

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED OCT 11 1994

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USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
National Health Corporation Political Action Comm.

ADDRESS (number and street) Check if different than previously reported
100 Vine Street

CITY, STATE and ZIP CODE
Memphis, TN 37130

2. FED IDENTIFICATION NUMBER
C00153445

3. This committee has qualified as a multicandidate 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

- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY

6. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>7-1-94</u> through <u>9-30-94</u>		
(a) Cash on Hand January 1, 19 <u>94</u>		\$ <u>163,041.08</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>166,454.91</u>	
(c) Total Receipts (from Line 18)	\$ <u>15,765.37</u>	\$ <u>39,179.20</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>182,220.28</u>	\$ <u>202,220.28</u>
7. Total Disbursements (from Line 20)	\$ <u>36,850.00</u>	\$ <u>56,850.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>145,370.28</u>	\$ <u>145,370.28</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	For further information contact: Federal Election Commission 998 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	

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
Dorcas Johnson

Signature of Treasurer
D. Dorcas Johnson

Date
10-18-94

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

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DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
National Health Cooperation Political Action Committee		FROM 7-1-94	TO: 9-30-94	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
	a. Individual/Persons Other Than Political Committees			
	i. Itemized (use Schedule A)	0	0	11(a)(i)
	ii. Unitemized	15,052.20	37,031.02	11(a)(ii)
	iii. Total	15,052.20	37,031.02	11(a)(iii)
	b. Political Party Committees	0	0	11(b)
	c. Other Political Committees (such as PACs)	0	0	11(c)
	d. Total Contributions	15,052.20	37,031.02	11(d)
12.	Transfers From Affiliated/Other Party Committees	0	0	12
13.	All Loans Received	0	0	13
14.	Loan Repayments Received	0	0	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	713.17	2,148.18	17
18.	Transfers from Nonfederal Account for Joint Activity	0	0	18
19.	Total Receipts	15,765.37	39,179.20	19
20.	Total Federal Receipts	15,765.37	39,179.20	20
II. Disbursements				
21.	Operating Expenditures:			
	a. Shared Federal/Non-Federal Activity (from Schedule H4)			
	i. Federal Share	0	0	21(a)(i)
	ii. Non-Federal Share	0	0	21(a)(ii)
	b. Other Federal Operating Expenditures	0	0	21(b)
	c. Total Operating Expenditures	0	0	21(c)
22.	Transfers to Affiliated/Other Party Committees	0	0	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	36,850.00	56,850.00	23
24.	Independent Expenditures (use Schedule E)	0	0	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	0	0	25
26.	Loan Repayments Made	0	0	26
27.	Loans Made	0	0	27
28.	Refunds of Contributions To:			
	a. Individuals/Persons Other Than Political Committees	0	0	28(a)
	b. Political Party Committees	0	0	28(b)
	c. Other Political Committees (such as PACs)	0	0	28(c)
	d. Total Contribution Refunds	0	0	28(d)
29.	Other Disbursements	0	0	29
30.	Total Disbursements	36,850.00	56,850.00	30
31.	Total Federal Disbursements	36,850.00	56,850.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	15,052.20	37,031.02	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	15,052.20	37,031.02	34
35.	Total Federal Operating Expenditures	0	0	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures	0	0	37

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER 23

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

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Gill for Congress 4016 Wilson Pl. Cir. Suite 210 Brentwood, TN 37027	US Congress - Contributions TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-25-94	5000.00
B. Full Name, Mailing Address and ZIP Code Friends of Mike Andrews PO Box 1989 Houston, TN 77251	US Congress - Arkansas Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-28-94	500.00
C. Full Name, Mailing Address and ZIP Code Bill Frist for Senate 1922 West End Ave. Nashville, TN 37203	US Senate - TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-2-94	5000.00
D. Full Name, Mailing Address and ZIP Code Committee to Elect Lindsey Graham PO. Box 1155 Seneca, SC 29679	US Congress - SC 3rd Dist. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-15-94	3000.00
E. Full Name, Mailing Address and ZIP Code Campaign to ReElect Jim Sasser PO Box 24723 Nashville, TN 37202	US Senate - TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-94	5000.00
F. Full Name, Mailing Address and ZIP Code Campaign to ReElect Bart Gordon 106 South Maple Murfreesboro, TN 37130	US Congress - TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-94	5000.00
G. Full Name, Mailing Address and ZIP Code Jeff Whorley for Congress PO Box 200 Bell Buckle, TN 37020	US Congress - TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-25-94	5000.00
H. Full Name, Mailing Address and ZIP Code Committee to Elect Bill Frist 1922 West End Ave. Nashville, TN 37203	US Senate - TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-26-94	5000.00
I. Full Name, Mailing Address and ZIP Code Jim Talent for US Congress 60121 Reeper PO Box 2244 Montpelier Hts., MO 63043	US Congress - MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-7-94	100.00

SUBTOTAL of Disbursements This Page (optional)

33,600.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 23

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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
Lindsay Graham Campaign	US Congress - SC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-94	2000.00
B. Full Name, Mailing Address and ZIP Code Friends of Andy Hoover 134 N. 2nd St. Pulaski, TN 38478	US Congress - TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-26-94	250.00
C. Full Name, Mailing Address and ZIP Code Ashcroft for US Senate 40 MCHCA 236 Maple Drive Jefferson City, MO 65109	US Senate - MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-94	1000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

3,250.00

TOTAL This Period (last page this line number only)

36,850.00

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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

10-18-94

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

MMR

PREPARER

10-23-94

DATE PREPARED

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