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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A. Full Name (Last, First, Middle Initial)
TALENT VICTORY COMMITTEE INC

Transaction ID: SB23.4331
Date of Disbursement
01 / 31 / 2003

Mailing Address 9378 OLIVE BLVD #206

City: ST LOUIS | State: MO | Zip Code: 63132

Amount of Each Disbursement this Period
-5000.00

Purpose of Disbursement
Void Check

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: MO District: 00

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