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FEC FORM 3X

12/03/2020 12 : 21

PAGE 1 / 28

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

							Office Use Or	ny
1.	NAME OF COMMITTEE (in full)	TYPE OR PRIN		ample: If typir r the lines.	ng, type	12FE4M	[5	
N	ational Health Co	prporation PAC	- Federal					
	Check if different	et)				 TN	 37130	
2.	reported. (ACC)				S		ZIP	
	C C00153445		3. IS THIS REPORT	~	NEW N) OR	AN (A	MENDED)	
4.	(choose One) (a) Quarterly Reports:	C (b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5) Jun 20 (M6)		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
			Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Year Only) Jan 31 (YE)
	April 15 Quarterly Rep	ort (Q1) (c) 12-	Day	Primary (12P	?)	General	(12G)	Runoff (12R)
	July 15 Quarterly Rep	ort (Q2)	E-Election	Convention (12C)	Special	(12S)	
	October 15 Quarterly Rep	ort (Q3)		M M /	D D /	Y Y Y Y	in t	he
	January 31 Year-End Rep	· · · ·	Election on	L				te of
	July 31 Mid-Y Report (Non-e Year Only) (M	election (0) S0- IY) PO	Day ST-Election	General (300	ā)	Runoff (30R)	Special (30S)
	Termination R (TER)		Election on	M M /	03 /	2020		he te of GA
5.	Covering Period	10 / D D / 15	2020	through	M M 11	/ D D / 23	y y y y 2020	Y
	rtify that I have examin e or Print Name of Tre	Shelly, Tim, ,		wledge and b	pelief it is true	e, correct an	d complete.	
Sigr	nature of Treasurer	Shelly, Tim, , ,		[Electronically	v Filed] Da	ate 12	/ D D D 03	/ Y Y Y Y 2020
NOT	TE: Submission of false,	erroneous, or incompl	ete information may su	ubject the pers	son signing thi	is Report to t		
L	Office Use Only							ORM 3X 05/2016

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

•	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	Irite or Type Committee Name		
1	National Health Corporation PAC	- Federal	
R		10 / 15 / Y Y Y Y 10 To:	M M / D D / Y Y Y Y 11 23 2020
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		336538.09
	(b) Cash on Hand at Beginning of Reporting Period	296200.49	
	(c) Total Receipts (from Line 19)	1506.16	13771.56
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	297706.65	350309.65
7.	Total Disbursements (from Line 31)	31500.00	84103.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	266206.65	266206.65
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Health Corporation PAC - Federal

Report Covering the Period: From: 10	15 2020 To	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	1055.00	1004 50
(i) Itemized (use Schedule A)	1055.26	4881.56
(ii) Unitemized	438.75	7903.35
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	1494.01	12784.91
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	1494.01	12784.91
Totals to Line 33, page 5)►	1434.01	
Transfers From Affiliated/Other Party Committees	0.00	0.00
Farty Committees		
All Loans Received	0.00	0.00
	4	
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	12.15	986.65
. Transfers from Non-Federal and Levin Funds 느		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transford (add 19(a) and 19(b))	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	1506.16	13771.56
L	1 1 47× 1 47× 1 47× 1	
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	1506.16	13771.56

1506.16 - 7

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 1603.00 Expenditures (c) Total Operating Expenditures 1603.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 67500.00 and Other Political Committees... 31500.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 0.00 29. Other Disbursements (Including Non-Federal Donations)..... 15000.00 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 Total Federal Election Activity (add (C) 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)).. 31500.00 84103.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 31500.00 84103.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
1 20		0/	(110 .	00/2010)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

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12784.91 0.00 12784.91 1603.00 0.00 1603.00



COLUMN B

Calendar Year-to-Date

Use separate schedule(s)	FOR LINE NUMBER: (check only one)						
for each category of the Detailed Summary Page	🗶 11a 🗌 11b						

ITEINIZED RECEIPTS		Detailed Summary Page	×	-		111		11c	12						
Any information copied from such R or for commercial purposes, other tl							e of s								
NAME OF COMMITTEE (In Full) National Health Corpo	ration PAC - Fede	ral													
Full Name of Individual (Last, Fir Brown, Tracy, A, , Mailing Address 244 Oakwood D	-						Date of Receipt								
	1	Zin Oode		10	J.	L	18	/ Y	2020	Ý					
City Lewisburg	State TN	Zip Code 37091		Transaction ID : A2020-2336743 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C			10.00											
Name of Employer (for Individual NHC Oakwood	<i>,</i>	upation (for Individual) ector of Nursing		Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00													
Full Name of Individual (Last, Fir Brown, Tracy, A, ,		Date of	Re	ecei	pt										
Mailing Address 244 Oakwood D		M M / D D / Y Y Y Y 11 01 2020													
City Lewisburg	State TN							Transaction ID : A2020-2416790 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C			10.00											
Name of Employer (for Individua NHC Oakwood	, ,	upation (for Individual) ector of Nursing		M	emo	o Ite	em								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00													
Full Name of Individual (Last, Fir Brown, Tracy, A, ,		Organization Name		Date of	Re	ecei	pt								
Mailing Address 244 Oakwood D				^M 11	1		15	/ Y	2020	Y					
City Lewisburg	State TN	Zip Code 37091							2565860 nis Perioc						
FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period											
Name of Employer (for Individual NHC Oakwood		upation (for Individual) ector of Nursing		M	emc	o Ite	em								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00													
SUBTOTAL of Receipts This Page	(optional)					,		,	30	.00					
TOTAL This Period (last page this	line number only)					- -									

PAGE 6 OF

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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	ny information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) National Health Corporation PA	C - Fede	ral												
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Effland, Karla, R, , Mailing Address 35 Sugar Maple Lane City State Zip Code St. Charles MO 63303 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Asst Reg Nurse Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 525.00							Date of Receipt Date of Receipt 10 18 2020 Transaction ID : A2020-2336777 Amount of Each Receipt this Period 25.0 Memo Item							
в.	Full Name of Individual (Last, First, Middle Init Effland, Karla, R, , Mailing Address 35 Sugar Maple Lane City St. Charles FEC ID number of contributing federal political committee. Name of Employer (for Individual) PHS Missouri Receipt For: Primary General Other (specify) ▼	State MO C	Zip Code 63303 upation (for Inc t Reg Nurse Co Year-to-Date	lividual) onsultant		Amoun	sacti t of	01 on ID :	A2020-2 Receipt th	nis Perio	9 d				
C.	Full Name of Individual (Last, First, Middle Init Effland, Karla, R, , Mailing Address 35 Sugar Maple Lane City St. Charles FEC ID number of contributing federal political committee. Name of Employer (for Individual) PHS Missouri Receipt For: Primary General Other (specify)	State MO C	Zip Code 63303 upation (for Inc Reg Nurse Co Year-to-Date	lividual) nsultant		Amoun	sacti t of	15 ion ID		nis Perio	d .00				
s	UBTOTAL of Receipts This Page (optional)				.			,	9	75	.00				

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Use separate schedule(s)	
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Detailed Summary Page	

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X 11a 11b 11c 12 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fleeman, Glendora, F, , Α. Date of Receipt Mailing Address 374 Brink Street M M 10 18 2020 City Zip Code State Transaction ID : A2020-2336632 TN Lawrenceburg 38464 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Lawrenceburg Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fleeman, Glendora, F,, Date of Receipt Mailing Address 374 Brink Street 01 2020 11 City State Zip Code Transaction ID : A2020-2416679 ΤN Lawrenceburg 38464 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Lawrenceburg Director of Nursing Receipt For: Aggregate Year-to-Date V Primarv General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Fleeman, Glendora, F, , Date of Receipt Mailing Address 374 Brink Street MM 11 15 2020 City Zip Code State Transaction ID : A2020-2565750 ΤN Lawrenceburg 38464 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Lawrenceburg **Director of Nursing** Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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

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Detailed Summary Page	

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X 11a 11b 12 11c 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Francis, Timothy, R, , Date of Receipt Α. Mailing Address 801 Brim Street М 2020 10 18 City Zip Code State Transaction ID : A2020-2336534 MO Desloge 63601 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Nursing NHC Desloae Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Francis, Timothy, R, , Date of Receipt Mailing Address 801 Brim Street 11 01 2020 City State Zip Code Transaction ID : A2020-2416592 MO Desloge 63601 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Desloge Director of Nursing Receipt For: Aggregate Year-to-Date Primarv General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Francis, Timothy, R, Date of Receipt Mailing Address 801 Brim Street MM 11 15 2020 City Zip Code State Transaction ID : A2020-2565655 MO Desloge 63601 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Desloge Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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PAGE

X 11a 11b 11c 12 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goodwin, Pamela, J,, Α. Date of Receipt Mailing Address 1425 McFarland Avenue M M 10 18 2020 City Zip Code State Transaction ID : A2020-2336794 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Goodwin, Pamela, J, , Date of Receipt Mailing Address 1425 McFarland Avenue 01 2020 11 City State Zip Code Transaction ID : A2020-2416841 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville Director of Nursing Receipt For: Aggregate Year-to-Date V Primarv General Other (specify) 550.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Goodwin, Pamela, J, Date of Receipt Mailing Address 1425 McFarland Avenue MM 11 15 2020 City State Zip Code Transaction ID : A2020-2565909 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville **Director of Nursing** Receipt For: Aggregate Year-to-Date ▼ Primary General 575.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

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X 11a 11b 12 11c 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Harpe, Andrea, S, , Α. Date of Receipt Mailing Address 1501 East Greenville Street 2020 10 18 City Zip Code State Transaction ID : A2020-2336542 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Harpe, Andrea, S, , Date of Receipt Mailing Address 1501 East Greenville Street 11 01 2020 City State Zip Code Transaction ID : A2020-2416554 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Harpe, Andrea, S, Date of Receipt Mailing Address 1501 East Greenville Street MM 11 15 2020 City Zip Code State Transaction ID : A2020-2565663 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)	FOR LINE NUMBER: (check only one)					
for each category of the Detailed Summary Page	🗡 11a 🗌 11b 🗍					
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
IILWILLED RECEIFIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) National Health Corporation	PAC - Fede	ral							
Full Name of Individual (Last, First, Midd A. Jones, Amy, R, ,	le Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 436 Pinehaven Street Ex	t.		M M / D D / Y Y Y Y 10 18 2020						
City Laurens	State SC	Zip Code 29417	Transaction ID : A2020-2336625 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		15.00						
Name of Employer (for Individual) NHC Laurens		upation (for Individual) eech Pathologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]						
Full Name of Individual (Last, First, Middl B. Jones, Amy, R, , Mailing Address 436 Pinehaven Street Ex	-	organization Name	Date of Receipt						
City	State SC	Zip Code 29417	11 01 2020 Transaction ID : A2020-2416672						
Laurens FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period						
Name of Employer (for Individual) NHC Laurens		upation (for Individual) eech Pathologist	Memo Item						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 315.00]						
Full Name of Individual (Last, First, Midd C. Jones, Amy, R, ,	le Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 436 Pinehaven Street Ex	:t.		M M / D D / Y Y Y Y 11 15 2020						
City Laurens	State SC	Zip Code 29417	Transaction ID : A2020-2565743 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	J J J J J J J J J J J J J J J J J J J								
Name of Employer (for Individual) NHC Laurens	Spe	upation (for Individual) ech Pathologist	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00]						
SUBTOTAL of Receipts This Page (optional	al)		45.00						
TOTAL This Period (last page this line nun	nber only)								

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)	FOR LINE NUMBER: (check only one)					
for each category of the Detailed Summary Page	X 11a 11b					

			Detailed Summary Page		1 1a		11b	11c	12			
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\backslash	NAME OF COMMITTEE (In Full)	_										
\angle	National Health Corporation PA	C - Fede	ral									
Α.	Full Name of Individual (Last, First, Middle Init Jones, Lisa, A, ,	ial) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address 1018 North Guignard Drive				10 ^M	1	D D D 18	/ Y	y y 2020	Y		
	City	State	Zip Code		Trans	sact	ion ID :	A2020-2	336812			
	Sumter	SC	29150		Amoun	t of	Each R	eceipt th	nis Perio	b		
	FEC ID number of contributing federal political committee.	С					-	· ·	10	.00		
	Name of Employer (for Individual)	Occi	upation (for Individual)		М	emo	b Item					
	NHC Sumter	Dire	ctor of Nursing									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General	55 - 5		11.								
	Other (specify)		210.00									
	Full Name of Individual (Last, First, Middle Init Jones, Lisa, A, ,	ial) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address 1018 North Guignard Drive			11 01 2020								
	City	State	Zip Code		Trans	act	ion ID ·	A2020-2	416858			
	Sumter	SC	29150					eceipt th		b		
	FEC ID number of contributing federal political committee.	С							10	.00		
	Name of Employer (for Individual) NHC Sumter	Occupation (for Individual) Director of Nursing			Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate]									
с.	Full Name of Individual (Last, First, Middle Init Jones, Lisa, A, ,	ial) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address 1018 North Guignard Drive						D D 15	/ Y	y y 2020	Y		
	City	State	Zip Code		Trans	sact	ion ID :	A2020-2	565926			
	Sumter	SC	29150		Amoun	t of	Each R	eceipt th	nis Perio	k		
	FEC ID number of contributing federal political committee.	С		<u> </u>		y	. ,	10	.00			
	Name of Employer (for Individual) NHC Sumter		upation (for Individual) ctor of Nursing		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 230.00									

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

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)	FOR LINE NUMBER: (check only one)					
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ITEMIZED RECEIPTS			Use separate schedule		(check only one)								
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	y information copied from such Reports and Sta for commercial purposes, other than using the r							soliciting		itions			
	NAME OF COMMITTEE (In Full) National Health Corporation PAC	C - Feder	ral										
A.	Full Name of Individual (Last, First, Middle Initia Jones, Robert, M, ,	al) or Full O	Organization Name		Date o	f Re	ceipt						
	Mailing Address 5400 Executive Centre Parkway	/			10 18 2020								
	City St. Peters	State MO	Zip Code 63376					A2020-2 eceipt th	2336814 nis Period				
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	Name of Employer (for Individual) Villages of St. Peters		upation (for Individual) istant Director of Nursing		M	lemo	ltem						
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с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jones, Robert, M, ,						ceipt						
	Mailing Address 5400 Executive Centre Parkway	y			M M 11	/	D D D 15	/ Y	2020 [°]	Y			
	City St. Peters	State MO	Zip Code 63376					A2020-2 eceipt th	2565928 nis Period				
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	Name of Employer (for Individual) Villages of St. Peters Receipt For:	Occupation (for Individu Assistant Director of Nu			N	lemo	Item						
	Primary General Other (specify)	Aggregate Year-to-Date ▼ 230.00											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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X 11a 11b 11c 12 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kelly, Nell, L, , Date of Receipt Α. Mailing Address 438 Pinehaven Street Ext. M M 2020 10 18 City Zip Code State Transaction ID : A2020-2336626 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Laurens Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 415.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kelly, Nell, L, , Date of Receipt Mailing Address 438 Pinehaven Street Ext. 11 01 2020 City State Zip Code Transaction ID : A2020-2416673 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Laurens Director of Nursing Receipt For: Aggregate Year-to-Date Primarv General Other (specify) 435.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kelly, Nell, L, Date of Receipt Mailing Address 438 Pinehaven Street Ext. MM 11 15 2020 City State Zip Code Transaction ID : A2020-2565744 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Laurens **Director of Nursing** Receipt For: Aggregate Year-to-Date ▼ Primary General 455.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full)		rol									
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A. Moen, Jessica, R, ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moen, Jessica, R, ,										
Mailing Address 812 N. Charlotte Street											
City	State TN	Zip Code 37055	Transaction ID : A2020-2336578								
Dickson		37033	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		10.00								
Name of Employer (for Individual) NHC Dickson		upation (for Individual) ector of Nursing	Memo Item								
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Full Name of Individual (Last, First, Middle B. Moen, Jessica, R, ,	Date of Receipt										
Mailing Address 812 N. Charlotte Street	11 01 2020										
City	State	Zip Code	Transaction ID : A2020-2416625								
Dickson	TN	37055	Amount of Each Receipt this Period								
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Name of Employer (for Individual) NHC Dickson		upation (for Individual) actor of Nursing	Memo Item								
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Full Name of Individual (Last, First, Middle C. Moen, Jessica, R, ,	e Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 812 N. Charlotte Street			11 15 2020								
City	State	Zip Code	Transaction ID : A2020-2565697								
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$\left[\right]$	NAME OF COMMITTEE (In Full)										
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Α.	Full Name of Individual (Last, First, Middle Initi Powers, Brenda, $S, \ ,$	al) or Full O	Organization Name		Date of	Recei	pt				
	Mailing Address 5010 Trotwood Avenue				10 ^M	1	18	1	Y Y 20	20	
	City	State	Zip Code		Trans	action	ID :	A2020-	23367	89	
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В.	Full Name of Individual (Last, First, Middle Initi Powers, Brenda, S, ,	al) or Full O	Organization Name		Date of	Recei	pt				
	Mailing Address 5010 Trotwood Avenue				M M 11	/	01	1	202	20	
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	Other (specify) v		, 440.00								
C.	Full Name of Individual (Last, First, Middle Initi Provencher, Kristin, A, ,	al) or Full O	Organization Name		Date of	Recei	pt				
Mailing Address 198 Pearl Street					^M 10	L	18	JL	202	100 C	ſ
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	Name of Employer (for Individual) Maple Leaf Health Care Center		upation (for Individual) ctor of Nursing		Me	emo Ite	em				
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City	State	Zip Code		11 T rene		01	A2020-2	2020	Ŷ		
Manchester	NH	03104				-		nis Period			
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Name of Employer (for Individual) Maple Leaf Health Care Center		upation (for Individual) ctor of Nursing		M	emo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00]								
Full Name of Individual (Last, First, Mide B. Provencher, Kristin, A, ,		Date of	Re	ceipt							
Mailing Address 198 Pearl Street		11 15 2020									
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Name of Employer (for Individual) Maple Leaf Health Care Center											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00	1								
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Mailing Address 3039 Okatie Highway				^M 10	1	D D D 18	/ Y	2020	Y		
City Bluffton	State SC	Zip Code 29909					A2020-2 eceipt th	2336512 his Period	_		
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Name of Employer (for Individual) NHC Bluffton	NHC Bluffton Assistan										
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	Otto and a second secon	1010	Zin Oada	11 01 2020									
	5	tate C	Zip Code 29909	Transaction ID : A2020-2416570									
	FEC ID number of contributing federal political committee.	_		Amount of Each Receipt this Period 33.42									
	Name of Employer (for Individual) NHC Bluffton		pation (for Individual) tant Director of Nursing	Memo Item									
	Receipt For: Agg Primary General Other (specify) ▼]											
В.	Full Name of Individual (Last, First, Middle Initial) or Rahmlow, Susan, L, ,	Date of Receipt											
	Mailing Address 3039 Okatie Highway	11 15 2020											
	,	tate SC	Zip Code 29909	Transaction ID : A2020-2565633									
	Bluffton S FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period											
	Name of Employer (for Individual) NHC Bluffton		pation (for Individual) tant Director of Nursing	Memo Item									
	Receipt For: Agg Primary General Other (specify) ▼	gregate Y	ear-to-Date ▼ 768.66]									
с.	Full Name of Individual (Last, First, Middle Initial) or Redferin, Cara, D, ,	r Full Org	anization Name	Date of Receipt									
	Mailing Address 100 E. Vine St.			10 / Y Y Y Y 10 18 2020									
	5	tate N	Zip Code 37130	Transaction ID : A2020-2336590									
	FEC ID number of contributing federal political committee.	_		Amount of Each Receipt this Period									
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SCHEDULE A (FEC Form 3X)

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	Mailing Address 100 E. Vine St.				11 [™]	/	01	/ Y	ү ү 2020	Y		
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	Name of Employer (for Individual) National Health Corporation		upation (for Individual) ector of Nursing		Me	mo Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00									
С.	Full Name of Individual (Last, First, Middle Initi Robinson, Donna, L, ,	al) or Full O	rganization Name	Dat	te of	Recei	pt					
	Mailing Address 1501 East Greenville Street				10 ^M	/	18	/ Y	ү ү 2020	Y		
	City Anderson	State SC	Zip Code 29621						2336552 nis Perio	d		
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	Name of Employer (for Individual) NHC Anderson		upation (for Individual) ctor of Nursing		Me	mo Ite	em					
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SCHEDULE A	(FEC	Form	3X)
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X 11a 11b 11c 12 13 14 15 16 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Robinson, Donna, L, , Α. Date of Receipt Mailing Address 1501 East Greenville Street 2020 11 01 City Zip Code State Transaction ID : A2020-2416599 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Robinson, Donna, L, , Date of Receipt Mailing Address 1501 East Greenville Street 11 15 2020 City State Zip Code Transaction ID : A2020-2565673 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Director of Nursing Receipt For: Aggregate Year-to-Date V Primarv General Other (specify) 460.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Tinsley, Renee, M, , Date of Receipt Mailing Address 437 East Cambridge Avenue MM 10 18 2020 City Zip Code State Transaction ID : A2020-2336826 SC Greenwood 29646 Amount of Each Receipt this Period FEC ID number of contributing С 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Greenwood **Director of Nursing** Receipt For: Aggregate Year-to-Date ▼ Primary General 305.00 Other (specify) 55.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X)

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A.	Full Name of Individual (Last, First, Middle Initia Tinsley, Renee, M, ,	al) or Full Or	rganization Name	[Date of	f Re	ceipt						
	Mailing Address 437 East Cambridge Avenue				м м 11	1	D 0'		/ Y	2020]	
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в.	Full Name of Individual (Last, First, Middle Initia Tinsley, Renee, M, ,	al) or Full Or	rganization Name		Date of	f Re	ceipt						
	Mailing Address 437 East Cambridge Avenue				M M / D D / Y Y Y Y 11 15 2020								
	City Greenwood	State SC	Zip Code 29646	Transaction ID : A2020-256594 Amount of Each Receipt this Per							-		
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	Name of Employer (for Individual) NHC Greenwood		upation (for Individual) ector of Nursing		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 335.00]									
С.	Full Name of Individual (Last, First, Middle Initia Tubbs, Jada, F, ,	al) or Full Or	rganization Name		Date of	f Re	ceipt						
	Mailing Address 100 E. Vine St.				^M 10	/	D 18		/ Y	2020		1	
	City Murfreesboro	State TN	Zip Code 37130							336807		_	
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	Name of Employer (for Individual) National Health Corporation	upation (for Individual) ctor of Nursing	Memo Item										
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\rangle	NAME OF COMMITTEE (In Full) National Health Corporation PAC	- Fede	ral									
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в.	Full Name of Individual (Last, First, Middle Initial Tubbs, Jada, F, , Mailing Address 100 E. Vine St.) or Full O	Drgar	nization Name	(Date of	Rec	eipt	/ Y	YYY	Y	
	City State Zip Code Murfreesboro TN 37130 FEC ID number of contributing federal political committee.					11 15 2020 Transaction ID : A2020-2565921 Amount of Each Receipt this Period 30.00 Memo Item						
	Name of Employer (for Individual) National Health Corporation Receipt For: Primary General Other (specify) ▼	Dire	ector	ion (for Individual) • of Nursing r-to-Date ▼ 690.00								
C.	Full Name of Individual (Last, First, Middle Initial Vogt, Charity, A, , Mailing Address 3209 Bristol Highway) or Full O	Drgar	nization Name		Date of	Reco	eipt 18	/ Y	y y 2020	Y	
	City Johnson City FEC ID number of contributing federal political committee. Name of Employer (for Individual) NHC Johnson City Receipt For: Primary General Other (specify)	Dire	ector	Zip Code 37601 ion (for Individual) of Nursing r-to-Date ▼ 315.00		Amount				is Perio	d 5.00	
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Full Name of Indivi A. Vogt, Charity, A.	Name		Date of	Re	ceipt												
Mailing Address 32																	
City Johnson City		State TN	Zip Co 3760			Transaction ID : A2020-2416586 Amount of Each Receipt this Period											
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Name of Employer NHC Johnson City	(for Individual)		upation (for ctor of Nurs	,	Memo Item												
Primary	Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00																
B. Vogt, Charity,		e Initial) or Full O	rganization	Name		Date of	Re	ceipt									
Mailing Address 32	209 Bristol Highway					11 / D D / Y Y Y Y Y 2020											
City Johnson City	StateZip CodeTN37601					Transaction ID : A2020-2565649 Amount of Each Receipt this Period											
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Name of Employer NHC Johnson City	(for Individual)		upation (for ector of Nurs	,		Memo Item											
Receipt For: Primary Other (specify	General y) ▼	Aggregate	Year-to-Dat	e ▼ 345.00]												
Full Name of Indivi C. Ward, Mary, E	dual (Last, First, Middle =, ,	e Initial) or Full O	rganization	Name		Date of	Re	ceipt									
Mailing Address 27	700 East 34th Street					^M 10	/	18		2020	Y						
City Joplin		State MO	Zip Co 64804							2336770 his Period							
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\setminus	NAME OF COMMITTEE (In Full)														
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Α.	Full Name of Individual (Last, First, Middle Initial) Ward, Mary, E, ,	or Full Org	ganizatio	n Name		Date of Receipt 11 01 2020 Transaction ID : A2020-2416817 Amount of Each Receipt this Period									
	Mailing Address 2700 East 34th Street														
	City	State	Zip (Code											
	Joplin	MO	64	804											
	FEC ID number of contributing federal political committee.	С						-			_	20.0	00		
	Name of Employer (for Individual)	Occu	pation (f	or Individual)		Me	emc	b Iter	m						
	PHS Missouri	Regio	onal Soc	ial Worker											
	Receipt For: A	ggregate Y	/ear-to-D	ate 🔻											
	Primary General				11.										
	Other (specify)		9	440.00											
B.	Full Name of Individual (Last, First, Middle Initial) Ward, Mary, E, ,	or Full Or	ganizatio	n Name		Date of	Re	eceip	ot						
	Mailing Address 2700 East 34th Street					M M 11	1	D	15	/ Y	20)20	Y		
	City	State	Zip (Code		Transaction ID : A2020-2565886									
	Joplin	MO	648	304		Amount	of	Eac	h Re	ceipt th	nis P	eriod			
	FEC ID number of contributing federal political committee.	С		20.00											
	Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Regional Social Worker						b Ite	m						
	Receipt For:	ggregate Y	/ear-to-D												
	Primary General Other (specify) ▼		,	, 460.00											
<u></u>	Full Name of Individual (Last, First, Middle Initial)	or Full Or	ganizatic	n Name		Date of	Re	ecein	ot						
	Mailing Address					M M	/		D	/ Y	Y	Y	Y		
	City	State	Zip (Code		Amount	of	Fac	h Be	ceipt th		eriod			
	FEC ID number of contributing federal political committee.	C													
	Name of Employer (for Individual)	Occuj	pation (f	or Individual)		M	emo	o Ite	m						
	Receipt For: A Primary General Other (specify) I	aggregate N	/ear-to-D	Pate V											
s	UBTOTAL of Receipts This Page (optional)				•			9		,		40.0	00		

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

1055.26

PAGE 25 OF

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

FOR LINE NUMBER:

PAGE 26 OF

	Use separate schedule(s)		(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17					
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any ddress of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) National Health Corporation F	PAC - Fede	ral						
Full Name of Individual (Last, First, Middle A. Regions Bank	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 100 E. Vine St.			M M / D D / Y Y Y Y 10 30 2020					
City Murfreesboro	State TN	Zip Code 37130	Transaction ID : A2020-18268 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		12.15					
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item Bank Interest					
Receipt For: 2020 Primary General ★ Other (specify) ▼ Not Applicable	Year-to-Date ▼ 986.65]						
Full Name of Individual (Last, First, Middle B.	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address								
City	State	Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V]					
Full Name of Individual (Last, First, Middle C.	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address			M = M / D = D / Y = Y = Y = Y					
City	State	Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]					
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			12.15					

SCHEDULE B (FEC Form 3X)			FOR LINF	NUMBER: PAGE 27 OF 28								
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check onl 21b 28a	y one) 22 🗶 23 26 27								
Any information copied from such Reports and State or for commercial purposes, other than using the na			ed by any pers	son for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) National Health Corporation PAC	- Federa	I										
Full Name (Last, First, Middle Initial) A. Schneider for Congress	Date of Disbursement											
Mailing Address P.O. Box 1318												
City Deerfield	State IL	Zip Code 60015		FEC Identification Number								
Contribution	Purpose of Disbursement 011											
Schneider, Brad, , ,	Category/ Schneider, Brad, , , Type											
Office Sought: X House Disburse Senate President	ement For: 2 Primary Other (spe	X General		1500.00								
State: IL District: 10				Memo Item								
B. Senate Leadership Fund Mailing Address 45 North Hill Drive Ste 100	Date of Disbursement											
City Warrenton Purpose of Disbursement	State VA	Zip Code 20186		FEC Identification Number								
Contribution Candidate Name	ntribution 011											
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	2020 General cify)		10000.00								
State: District: Full Name (Last, First, Middle Initial)	4	Not Applicable										
c. Senate Majority PAC (SMP PAC)	Date of Disbursement											
Mailing Address 700 13th Street NW Suite 600				10 28 2020								
City Washington Purpose of Disbursement	of Disbursement											
Contribution Candidate Name	C C00484642 Transaction ID : B780597 Amount of Each Disbursement this Period											
Senate	ement For: 2 Primary Other (spe	General	Туре	10000.00								
State: District:		Not Applicable		Memo Item								
SUBTOTAL of Disbursements This Page (optional)				21500.00								
TOTAL This Period (last page this line number only	/)		••••••	, , , , , , , , , , , , , , , , , ,								

SCHE	DULE B (FEC Form 3X)			F	OR LI	NE N	IUMBER:	:			P	AGE	28 C	F 28			
ITEMIZED DISBURSEMENTS		for each	Use separate schedule(s) for each category of the				y one) 22 🗶 23 26 27										
		Detailed	Detailed Summary Page			Ba	28b	Ê	23 28c	\vdash	29	\vdash	30b				
	rmation copied from such Reports and Stat ommercial purposes, other than using the n																
		F															
	ional Health Corporation PAC	- Federa															
	Full Name (Last, First, Middle Initial) Senate Georgia Battleground Fund							Date of Disbursement									
Mailing Address P.O. Box 60148							11 / 16 / 2020										
	ington	State DC	Zip Code 20039				FEC Identification Number										
	Purpose of Disbursement 011							C C00736967									
Cand	Candidate Name Category/ Type						Transaction ID : B781088 Amount of Each Disbursement this Period										
Office	xe Sought: House Disbursement For: 2020 Senate Primary General							10000.00									
State	: District:	Conter (spe	Other (specify) ▼ Not Applicable						Memo Item								
Full N B.	Name (Last, First, Middle Initial)						Date of	f Dis	sburse	eme	ent						
D																	
Mailing Address																	
City		State Zip Code						FEC Identification Number									
Purpo	Purpose of Disbursement						C Amount of Each Disbursement this Period										
Candidate Name Category/ Type																	
Office	e Sought: House Disbursement For: Senate Primary General							1 45									
State	President		Other (specify)						Memo Item								
Full N	Name (Last, First, Middle Initial)						Date of	f Die	shurse	om	ont						
C. Mailing Address							Date of Disbursement										
City		State	Zip Code														
5	Purpose of Disbursement						FEC Identification Number										
Candidate Name Category/						I.	Amount of Each Disbursement this Period										
Office	Office Sought: House Disbursement For: Type																
	Senate Primary General President Other (specify) ▼						Memo Item										
State	: District:																
SUBTO	TAL of Disbursements This Page (optional))			Þ	•			7			1	0000.0	0			
TOTAL	This Period (last page this line number on	ly)			🌶	•			,		,	3	31500.0	0			