

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 PAC - Federal

ADDRESS (number and street) P.O. Box 1398 Murfreesboro TN 37130 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER 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 10 / 15 / 2020 through 11 / 23 / 2020

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 12 / 03 / 2020

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**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Health Corporation PAC - Federal

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="2020"/>	<input type="text"/>	<input type="text" value="336538.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="296200.49"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1506.16"/>	<input type="text" value="13771.56"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="297706.65"/>	<input type="text" value="350309.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="31500.00"/>	<input type="text" value="84103.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="266206.65"/>	<input type="text" value="266206.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: M M / D D / Y Y Y Y 10 / 15 / 2020 To: M M / D D / Y Y Y Y 11 / 23 / 2020

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).....	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 (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)	1494.01	12784.91
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.).....	12.15	986.65
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)).....▶	1506.16	13771.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1506.16	13771.56

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	1603.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1603.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	67500.00
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	15000.00
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)) ..	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

FEC Form 3X (Rev. 05/2016)

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)	1494.01	12784.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1494.01	12784.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1603.00
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	1603.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

A. Brown, Tracy, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 Oakwood Drive
 City Lewisburg State TN Zip Code 37091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Oakwood Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2020
Transaction ID : A2020-2336743
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Brown, Tracy, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 Oakwood Drive
 City Lewisburg State TN Zip Code 37091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Oakwood Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2020
Transaction ID : A2020-2416790
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Brown, Tracy, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 Oakwood Drive
 City Lewisburg State TN Zip Code 37091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Oakwood Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2020
Transaction ID : A2020-2565860
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Efland, Karla, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Sugar Maple Lane

City St. Charles	State MO	Zip Code 63303
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Asst Reg Nurse Consultant
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2020

Transaction ID : A2020-2336777

Amount of Each Receipt this Period
25.00

Memo Item

B. Efland, Karla, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Sugar Maple Lane

City St. Charles	State MO	Zip Code 63303
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Asst Reg Nurse Consultant
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2020

Transaction ID : A2020-2416824

Amount of Each Receipt this Period
25.00

Memo Item

C. Efland, Karla, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Sugar Maple Lane

City St. Charles	State MO	Zip Code 63303
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Asst Reg Nurse Consultant
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2020

Transaction ID : A2020-2565893

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Fleeman, Glendora, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 374 Brink Street
 City Lawrenceburg State TN Zip Code 38464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Lawrenceburg Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 18 / 2020
Transaction ID : A2020-2336632
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Fleeman, Glendora, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 374 Brink Street
 City Lawrenceburg State TN Zip Code 38464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Lawrenceburg Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 01 / 2020
Transaction ID : A2020-2416679
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Fleeman, Glendora, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 374 Brink Street
 City Lawrenceburg State TN Zip Code 38464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Lawrenceburg Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 15 / 2020
Transaction ID : A2020-2565750
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Francis, Timothy, R, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2020
Mailing Address 801 Brim Street		Transaction ID : A2020-2336534
City Desloge	State MO	Zip Code 63601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) NHC Desloge	Occupation (for Individual) Director of Nursing	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Francis, Timothy, R, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2020
Mailing Address 801 Brim Street		Transaction ID : A2020-2416592
City Desloge	State MO	Zip Code 63601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) NHC Desloge	Occupation (for Individual) Director of Nursing	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Francis, Timothy, R, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2020
Mailing Address 801 Brim Street		Transaction ID : A2020-2565655
City Desloge	State MO	Zip Code 63601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) NHC Desloge	Occupation (for Individual) Director of Nursing	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 460.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Goodwin, Pamela, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 McFarland Avenue
 City Rossville State GA Zip Code 30741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Rossville Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2020
Transaction ID : A2020-2336794
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Goodwin, Pamela, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 McFarland Avenue
 City Rossville State GA Zip Code 30741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Rossville Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2020
Transaction ID : A2020-2416841
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Goodwin, Pamela, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 McFarland Avenue
 City Rossville State GA Zip Code 30741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Rossville Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2020
Transaction ID : A2020-2565909
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Harpe, Andrea, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 East Greenville Street
 City Anderson State SC Zip Code 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Assistant Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 18 / 2020
Transaction ID : A2020-2336542
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Harpe, Andrea, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 East Greenville Street
 City Anderson State SC Zip Code 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Assistant Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 01 / 2020
Transaction ID : A2020-2416554
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Harpe, Andrea, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 East Greenville Street
 City Anderson State SC Zip Code 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Assistant Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 15 / 2020
Transaction ID : A2020-2565663
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Amy, R, ,

Mailing Address 436 Pinehaven Street Ext.

City Laurens	State SC	Zip Code 29417
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHC Laurens	Occupation (for Individual) Speech Pathologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2020

Transaction ID : A2020-2336625

Amount of Each Receipt this Period
15.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Amy, R, ,

Mailing Address 436 Pinehaven Street Ext.

City Laurens	State SC	Zip Code 29417
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHC Laurens	Occupation (for Individual) Speech Pathologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2020

Transaction ID : A2020-2416672

Amount of Each Receipt this Period
15.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Amy, R, ,

Mailing Address 436 Pinehaven Street Ext.

City Laurens	State SC	Zip Code 29417
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHC Laurens	Occupation (for Individual) Speech Pathologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2020

Transaction ID : A2020-2565743

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Jones, Lisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1018 North Guignard Drive
 City Sumter State SC Zip Code 29150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Sumter Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **10 / 18 / 2020**
Transaction ID : A2020-2336812
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Jones, Lisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1018 North Guignard Drive
 City Sumter State SC Zip Code 29150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Sumter Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **11 / 01 / 2020**
Transaction ID : A2020-2416858
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Jones, Lisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1018 North Guignard Drive
 City Sumter State SC Zip Code 29150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Sumter Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **11 / 15 / 2020**
Transaction ID : A2020-2565926
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Jones, Robert, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5400 Executive Centre Parkway
 City St. Peters State MO Zip Code 63376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Villages of St. Peters Occupation (for Individual) Assistant Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 18 / 2020
Transaction ID : A2020-2336814
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Jones, Robert, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5400 Executive Centre Parkway
 City St. Peters State MO Zip Code 63376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Villages of St. Peters Occupation (for Individual) Assistant Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 01 / 2020
Transaction ID : A2020-2416860
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Jones, Robert, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5400 Executive Centre Parkway
 City St. Peters State MO Zip Code 63376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Villages of St. Peters Occupation (for Individual) Assistant Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 15 / 2020
Transaction ID : A2020-2565928
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Kelly, Nell, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 438 Pinehaven Street Ext.
 City Laurens State SC Zip Code 29419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 10 / 18 / 2020
Transaction ID : A2020-2336626
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Kelly, Nell, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 438 Pinehaven Street Ext.
 City Laurens State SC Zip Code 29419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 11 / 01 / 2020
Transaction ID : A2020-2416673
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Kelly, Nell, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 438 Pinehaven Street Ext.
 City Laurens State SC Zip Code 29419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Laurens Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 11 / 15 / 2020
Transaction ID : A2020-2565744
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Moen, Jessica, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 N. Charlotte Street
 City Dickson State TN Zip Code 37055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Dickson Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 18 / 2020
Transaction ID : A2020-2336578
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Moen, Jessica, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 N. Charlotte Street
 City Dickson State TN Zip Code 37055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Dickson Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 01 / 2020
Transaction ID : A2020-2416625
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Moen, Jessica, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 N. Charlotte Street
 City Dickson State TN Zip Code 37055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Dickson Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 15 / 2020
Transaction ID : A2020-2565697
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Powers, Brenda, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5010 Trotwood Avenue
 City Columbia State TN Zip Code 38401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Maury Regional Transitional Care C Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt **10 / 18 / 2020**
Transaction ID : A2020-2336789
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Powers, Brenda, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5010 Trotwood Avenue
 City Columbia State TN Zip Code 38401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Maury Regional Transitional Care C Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt **11 / 01 / 2020**
Transaction ID : A2020-2416836
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Provencher, Kristin, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 198 Pearl Street
 City Manchester State NH Zip Code 03104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maple Leaf Health Care Center Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **10 / 18 / 2020**
Transaction ID : A2020-2336662
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Provencher, Kristin, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 198 Pearl Street
 City Manchester State NH Zip Code 03104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Maple Leaf Health Care Center Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 11 / 01 / 2020
Transaction ID : A2020-2416709
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Provencher, Kristin, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 198 Pearl Street
 City Manchester State NH Zip Code 03104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Maple Leaf Health Care Center Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 11 / 15 / 2020
Transaction ID : A2020-2565779
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Rahmlow, Susan, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3039 Okatie Highway
 City Bluffton State SC Zip Code 29909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NHC Bluffton Assistant Director of Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 701.82

Date of Receipt
 10 / 18 / 2020
Transaction ID : A2020-2336512
 Amount of Each Receipt this Period 33.42
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	53.42
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Rahmlow, Susan, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3039 Okatie Highway
 City Bluffton State SC Zip Code 29909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Bluffton Occupation (for Individual) Assistant Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2020
Transaction ID : A2020-2416570
 Amount of Each Receipt this Period 33.42
 Memo Item

B. Rahmlow, Susan, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3039 Okatie Highway
 City Bluffton State SC Zip Code 29909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Bluffton Occupation (for Individual) Assistant Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2020
Transaction ID : A2020-2565633
 Amount of Each Receipt this Period 33.42
 Memo Item

C. Redferin, Cara, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Vine St.
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Health Corporation Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2020
Transaction ID : A2020-2336590
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	86.84
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Redferin, Cara, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Vine St.
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Health Corporation Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 01 / 2020
Transaction ID : A2020-2416637
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Redferin, Cara, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Vine St.
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Health Corporation Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 15 / 2020
Transaction ID : A2020-2565708
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Robinson, Donna, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 East Greenville Street
 City Anderson State SC Zip Code 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 18 / 2020
Transaction ID : A2020-2336552
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Robinson, Donna, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 East Greenville Street
 City Anderson State SC Zip Code 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 01 / 2020
Transaction ID : A2020-2416599
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Robinson, Donna, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 East Greenville Street
 City Anderson State SC Zip Code 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Anderson Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 15 / 2020
Transaction ID : A2020-2565673
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Tinsley, Renee, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 East Cambridge Avenue
 City Greenwood State SC Zip Code 29646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Greenwood Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 10 / 18 / 2020
Transaction ID : A2020-2336826
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Tinsley, Renee, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 East Cambridge Avenue
 City Greenwood State SC Zip Code 29646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Greenwood Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 11 / 01 / 2020
Transaction ID : A2020-2416872
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Tinsley, Renee, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 East Cambridge Avenue
 City Greenwood State SC Zip Code 29646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Greenwood Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 11 / 15 / 2020
Transaction ID : A2020-2565940
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Tubbs, Jada, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Vine St.
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Health Corporation Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 18 / 2020
Transaction ID : A2020-2336807
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Tubbs, Jada, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Vine St.
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Health Corporation Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 11 / 01 / 2020
Transaction ID : A2020-2416853
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Tubbs, Jada, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Vine St.
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Health Corporation Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 11 / 15 / 2020
Transaction ID : A2020-2565921
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Vogt, Charity, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3209 Bristol Highway
 City Johnson City State TN Zip Code 37601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Johnson City Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 18 / 2020
Transaction ID : A2020-2336528
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Vogt, Charity, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3209 Bristol Highway

City Johnson City	State TN	Zip Code 37601
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHC Johnson City	Occupation (for Individual) Director of Nursing
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2020

Transaction ID : A2020-2416586

Amount of Each Receipt this Period
15.00

Memo Item

B. Vogt, Charity, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3209 Bristol Highway

City Johnson City	State TN	Zip Code 37601
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHC Johnson City	Occupation (for Individual) Director of Nursing
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2020

Transaction ID : A2020-2565649

Amount of Each Receipt this Period
15.00

Memo Item

C. Ward, Mary, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2700 East 34th Street

City Joplin	State MO	Zip Code 64804
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Regional Social Worker
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2020

Transaction ID : A2020-2336770

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 28
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ward, Mary, E, ,

Mailing Address 2700 East 34th Street

City Joplin	State MO	Zip Code 64804
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Regional Social Worker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	01	/	2020

Transaction ID : A2020-2416817

Amount of Each Receipt this Period
20.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ward, Mary, E, ,

Mailing Address 2700 East 34th Street

City Joplin	State MO	Zip Code 64804
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Regional Social Worker
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2020

Transaction ID : A2020-2565886

Amount of Each Receipt this Period
20.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	1055.26

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Regions Bank
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Vine St.
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: 2020
 Primary General
 Other (specify) ▼ Not Applicable
 Aggregate Year-to-Date ▼ 986.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2020
Transaction ID : A2020-18268
 Amount of Each Receipt this Period
 12.15
 Memo Item
 Bank Interest

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	12.15
TOTAL This Period (last page this line number only).....▶	12.15

**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 PAC - Federal

A. Schneider for Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement Contribution
Candidate Name Schneider, Brad, , ,
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: IL District: 10

Date of Disbursement: 10 / 28 / 2020

FEC Identification Number: C00495952
Transaction ID : B780598
Amount of Each Disbursement this Period: 1500.00

Category/Type: 011

Memo Item

B. Senate Leadership Fund

Full Name (Last, First, Middle Initial)
Mailing Address 45 North Hill Drive Ste 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement Contribution
Candidate Name
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) Not Applicable
State: District:

Date of Disbursement: 10 / 28 / 2020

FEC Identification Number: C00571703
Transaction ID : B780596
Amount of Each Disbursement this Period: 10000.00

Category/Type: 011

Memo Item

C. Senate Majority PAC (SMP PAC)

Full Name (Last, First, Middle Initial)
Mailing Address 700 13th Street NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement Contribution
Candidate Name
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) Not Applicable
State: District:

Date of Disbursement: 10 / 28 / 2020

FEC Identification Number: C00484642
Transaction ID : B780597
Amount of Each Disbursement this Period: 10000.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	21500.00
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)

<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 PAC - Federal

Full Name (Last, First, Middle Initial)

A. Senate Georgia Battleground Fund

Mailing Address P.O. Box 60148

City
Washington

State
DC

Zip Code
20039

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	0

FEC Identification Number

Transaction ID : B781088

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

Amount of Each Disbursement this Period

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Memo Item

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

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

1	0	0	0	0	0	0	0	0	0
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3	1	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---