

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Dec 5 10 22 AM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
National Health Corporation Political Action Committee

ADDRESS (number and street)  Check if different than previously reported  
P O Box 1398

CITY, STATE and ZIP CODE  
Murfreesboro, TN 37130

2. FEC IDENTIFICATION NUMBER  
C00153445

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- February 20  June 20  October 20
- March 20  July 20  November 20
- April 20  August 20  December 20
- May 20  September 20  January 31

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on Nov 3rd in the State of Tennessee

(b) Is this Report an Amendment?  YES  NO

| SUMMARY  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date   |
|--|-------------------------|---|
| 5. Covering Period <u>10/15/98</u> through <u>11/23/98</u>                                       |                         |   |
| 6. (a) Cash on Hand January 1, 19____  |                         | \$ <u>227,650.22</u>  |
| (b) Cash on Hand at Beginning of Reporting Period  | \$ <u>259,020.09</u>    |   |
| (c) Total Receipts (from Line 19)  | \$ <u>9,125.36</u>      | \$ <u>55495.23</u>  |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and<br>Lines 6(a) and 6(c) for Column B)      | \$ <u>268,145.45</u>    | \$ <u>283,145.45</u>  |
| 7. Total Disbursements (from Line 30)  | \$ <u>500.00</u>        | \$ <u>15,500.00</u>   |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                    | \$ <u>267,645.45</u>    | \$ <u>267,645.45</u>  |
| 9. Debts and Obligations Owed TO the Committee<br>(itemize all on Schedule C and/or Schedule D)  | \$ <u>0</u>             | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9530<br>Local 202-694-1100 |
| 10. Debts and Obligations Owed BY the Committee<br>(itemize all on Schedule C and/or Schedule D) | \$ <u>0</u>             |   |

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

*D. Doran Johnson*

Date

11-30-98

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

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

| NAME OF COMMITTEE<br><i>National Health Corporation Political Action Committee</i>              |  | REPORT COVERING PERIOD<br>FROM <i>10/15/96</i> TO: <i>11/23/96</i> |                           |
|---|--|--|---------------------------|
|   |  | COLUMN A<br>Total This Period                                      | COLUMN B<br>Calendar Year |
| <b>I. Receipts</b>  |  |  |                           |
| 11. Contributions (other than loans) From:  |  |  |                           |
| a. Individual/Persons Other Than Political Committees:  |  |  |                           |
| i. Itemized (use Schedule A) .....  |  |  |                           |
| ii. Unitemized .....  |  |  |                           |
| iii. Total .....  | (add i and ii) >                                 | <i>8,934.30</i>  | <i>53,437.20</i>          |
| b. Political Party Committees .....   |  |  |                           |
| c. Other Political Committees (such as PACs) .....  |  |  |                           |
| d. Total Contributions .....  | (add a, b and c) >                               | <i>8,934.30</i>  | <i>53,437.20</i>          |
| 12. Transfers From Affiliated/Other Party Committees .....                                      |  |  |                           |
| 13. All Loans Received .....  |  |  |                           |
| 14. Loan Repayments Received .....  |  |  |                           |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....                            |  |  |                           |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....    |  |  |                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....                                    |  | <i>191.06</i>  | <i>2,058.07</i>           |
| 18. Transfers from Nonfederal Account for Joint Activity .....                                  |  |  |                           |
| 19. Total Receipts .....  | (add 11d, 12, 13, 14, 15, 16, 17, and 18) >      | <i>9,125.36</i>  | <i>55,495.27</i>          |
| 20. Total Federal Receipts .....  | (subtract line 18 from line 19) >                | <i>9,125.36</i>  | <i>55,495.23</i>          |
| <b>II. Disbursements</b>  |  |  |                           |
| 21. Operating Expenditures:   |  |  |                           |
| a. Shared Federal/Non-Federal Activity (from Schedule H4):                                      |  |  |                           |
| i. Federal Share .....  |  |  |                           |
| ii. Non-Federal Share .....   |  |  |                           |
| b. Other Federal Operating Expenditures .....   |  |  |                           |
| c. Total Operating Expenditures .....   | (add a i, a ii, and b) >                         |  |                           |
| 22. Transfers to Affiliated/Other Party Committees .....  |  |  |                           |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees .....         |  | <i>500.00</i>  | <i>15,500.00</i>          |
| 24. Independent Expenditures (use Schedule E) .....   |  |  |                           |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..... |  |  |                           |
| 26. Loan Repayments Made .....  |  |  |                           |
| 27. Loans Made .....  |  |  |                           |
| 28. Refunds of Contributions To:  |  |  |                           |
| a. Individual/Persons Other Than Political Committees .....                                     |  |  |                           |
| b. Political Party Committees .....   |  |  |                           |
| c. Other Political Committees (such as PACs) .....  |  |  |                           |
| d. Total Contribution Refunds .....   | (add a, b and c) >                               |  |                           |
| 29. Other Disbursements .....   |  |  |                           |
| 30. Total Disbursements .....   | (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | <i>500.00</i>  | <i>15,500.00</i>          |
| 31. Total Federal Disbursements .....   | (subtract line 21 a ii from line 30) >           | <i>500.00</i>  | <i>15,500.00</i>          |
| <b>III. Net Contributions/Operating Expenditures</b>  |  |  |                           |
| 32. Total Contributions (other than loans)(from line 11d) .....                                 |  | <i>8,934.30</i>  | <i>53,437.20</i>          |
| 33. Total Contribution Refunds (from line 28d) .....  |  |  |                           |
| 34. Net Contributions (other than loans)(subtract line 33 from line 32) .....                   |  | <i>8,934.30</i>  | <i>53,437.20</i>          |
| 35. Total Federal Operating Expenditures .....  | (add 21 a i and 21 b) >                          |  |                           |
| 36. Offsets to Operating Expenditures (from line 15) .....                                      |  |  |                           |
| 37. Net Operating Expenditures .....  | (subtract line 36 from line 35) >                |  |                           |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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. Full Name, Mailing Address and ZIP Code                                   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| <i>Jim Talent<br/>1031 Executive Plaza Suite 100<br/>St. Louis, Mo 63141</i> | <i>US Congress Contribution</i><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <i>10/15/98</i>         | <i>500.00</i>                           |
| B. Full Name, Mailing Address and ZIP Code                                   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |                         |   |
| C. Full Name, Mailing Address and ZIP Code                                   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |                         |   |
| D. Full Name, Mailing Address and ZIP Code                                   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |                         |   |
| E. Full Name, Mailing Address and ZIP Code                                   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |                         |   |
| F. Full Name, Mailing Address and ZIP Code                                   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |                         |   |
| G. Full Name, Mailing Address and ZIP Code                                   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |                         |   |
| H. Full Name, Mailing Address and ZIP Code                                   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |                         |   |
| I. Full Name, Mailing Address and ZIP Code                                   | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |                         |   |

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

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

*500.00*

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                      |
| <input type="checkbox"/> First Class Mail   | POSTMARKED                           |
| <input checked="" type="checkbox"/> Registered/Certified Mail                       | POSTMARKED<br>12-2-98                |
| <input type="checkbox"/> No Postmark  |                                      |
| <input type="checkbox"/> Postmark Illegible   |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):  | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| <i>AK</i><br>PREPARER   | 12-6-98<br>DATE PREPARED             |