



**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
 National Health Corporation Political Action Committee

Report Covering the Period: From: <sup>M</sup> 0 <sup>M</sup> 1 <sup>:</sup> 0 <sup>:</sup> 1 <sup>Y</sup> 2 <sup>Y</sup> 0 <sup>Y</sup> 3 To: <sup>M</sup> 0 <sup>M</sup> 6 <sup>:</sup> 3 <sup>:</sup> 0 <sup>Y</sup> 2 <sup>Y</sup> 0 <sup>Y</sup> 3

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2 <sup>Y</sup> 0 <sup>Y</sup> 3		312168.49
(b) Cash on Hand at Beginning of Reporting Period .....	312168.49	
(c) Total Receipts (from Line 19) .....	26027.31	26027.31
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	338195.80	338195.80
7. Total Disbursements (from Line 31) .....	3500.00	3500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	334695.80	334695.80
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
 999 E street, NW  
 Washington, DC 20463

Toll Free 800-424-9530  
 Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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Page 3

Write or Type Committee Name

National Health Corporation Political Action Committee

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2003

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	
(ii) Unitemized .....	25450.90	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	25450.90	25450.90
(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) .....	25450.90	25450.90
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.) .....	576.41	576.41
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	26027.31	26027.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26027.31	26027.31

**DETAILED SUMMARY PAGE**

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1000.00	1000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1000.00	1000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3500.00	3500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3500.00	3500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	25450.90	25450.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25450.90	25450.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1000.00	1000.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1000.00	1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
National Health Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. FEDERAL ELECTION COMMISSION		Transaction ID: SB21B.4318 Date of Disbursement 05 / 28 / 2003		
Mailing Address 999 E STREET, NW		Amount of Each Disbursement this Period  1000.00		
City WASHINGTON	State DC			Zip Code 20463
Purpose of Disbursement FINE				001 Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	1000.00
TOTAL This Period (last page this line number only) .....	▶	1000.00

**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)				PAGE 7 / 9
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29

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NAME OF COMMITTEE (In Full)  
National Health Corporation Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. ALEXANDER FOR SENATE INC</b>		Transaction ID: SB23.4302 Date of Disbursement 02 / 18 / 2003	
Mailing Address PO BOX 121919		Amount of Each Disbursement this Period  5000.00	
City NASHVILLE	State TN		Zip Code 37212
Purpose of Disbursement			Candidate Name
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: TN District: D0	

Full Name (Last, First, Middle Initial) <b>B. JAMES W DEMINT</b>		Transaction ID: SB23.4325 Date of Disbursement 05 / 15 / 2003	
Mailing Address PO BOX 10407		Amount of Each Disbursement this Period  1000.00	
City GREENVILLE	State SC		Zip Code 29603
Purpose of Disbursement			Candidate Name
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: SC District: D4	

Full Name (Last, First, Middle Initial) <b>C. GRASSLEY COMMITTEE</b>		Transaction ID: SB23.4305 Date of Disbursement 05 / 06 / 2003	
Mailing Address PO BOX 1000		Amount of Each Disbursement this Period  2000.00	
City DES MOINES	State IA		Zip Code 50304
Purpose of Disbursement			Candidate Name
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: IA District: D0	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> 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)				PAGE 8 / 9			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
National Health Corporation Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. MARK NORRIS</b>		Transaction ID: SB23.4310 Date of Disbursement 06 / 30 / 2003	
Mailing Address 853 S COLLIERVILLE-ARLINGTON RD			
City COLLIERVILLE	State TN	Zip Code 38017	Amount of Each Disbursement this Period  3500.00
Purpose of Disbursement debt retirement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TN	District: D7		

Full Name (Last, First, Middle Initial) <b>B. DOUG OSE</b>		Transaction ID: SB23.4303 Date of Disbursement 03 / 14 / 2003	
Mailing Address 8958 IVANPAH COURT			
City ELK GROVE	State CA	Zip Code 95624	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Debt Retirement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA	District: D3		

Full Name (Last, First, Middle Initial) <b>C. TALENT VICTORY COMMITTEE INC</b>		Transaction ID: SB23.4330 Date of Disbursement 01 / 31 / 2003	
Mailing Address 8378 OLIVE BLVD #208			
City ST LOUIS	State MO	Zip Code 63132	Amount of Each Disbursement this Period  -5000.00
Purpose of Disbursement Void Check		Category/ Type	
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MO	District: D0		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Health Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. TALENT VICTORY COMMITTEE INC		Transaction ID: SB23.4331 Date of Disbursement 01 / 31 / 2003
Mailing Address 9378 OLIVE BLVD #206		Amount of Each Disbursement this Period  -5000.00
City ST LOUIS	State MO	
Zip Code 63132	Category/ Type	
Purpose of Disbursement Void Check		
Candidate Name		
Office Sought: House X Senate President State: MO      District: D0	Disbursement For: 2002 Primary      X General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....	▶	-5000.00
TOTAL This Period (last page this line number only) .....	▶	2500.00