450.00

Memo Item Contribution

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

Mailing Address UNITEMIZED

City UNITEMIZED	State TN	Zip Code 00000
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
8005.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2023

Transaction ID : SA11AI.4699

Amount of Each Receipt this Period
8005.50

Memo Item
Unitemized contributions less than \$200

SUBTOTAL of Receipts This Page (optional).....	8755.50
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ussery, Mike, , ,

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) NHC Occupation (for Individual) President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2023

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period
 300.00

Memo Item Contribution

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	11005.50

**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 15
<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 POLITICAL ACTION COMMITTEE

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
226.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2023

Transaction ID : SA17.4688

Amount of Each Receipt this Period
113.90

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2023

Transaction ID : SA17.4689

Amount of Each Receipt this Period
127.06

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
479.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2023

Transaction ID : SA17.4690

Amount of Each Receipt this Period
125.57

Memo Item
Interest

SUBTOTAL of Receipts This Page (optional).....	366.53
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 15
<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 POLITICAL ACTION COMMITTEE

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
634.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2023

Transaction ID : SA17.4691

Amount of Each Receipt this Period
154.92

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
761.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2023

Transaction ID : SA17.4692

Amount of Each Receipt this Period
126.60

Memo Item
Interest

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)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	281.52
TOTAL This Period (last page this line number only).....▶	648.05

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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	22	/	2023

Mailing Address PO BOX 33079

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4675

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

City WASHINGTON State DC Zip Code 20033

Purpose of Disbursement Contribution

012
Category/
Type

Candidate Name AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Office Sought: House Senate President
Disbursement For: 2024
 Primary General
 Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. DIANA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2023

Mailing Address PO BOX 7208

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4669

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

City KINGSPORT State TN Zip Code 37664

Purpose of Disbursement Contribution

012
Category/
Type

Candidate Name DIANA FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2024
 Primary General
 Other (specify) ▼
State: TN District: 01

Full Name (Last, First, Middle Initial)

C. DSCC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	22	/	2023

Mailing Address 120 MARYLAND AVE NE

FEC Identification Number

C C00042366

Transaction ID : SB23.4677

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement Contribution

012
Category/
Type

Candidate Name DSCC

Office Sought: House Senate President
Disbursement For: 2024
 Primary General
 Other (specify) ▼
State: District:

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

[REDACTED] 11000.00

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

[REDACTED]

**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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. EMMER VICTORY COMMITTEE DBA REPUBLICAN CONGRESSIONAL VICTORY COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2023

Mailing Address 824 S MILLEDGE AVE STE 101

FEC Identification Number

C C00573444

Transaction ID : SB23.4684

Amount of Each Disbursement this Period

5000.00

Memo Item

City
ATHENS

State
GA

Zip Code
30605

Purpose of Disbursement
Contribution

012
Category/
Type

Candidate Name

EMMER VICTORY COMMITTEE DBA REPUBLICAN CONGRESSIONAL VICTORY COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MN District: 06

Full Name (Last, First, Middle Initial)

B. HEARTLAND VALUES PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2023

Mailing Address PO BOX 505

FEC Identification Number

C C00409003

Transaction ID : SB23.4682

Amount of Each Disbursement this Period

1000.00

Memo Item

City
SIOUX FALLS

State
SD

Zip Code
57101

Purpose of Disbursement
Contribution

012
Category/
Type

Candidate Name

HEARTLAND VALUES PAC

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. JASON SMITH FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2023

Mailing Address PO BOX 1324

FEC Identification Number

C

Transaction ID : SB23.4671

Amount of Each Disbursement this Period

5000.00

Memo Item

City
CAPE GIRARDEAU

State
MO

Zip Code
63702

Purpose of Disbursement
Contribution

012
Category/
Type

Candidate Name

JASON SMITH FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MO District: 08

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

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

11000.00

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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JASON SMITH FOR CONGRESS

Mailing Address PO BOX 1324

City
CAPE GIRARDEAU

State
MO

Zip Code
63702

Purpose of Disbursement
Contribution

012

Candidate Name

JASON SMITH FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4672

Amount of Each Disbursement this Period

[REDACTED]	2500.00
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Memo Item

Full Name (Last, First, Middle Initial)

B. JEFFRIES VICTORY FUND

Mailing Address 430 S CAPITOL ST SE
2ND FL

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution

012

Candidate Name

JEFFRIES VICTORY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: NY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	3

FEC Identification Number

C C00768200

Transaction ID : SB23.4683

Amount of Each Disbursement this Period

[REDACTED]	5000.00
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Memo Item

Full Name (Last, First, Middle Initial)

C. KUSTOFF FOR CONGRESS

Mailing Address 1661 AARON BRENNER DR
STE 300

City
MEMPHIS

State
TN

Zip Code
38120

Purpose of Disbursement
Contribution

012

Candidate Name

KUSTOFF FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	3

FEC Identification Number

C C00614826

Transaction ID : SB23.4678

Amount of Each Disbursement this Period

[REDACTED]	1000.00
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Memo Item

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

[REDACTED]	8500.00
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TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	
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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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NRSC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2023

Mailing Address 425 2ND STREET NE

FEC Identification Number

C	C00027466
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City WASHINGTON	State DC	Zip Code 20002
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Transaction ID : SB23.4676

Purpose of Disbursement
Contribution

012
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

NRSC

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. TIM SCOTT FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2023

Mailing Address 1405 ASHLEY RIVER RD

FEC Identification Number

C	C00540302
---	-----------

City CHARLESTON	State SC	Zip Code 29407
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Transaction ID : SB23.4670

Purpose of Disbursement
Contribution

012
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

TIM SCOTT FOR SENATE

Office Sought: House
 Senate
 President

Disbursement For: 2028
 Primary General
 Other (specify) ▼

Memo Item

State: SC District: 00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Mailing Address

FEC Identification Number

C	
---	--

City	State	Zip Code
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Amount of Each Disbursement this Period

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Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

10000.00

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

40500.00
