

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 Check if different than previously reported. (ACC) Murfreesboro TN 37130

2. FEC IDENTIFICATION NUMBER C 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 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER). (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on MM/DD/YYYY in the State of. (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on MM/DD/YYYY in the State of.

5. Covering Period 07 / 01 / 2011 through 12 / 31 / 2011

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 J. B. KINNEY Jr.

Signature of Treasurer J. B. KINNEY Jr. [Electronically Filed] Date 01 / 20 / 2012

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 (Rev. 02/2003)

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="2011"/>		562209.03
(b) Cash on Hand at Beginning of Reporting Period.....	583523.73	
(c) Total Receipts (from Line 19) .....	50131.40	91703.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	633655.13	653912.18
7. Total Disbursements (from Line 31).....	30368.70	50625.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	603286.43	603286.43
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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. 06/2004)

Write or Type Committee Name

**National Health Corporation Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	50131.40	91703.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	50131.40	91703.15
(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) .....	50131.40	91703.15
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.).....	0.00	0.00
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))..... ▶	50131.40	91703.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50131.40	91703.15

**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	357.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	357.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	49900.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	368.70	368.70
30. Federal Election Activity (2 U.S.C. §431(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)) ..	30368.70	50625.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30368.70	50625.75

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	50131.40	91703.15
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50131.40	91703.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	357.05
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	357.05

**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"/> 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	<input type="checkbox"/> 30b

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. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2011

Mailing Address 1201 L STREET, NW

**Transaction ID : SB23.4867**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

5,000.00
----------

Purpose of Disbursement

--

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. ANDRE' BAUER**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		13		2011

Mailing Address 7864 SAN MARCELLO DR

**Transaction ID : SB23.4885**

City MYRTLE BEACH State SC Zip Code 29579

Amount of Each Disbursement this Period

1,500.00
----------

Purpose of Disbursement

--

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: SC District: 00

Full Name (Last, First, Middle Initial)

**C. DIANE L MRS. BLACK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2011

Mailing Address 819 PLANTATION BOULEVARD

**Transaction ID : SB23.4869**

City GALLATIN State TN Zip Code 37066

Amount of Each Disbursement this Period

2,500.00
----------

Purpose of Disbursement

--

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: TN District: 06

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

9000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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"/> 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	<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. MARSHA MRS. BLACKBURN**

Mailing Address 6103 MURRAY LANE

City BRENTWOOD State TN Zip Code 37027

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2011

Transaction ID : SB23.4879

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. JAMES E. CLYBURN**

Mailing Address 501 JUNIPER STREET

City COLUMBIA State SC Zip Code 29203

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: SC District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2011

Transaction ID : SB23.4873

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. TREY GOWDY**

Mailing Address PO BOX 3324

City SPARTANBURG State SC Zip Code 29304

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2011

Transaction ID : SB23.4871

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

**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"/> 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	<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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2011

**Transaction ID : SB23.4865**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. JAMES B RENACCI**

Mailing Address PO BOX 88

City WADSWORTH State OH Zip Code 44282

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: OH District: 16

Disbursement For: 2012  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2011

**Transaction ID : SB23.4877**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. TOM RICE**

Mailing Address 5100 NORTH OCEAN BLVD

City MYRTLE BEACH State SC Zip Code 29577

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: SC District: 07

Disbursement For: 2012  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 13 / 2011

**Transaction ID : SB23.4883**

Amount of Each Disbursement this Period

1500.00

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

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

5000.00



**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"/> 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	<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. INC. ROMNEY FOR PRESIDENT**

Mailing Address 585 COMMERCIAL ST.

City BOSTON State MA Zip Code 02109

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2011

Transaction ID : SB23.4881

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. TED MARTIN VICK**

Mailing Address PO BOX 310

City CHESTERFIELD State SC Zip Code 29709

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: SC District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2011

Transaction ID : SB23.4892

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. HENRY A. A WAXMAN**

Mailing Address 6913 AYR LN

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CA District: 30

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2011

Transaction ID : SB23.4875

Amount of Each Disbursement this Period

1000.00

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

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

7500.00

30000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 checked="" 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. Regions**

Mailing Address Church Street

City Murfreesboro State TN Zip Code 37130

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2011

**Transaction ID : SB29.4889**

Amount of Each Disbursement this Period

368.70

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

368.70

368.70