

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 Check if different than previously reported. (ACC) Murfreesboro TN 37130

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00153445 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (selected), July 31, 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 Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day Report for the: General, Runoff, Special.

5. Covering Period 11 / 24 / 2020 through 12 / 31 / 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 01 / 29 / 2021

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" value=""/>	<input type="text" value="336538.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="266206.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1008.34"/>	<input type="text" value="14779.90"/>
(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="267214.99"/>	<input type="text" value="351317.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11500.00"/>	<input type="text" value="95603.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="255714.99"/>	<input type="text" value="255714.99"/>
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

Write or Type Committee Name

National Health Corporation PAC - Federal

Report Covering the Period: From: / / To: / /

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).....	676.84	5558.40
(ii) Unitemized	308.70	8212.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	985.54	13770.45
(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)	985.54	13770.45
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.).....	22.80	1009.45
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)).....▶	1008.34	14779.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1008.34	14779.90

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.....	11500.00	79000.00
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)) ..	11500.00	95603.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	95603.00

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)	985.54	13770.45
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	985.54	13770.45
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 23
	<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	

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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2020
Transaction ID : A2020-2675560
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2020
Transaction ID : A2020-2794765
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Effland, 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2020
Transaction ID : A2020-2675592
 Amount of Each Receipt this Period 25.00
 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 7 OF 23
<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. 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 ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2020
Transaction ID : A2020-2794798
 Amount of Each Receipt this Period
 25.00
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2020
Transaction ID : A2020-2675450
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2020
Transaction ID : A2020-2794654
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
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 8 OF 23
(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"/> 17

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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, ,

Mailing Address 801 Brim Street

City Desloge	State MO	Zip Code 63601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHC Desloge	Occupation (for Individual) Director of Nursing
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2020

Transaction ID : A2020-2675357

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 801 Brim Street

City Desloge	State MO	Zip Code 63601
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2020

Transaction ID : A2020-2794576

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 1425 McFarland Avenue

City Rossville	State GA	Zip Code 30741
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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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2020

Transaction ID : A2020-2675608

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
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 23
	<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. 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 ▼ 625.00

Date of Receipt **12 / 13 / 2020**
Transaction ID : A2020-2794814
 Amount of Each Receipt this Period 25.00
 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 ▼ 240.00

Date of Receipt **11 / 29 / 2020**
Transaction ID : A2020-2675365
 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 ▼ 250.00

Date of Receipt **12 / 13 / 2020**
Transaction ID : A2020-2794583
 Amount of Each Receipt this Period 10.00
 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 10 OF 23
	<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, Amy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 345.00

Date of Receipt 11 / 29 / 2020
Transaction ID : A2020-2675444
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Jones, Amy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 360.00

Date of Receipt 12 / 13 / 2020
Transaction ID : A2020-2794648
 Amount of Each Receipt this Period 15.00
 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 ▼ 240.00

Date of Receipt 11 / 29 / 2020
Transaction ID : A2020-2675625
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
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 23
	<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. 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 ▼ 250.00

Date of Receipt **12 / 13 / 2020**
Transaction ID : A2020-2794831
 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 ▼ 240.00

Date of Receipt **11 / 29 / 2020**
Transaction ID : A2020-2675627
 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 ▼ 250.00

Date of Receipt **12 / 13 / 2020**
Transaction ID : A2020-2794833
 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 23
	<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. 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 ▼ 475.00

Date of Receipt 11 / 29 / 2020
Transaction ID : A2020-2675445
 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 ▼ 495.00

Date of Receipt 12 / 13 / 2020
Transaction ID : A2020-2794649
 Amount of Each Receipt this Period 20.00
 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 ▼ 240.00

Date of Receipt 11 / 29 / 2020
Transaction ID : A2020-2675399
 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 13 OF 23
	<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. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2020
Transaction ID : A2020-2794604
 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) Maple Leaf Health Care Center Occupation (for Individual) Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2020
Transaction ID : A2020-2675479
 Amount of Each Receipt this Period 10.00
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2020
Transaction ID : A2020-2794683
 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 23
	<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. 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 ▼
802.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2020

Transaction ID : A2020-2675337

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 ▼
835.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2020

Transaction ID : A2020-2794556

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 ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2020

Transaction ID : A2020-2675409

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: (check only one)	PAGE 15 OF 23
	<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. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2020
Transaction ID : A2020-2794614
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2020
Transaction ID : A2020-2675375
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2020
Transaction ID : A2020-2794541
 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 23
	<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 ▼ 350.00

Date of Receipt 11 / 29 / 2020
Transaction ID : A2020-2675639
 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 ▼ 365.00

Date of Receipt 12 / 13 / 2020
Transaction ID : A2020-2794845
 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 ▼ 720.00

Date of Receipt 11 / 29 / 2020
Transaction ID : A2020-2675620
 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 17 OF 23
<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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2020
Transaction ID : A2020-2794826
 Amount of Each Receipt this Period 30.00
 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2020
Transaction ID : A2020-2675351
 Amount of Each Receipt this Period 15.00
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2020
Transaction ID : A2020-2794570
 Amount of Each Receipt this Period 15.00
 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 18 OF 23
	<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. 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 ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2020

Transaction ID : A2020-2675585

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2020

Transaction ID : A2020-2794791

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)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y 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).....	676.84

**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 23
<input 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 checked="" type="checkbox"/> 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 ▼
998.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2020

Transaction ID : A2020-18353

Amount of Each Receipt this Period
11.57

Memo Item
Bank Interest

B. 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 ▼
1009.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : A2020-18452

Amount of Each Receipt this Period
11.23

Memo Item
Bank Interest

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	22.80
TOTAL This Period (last page this line number only).....	22.80

**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. Chuck Fleischmann for Congress Committee

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 11091

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement Contribution
Candidate Name **Fleischmann, Chuck, , ,**
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: TN District: 03

Date of Disbursement: 12 / 17 / 2020

FEC Identification Number: **C00461822**
Transaction ID : **B782861**
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. Cooper for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 198497

City Nashville State TN Zip Code 37219

Purpose of Disbursement Contribution
Candidate Name **Cooper, Jim, , ,**
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: TN District: 05

Date of Disbursement: 12 / 17 / 2020

FEC Identification Number: **C00376665**
Transaction ID : **B782856**
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

C. Desjarlais for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 95 White Bridge Rd. Suite 207

City Nashville State TN Zip Code 37205

Purpose of Disbursement Contribution
Candidate Name **Desjarlais, Scott, , ,**
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: TN District: 04

Date of Disbursement: 12 / 17 / 2020

FEC Identification Number: **C00464073**
Transaction ID : **B782863**
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

A. Diana for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 7208

City Kingsport State TN Zip Code 37664

Purpose of Disbursement Contribution
Candidate Name Harshbarger, Diana, , ,
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: TN District: 01

Date of Disbursement: 12 / 17 / 2020

FEC Identification Number: C00741090
Transaction ID : B782854
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. John Rose for Tennessee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2404

City Cookeville State TN Zip Code 38502

Purpose of Disbursement Contribution
Candidate Name Rose, John, W, , ,
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: TN District: 06

Date of Disbursement: 12 / 17 / 2020

FEC Identification Number: C00652743
Transaction ID : B782867
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

C. Kustoff for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 1661 Aaron Brenner Drive Suite 300

City Memphis State TN Zip Code 38120

Purpose of Disbursement Contribution
Candidate Name Kustoff, David, , , ,
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: TN District: 08

Date of Disbursement: 12 / 17 / 2020

FEC Identification Number: C00614826
Transaction ID : B782865
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

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

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

3000.00

**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)

<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. Mark Green For Congress			Date of Disbursement MM / DD / YYYY 12 / 17 / 2020	
Mailing Address PO Box 2706			FEC Identification Number C00658385 Transaction ID : B782859	
City Brentwood	State TN	Zip Code 37024	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Green, Mark, , ,		Disbursement For: 2022		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: TN	District: 07			

Full Name (Last, First, Middle Initial) B. Tim Burchett for Congress			Date of Disbursement MM / DD / YYYY 12 / 17 / 2020	
Mailing Address PO Box 51345			FEC Identification Number C00652149 Transaction ID : B782855	
City Knoxville	State TN	Zip Code 37950	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Burchett, Tim, , ,		Disbursement For: 2022		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: TN	District: 02			

Full Name (Last, First, Middle Initial) C. Tim Scott For US Senate			Date of Disbursement MM / DD / YYYY 12 / 17 / 2020	
Mailing Address 1405 Ashley River Road			FEC Identification Number C00540302 Transaction ID : B782868	
City Charleston	State SC	Zip Code 29407	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Scott, Tim, , ,		Disbursement For: 2022		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: SC	District:			

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
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. William Timmons for US House

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2020

Mailing Address P.O. Box 3416

City Greenville	State SC	Zip Code 29602
--------------------	-------------	-------------------

FEC Identification Number

C	C00668491
---	-----------

Purpose of Disbursement
Contribution

011
Category/ Type

Transaction ID : B782857

Amount of Each Disbursement this Period

1000.00

Candidate Name
Timmons, William, R, ,

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: SC District: 04	

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

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

FEC Identification Number

C	
---	--

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code
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FEC Identification Number

C	
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Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

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Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

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

1000.00

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

11500.00
