

# NHC

NATIONAL HEALTH CARE CORPORATION

RECEIVED  
FEC MAIL ROOM

2000 JUN -2 P 1:39

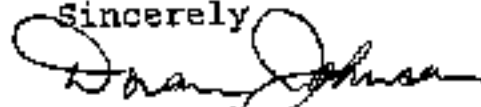
May 25, 2000

Mr. Neil Evans, Reports Analyst  
Reports Analysis Division  
Federal Election Commission  
999 E. Street, N.W.  
Washington, D.C. 20463

Dear Mr. Evans:

In response to your letter dated 5/12/2000, it was brought to our attention that Schedule B of the 6/30/1999 mid-year report did not include the required information for each contribution made. Please accept the enclosed 6/30/1999 mid-year report which has been amended to include state and congressional district for each contribution.

Sincerely



Doran Johnson  
Treasurer

National Health Corporation P.A.C.

# REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED  
FEC MAIL ROOM

For Other Than An Authorized Committee  
(Summary Page)

2000 JUN -2 P 1:39

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>National Health Corporation Political Action Committee</i>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>PO Box 1398</i>	2. FEC IDENTIFICATION NUMBER <i>C00153445</i>
CITY, STATE and ZIP CODE <i>Murfreesboro, TN 37130</i>	3. <input checked="" type="checkbox"/> This committee has qualified as a multiscandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <i>1/1/99</i> through <i>6/30/99</i>		
6. (a) Cash on Hand January 1, 19 <i>99</i>		\$ 200,707.55
(b) Cash on Hand at Beginning of Reporting Period	\$ 200,707.55	
(c) Total Receipts (from Line 10)	\$ 24,140.12	\$ 24,140.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 304,847.67	\$ 304,847.67
7. Total Disbursements (from Line 30)	\$ 25,500.00	\$ 25,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 279,347.67	\$ 279,347.67
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ /	For further information contact: Federal Election Commission 999 E Street, N.W. Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-6000
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ /	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
*Doran Johnson*

Signature of Treasurer  
*[Signature]*

Date  
*5-29-00*

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 21 U.S.C. 5437g.

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

(revised 11/91)

NAME OF COMMITTEE <i>National Health Corporation Political Action Committee</i>		REPORT COVERING PERIOD	
		FROM <i>1/1/99</i>	TO <i>6/30/99</i>
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees:			
i. Itemized (use Schedule A) .....		<i>23,265.30</i>	<i>23,265.30</i>
ii. Unitemized .....			
iii. Total .....	(add i and ii) >	<i>23,265.30</i>	<i>23,265.30</i>
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contributions .....	(add a, b, and c) >	<i>23,265.30</i>	<i>23,265.30</i>
12. Transfers From Affiliated/Other Party Committees .....			
13. All Loans Received .....			
14. Loan Repayments Received .....			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		<i>874.82</i>	<i>874.82</i>
17. Other Federal Receipts (Dividends, Interest, etc.) .....			
18. Transfers from Nonfederal Account for Joint Activity .....			
19. Total Receipts .....	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>24,140.12</i>	<i>24,140.12</i>
20. Total Federal Receipts .....	(subtract line 18 from line 19) >	<i>24,140.12</i>	<i>24,140.12</i>
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4):			
i. Federal Share .....			
ii. Non-Federal Share .....			
b. Other Federal Operating Expenditures .....			
c. Total Operating Expenditures .....	(add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees .....		<i>25,500.00</i>	<i>25,500.00</i>
23. Contributions to Federal Candidates/Committees and Other Political Committees .....			
24. Independent Expenditures (use Schedule E) .....			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .....			
26. Loan Repayments Made .....			
27. Loans Made .....			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....			
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contribution Refunds .....	(add a, b and c) >		
29. Other Disbursements .....	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 28) >	<i>25,500.00</i>	<i>25,500.00</i>
30. Total Disbursements .....	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 28) >	<i>25,500.00</i>	<i>25,500.00</i>
31. Total Federal Disbursements .....	(subtract line 21 a & b from line 30) >		
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....		<i>23,265.30</i>	<i>23,265.30</i>
33. Total Contribution Refunds (from line 28d) .....			
34. Net Contributions (other than loans) (subtract line 33 from 32) .....		<i>23,265.30</i>	<i>23,265.30</i>
35. Total Federal Operating Expenditures .....	(add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15) .....			
37. Net Operating Expenditures .....	(subtract line 36 from 35) >		

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

*National Health Corporation Political Action Committee*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Henry Brown 129 Waccamaw Ave. Columbia, S.C. 29210</i>	<i>Contribution - US Congress R - District 1 - SC</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/18/99</i>	<i>1,500.00</i>
<i>Lamar Alexander 2000 Glenn Echo Rd Suite 107 Nashville, TN 37215</i>	<i>Contribution - U.S. Presidential Campaign</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/27/99</i>	<i>5,000.00</i>
<i>Bill Thomas PO Box 295 Bakersfield, CA 93302</i>	<i>Contribution - US Congress R - 21st District - CA</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4/12/99</i>	<i>2,000.00</i>
<i>Robert Wexler 2500 W Military Trail Suite Boca Raton, FL 33431</i>	<i>Contribution - US Congress D - 19th District - FL</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/19/99</i>	<i>5,000.00</i>
<i>Ed Bryant PO Box 1961 Cordova, TN 38008</i>	<i>Contribution - US Congress R - 7th District - TN</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/24/99</i>	<i>7,000.00</i>
<i>Barb Gordon 106 S. Maple St. PO Box 1980 Murfreesboro, TN 37133</i>	<i>Contribution - US Congress D - 6th District - TN</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/30/99</i>	<i>5,000.00</i>
<i>Barb Gordon 106 S. Maple St. PO Box 1980 Murfreesboro, TN 37133</i>	<i>Contribution - US Congress D - 6th District - TN</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/30/99</i>	<i>5,000.00</i>
<i>N. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>L. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>

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

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

*25,500.00*



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-5

Mr. Doran Johnson, Treasurer  
National Health Corporation Political  
Action Committee  
P.O. Box 1398  
Murfreesboro, TN 37130

MAY 12 2000

Identification Number: C00153445

Reference: Mid-Year Report (1/1/99-6/30/99)

Dear Mr. Johnson:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please amend Schedule B supporting Line 23 by providing the office sought including state and congressional district, if applicable, for each contribution made. 11 CFR §104.3(b)(3)(ii) and (v)

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

Neil Evans  
Reports Analyst  
Reports Analysis Division

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

Hand Delivered Date of Receipt

First Class Mail POSTMARKED  
*5-29-00*

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House office of Records and Registration Date of Receipt

Received from the Senate Office of Public Records Date of Receipt

Other ( Specify): Postmarked  
and/or Date of Receipt

Electronic Filing

*JMU*  
PREPARER

*5/29/00*  
DATE PREPARED