

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 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, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2022 through 06 30 2022

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 13 2022

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**

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Page 2

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="2022"/>		227662.41
(b) Cash on Hand at Beginning of Reporting Period.....	222667.71	
(c) Total Receipts (from Line 19)	5.09	10.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	222672.80	227672.80
7. Total Disbursements (from Line 31).....	11000.00	16000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	211672.80	211672.80
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

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	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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.).....	5.09	10.39
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)).....▶	5.09	10.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5.09	10.39

DETAILED SUMMARY PAGE

of Disbursements

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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.....	11000.00	16000.00
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).....	0.00	0.00
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)) ..	11000.00	16000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	16000.00

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
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 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

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. ANN WAGNER FOR CONGRESS

Mailing Address PO BOX 50

City
BALLWIN

State
MO

Zip Code
63022

Purpose of Disbursement
Contribution

Candidate Name

ANN WAGNER FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 16 / 2022

FEC Identification Number

C C00495846

Transaction ID : SB23.4598

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City
BOWLING GREEN

State
KY

Zip Code
42102

Purpose of Disbursement
Contribution

Candidate Name

GUTHRIE FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: KY District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 24 / 2022

FEC Identification Number

C C00445023

Transaction ID : SB23.4601

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN ROSE FOR TENNESSEE

Mailing Address PO BOX 2404

City
COOKEVILLE

State
TN

Zip Code
38502

Purpose of Disbursement
Contribution

Candidate Name

JOHN ROSE FOR TENNESSEE

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 24 / 2022

FEC Identification Number

C

Transaction ID : SB23.4591

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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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. MCCARTHY VICTORY FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2022

Mailing Address PO BOX 30844

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4589

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement Contribution

[REDACTED]

Candidate Name

MCCARTHY VICTORY FUND

Category/Type

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: CA District: 23

Full Name (Last, First, Middle Initial)

B. NRSC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2022

Mailing Address 425 2ND STREET NE

FEC Identification Number

C C00027466

Transaction ID : SB23.4590

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement Contribution

[REDACTED]

Candidate Name

NRSC

Category/Type

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. TEAM HERSCHEL, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2022

Mailing Address P.O. BOX 501707

FEC Identification Number

C C00787853

Transaction ID : SB23.4599

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

City ATLANTA State GA Zip Code 31150

Purpose of Disbursement Contribution

[REDACTED]

Candidate Name

TEAM HERSCHEL, INC.

Category/Type

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: GA District: 00

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

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

[REDACTED] 6000.00

[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. TERRI SEWELL FOR CONGRESS

Mailing Address PO BOX 1964

City
BIRMINGHAM

State
AL

Zip Code
35201

Purpose of Disbursement
Contribution

Candidate Name

TERRI SEWELL FOR CONGRESS

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

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2022

FEC Identification Number

C C00458976

Transaction ID : SB23.4600

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. BOX 48928

City
SARASOTA

State
FL

Zip Code
34230

Purpose of Disbursement
Contribution

Candidate Name

VERN BUCHANAN FOR CONGRESS

Office Sought: House
 Senate
 President
State: FL District: 16

Disbursement For: 2022
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2022

FEC Identification Number

C C00412759

Transaction ID : SB23.4602

Amount of Each Disbursement this Period

1000.00

Memo Item

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

2000.00

11000.00