

**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)

P.O. Box 1398

Check if different than previously reported. (ACC)

Murfreesboro

TN

37130

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00153445

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)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

X 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 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

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

01

01

2005

through

06

30

2005

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

Electronically Filed by J. B. KINNEY, Jr.

Date

02

09

2006

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
 National Health Corporation Political Action Committee

Report Covering the Period: From: ^M01 ^D01 ^Y2005 To: ^M06 ^D30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		356156.29
(b) Cash on Hand at Beginning of Reporting Period	356156.29	
(c) Total Receipts (from Line 19)	35632.72	35632.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	391789.01	391789.01
<hr/>		
7. Total Disbursements (from Line 31)	37500.00	37500.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	354289.01	354289.01
<hr/>		
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**

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Write or Type Committee Name

National Health Corporation Political Action Committee

Report Covering the Period: From: ^M01 ⁻01 ⁻2005^Y To: ^M06 ⁻30 ⁻2005^Y

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	34876.00	34876.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	34876.00	34876.00
(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)	34876.00	34876.00
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.)	756.72	756.72
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 Transfer (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))	35632.72	35632.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35632.72	35632.72

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) 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.....	37500.00	37500.00
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. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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 ActMty (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))..	37500.00	37500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	37500.00	37500.00

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)	34876.00	34876.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34876.00	34876.00
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 A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 9

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
13	14	15	16	

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. U.S. Bank		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address		Transaction ID: SA17.4409
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 756.72
Name of Employer	Occupation	Interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 756.72	

SUBTOTAL of Receipts This Page (optional)	▶	756.72
TOTAL This Period (last page this line number only)	▶	756.72

**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)

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<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. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE (AHCA-PAC)

Mailing Address 1201 L STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB23.4412
Date of Disbursement
02 / 11 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. JAMES W DEMINT

Mailing Address 132 COVENTRY ROAD

City GREENVILLE State SC Zip Code 29615

Purpose of Disbursement

Candidate Name
JAMES W DEMINT

Office Sought: House Senate President State: SC District 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB23.4422
Date of Disbursement
06 / 08 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. BARTON JENNINGS GORDON

Mailing Address B40 EAST NORTHFIELD BOULEVARD

City MURFREESBORO State TN Zip Code 37130

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: TN District 06

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB23.4416
Date of Disbursement
03 / 30 / 2005

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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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

Mailing Address 940 EAST NORTHFIELD BOULEVARD

City MURFREESBORO State TN Zip Code 37130

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: TN District D8

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.4423
Date of Disbursement

06 / 27 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
B. LINDSEY OLIN GRAHAM

Mailing Address PO BOX 1155

City SENECA State SC Zip Code 29670

Purpose of Disbursement

Candidate Name
LINDSEY OLIN GRAHAM

Office Sought: House
 Senate
President
State: SC District D0

Disbursement For:
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.4411
Date of Disbursement

02 / 02 / 2005

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)
C. DENNIS J. HASTERT

Mailing Address P. O. Box 386
PO BOX 386

City Yorkville State IL Zip Code 60560

Purpose of Disbursement

Candidate Name
DENNIS J. HASTERT

Office Sought: House
Senate
President
State: IL District 14

Disbursement For:
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.4417
Date of Disbursement

03 / 30 / 2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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)

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<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. Rosalind KURITA FOR US SENATE

Transaction ID: SB23.4413
Date of Disbursement
02 / 15 / 2005

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name
ROSALIND KURITA

Category/
Type

Office Sought: House
 Senate
President
State: TN District: D0

Disbursement For:
 Primary General
Other (specify) ▼

Full Name (Last, First, Middle Initial)
B. REPUBLICAN NATIONAL COMMITTEE

Transaction ID: SB23.4421
Date of Disbursement
05 / 30 / 2005

Mailing Address 310 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement

Amount of Each Disbursement this Period

15000.00

Candidate Name

Category/
Type

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Full Name (Last, First, Middle Initial)
C. Van VAN HILLEARY FOR CONGRESS

Transaction ID: SB23.4419
Date of Disbursement
03 / 30 / 2005

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

2500.00

Candidate Name
Van VAN HILLEARY FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
President
State: TN District

Disbursement For:
 Primary General
Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

20000.00

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

37500.00