

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 POLITICAL ACTION COMMITTEE

ADDRESS (number and street) P.O. BOX 1398 MURFREESBORO TN 37130 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00153445 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2021 through 06 / 30 / 2021

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 10 / 18 / 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 POLITICAL ACTION COMMITTEE

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="2021"/>		<input type="text" value="255714.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="255714.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="45074.99"/>	<input type="text" value="45074.99"/>
(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="300789.98"/>	<input type="text" value="300789.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18776.00"/>	<input type="text" value="18776.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="282013.98"/>	<input type="text" value="282013.98"/>
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 POLITICAL ACTION COMMITTEE

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).....	23086.80	23086.80
(ii) Unitemized	8221.26	8221.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	31308.06	31308.06
(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)	31308.06	31308.06
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.).....	13766.93	13766.93
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)).....▶	45074.99	45074.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45074.99	45074.99

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	18500.00
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).....	276.00	276.00
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)) ..	18776.00	18776.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18776.00	18776.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	31308.06	31308.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31308.06	31308.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
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	0.00

**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 38
<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 POLITICAL ACTION COMMITTEE

A. Anderson, Zach, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2403 Battlefield Pkwy.
 City Ft. Oglethorpe State GA Zip Code 30742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4265
 Amount of Each Receipt this Period 240.00
 Memo Item

B. Bartlett, Tyler, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2230 Ashley Crossing Dr.
 City Charleston State SC Zip Code 29414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4266
 Amount of Each Receipt this Period 240.00
 Memo Item

C. Bidwell, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 N. University St.
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) SVP-Central
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4153
 Amount of Each Receipt this Period 700.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1180.00
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 38
	<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 POLITICAL ACTION COMMITTEE

A. Bidwell, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 993 E. College St.
 City Pulaski State TN Zip Code 38478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) SVP-South Central
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4253
 Amount of Each Receipt this Period 280.00
 Memo Item

B. Bryant, Jennifer, , ,
 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) NHC Occupation (for Individual) DON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4267
 Amount of Each Receipt this Period 240.00
 Memo Item

C. Bumgardner, Kelley, , ,
 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) NHC Occupation (for Individual) DON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4268
 Amount of Each Receipt this Period 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	760.00
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 8 OF 38
<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 POLITICAL ACTION COMMITTEE

A. Burgess, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7097 Franklin Rd.
 City Murfreesboro State TN Zip Code 37128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Board Member
 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
 03 / 31 / 2021
Transaction ID : SA11AI.4120
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Burwin, Allison, , ,
 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) NHC Occupation (for Individual) SVP-Northeast
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2021
Transaction ID : SA11AI.4246
 Amount of Each Receipt this Period
 315.00
 Memo Item

C. Butler, Addison, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2021
Transaction ID : SA11AI.4269
 Amount of Each Receipt this Period
 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1025.00
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 38
	<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 POLITICAL ACTION COMMITTEE

A. Coggin, Robert, , ,
 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) NHC Occupation (for Individual) Director of Safety
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4239
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Colley, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1321 Cedar Ln.
 City Tullahoma State TN Zip Code 37388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4270
 Amount of Each Receipt this Period 240.00
 Memo Item

C. Crofts, Jeanie, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4248
 Amount of Each Receipt this Period 320.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	960.00
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 38
<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 POLITICAL ACTION COMMITTEE

A. Davis, Kathryn, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4271
 Amount of Each Receipt this Period 240.00
 Memo Item

B. Davis, Samantha, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4272
 Amount of Each Receipt this Period 240.00
 Memo Item

C. Dean, Malcolm, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4273
 Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	690.00
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 38
<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 POLITICAL ACTION COMMITTEE

A. Dodson, Vicki, , ,
 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) NHC Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4234
 Amount of Each Receipt this Period 800.00
 Memo Item

B. Flatt, Andy, , ,
 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) NHC Occupation (for Individual) SVP-IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4240
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Flatt, Steve, , ,
 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) NHC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4241
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 38
<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 POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Garrity, Michelle, , ,		Date of Receipt
Mailing Address 100 E. Vine St.		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2021"/>
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4254
Name of Employer (for Individual) NHC		Occupation (for Individual) Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="245.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garst, Joe, , ,		Date of Receipt
Mailing Address 608 E. 8th Ave.		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2021"/>
City Springfield	State TN	Zip Code 37172
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4255
Name of Employer (for Individual) NHC		Occupation (for Individual) Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="280.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hall, Malcolm, , ,		Date of Receipt
Mailing Address 139 Chestnut Oak		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2021"/>
City Smithville	State TN	Zip Code 37166
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4100
Name of Employer (for Individual) NHC		Occupation (for Individual) Director of Government Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="240.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="765.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 38
<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 POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Harbin, Holly, , ,		Date of Receipt
Mailing Address 350 Austin Graybill Rd.		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2021"/>
City North Augusta	State SC	Zip Code 29860
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4235
Name of Employer (for Individual) NHC		Occupation (for Individual) Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	Amount of Each Receipt this Period <input type="text" value="800.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Harris, Hunter, , ,		Date of Receipt
Mailing Address 500 Elmington Ave.		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2021"/>
City Nashville	State TN	Zip Code 37205
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4274
Name of Employer (for Individual) NHC		Occupation (for Individual) Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	Amount of Each Receipt this Period <input type="text" value="240.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hassan, Emil, , ,		Date of Receipt
Mailing Address 100 E. Vine St.		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2021"/>
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4121
Name of Employer (for Individual) NHC		Occupation (for Individual) Board Member
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1290.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 38
	<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 POLITICAL ACTION COMMITTEE

A. Hill, Daley, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 370 Old Shackle Island Rd.

City Hendersonville	State TN	Zip Code 37075
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHC	Occupation (for Individual) Administrator
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2021

Transaction ID : SA11AI.4263

Amount of Each Receipt this Period
218.40

Memo Item

B. Hill, Heath, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 E. Greenville St.

City Anderson	State SC	Zip Code 29621
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHC	Occupation (for Individual) Administrator
--	--

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
06		22		2021

Transaction ID : SA11AI.4275

Amount of Each Receipt this Period
240.00

Memo Item

C. Holder, Chuck, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Jacobs Hwy.

City Clinton	State SC	Zip Code 29325
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHC	Occupation (for Individual) Administrator
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2021

Transaction ID : SA11AI.4276

Amount of Each Receipt this Period
210.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	668.40
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 38
	<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 POLITICAL ACTION COMMITTEE

A. Holland, Ben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 928 Old Smithville Rd.
 City McMinnville State TN Zip Code 37110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2021
Transaction ID : SA11AI.4363
 Amount of Each Receipt this Period
 230.00
 Memo Item

B. Hubbard, Debbie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Pavillion Dr.
 City Kingsport State TN Zip Code 37660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 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
 06 / 22 / 2021
Transaction ID : SA11AI.4277
 Amount of Each Receipt this Period
 240.00
 Memo Item

C. Jackson, Scott, , ,
 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) NHC Occupation (for Individual) Administrator
 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
 06 / 22 / 2021
Transaction ID : SA11AI.4278
 Amount of Each Receipt this Period
 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	710.00
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 38
<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 POLITICAL ACTION COMMITTEE

A. Johnson, Doran, , ,
 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) NHC Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4236
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Jones, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Cool Springs Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Assistant Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4256
 Amount of Each Receipt this Period 280.00
 Memo Item

C. Lane, Karla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Cavette Hill Ln.
 City Knoxville State TN Zip Code 37934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4279
 Amount of Each Receipt this Period 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	920.00
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 38
<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 POLITICAL ACTION COMMITTEE

A. Lutsenko, Yuri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3025 Fernbrook Ln.
 City Nashville State TN Zip Code 37214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2021
Transaction ID : SA11AI.4280
 Amount of Each Receipt this Period
 210.00
 Memo Item

B. Manley, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2993 Sunset Blvd.
 City West Columbia State SC Zip Code 29169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2021
Transaction ID : SA11AI.4257
 Amount of Each Receipt this Period
 280.00
 Memo Item

C. McCreary, Josh, , ,
 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) NHC Occupation (for Individual) General Counsel
 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
 06 / 22 / 2021
Transaction ID : SA11AI.4281
 Amount of Each Receipt this Period
 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	730.00
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 38
<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 POLITICAL ACTION COMMITTEE

A. McIntosh, Bubba, , ,
 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) NHC Occupation (for Individual) SVP-Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4242
 Amount of Each Receipt this Period 400.00
 Memo Item

B. McKamey, Darrin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 374 Brink St.
 City Lawrenceburg State TN Zip Code 38464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4282
 Amount of Each Receipt this Period 240.00
 Memo Item

C. McKenzie, Dan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3916 Boyds Bridge Pike
 City Knoxville State TN Zip Code 37914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4261
 Amount of Each Receipt this Period 260.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 19 OF 38
	<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 POLITICAL ACTION COMMITTEE

A. Michel, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Davis Dr.
 City West Plains State MO Zip Code 65775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4283
 Amount of Each Receipt this Period 240.00
 Memo Item

B. Miner, Karyn, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4258
 Amount of Each Receipt this Period 280.00
 Memo Item

C. Moore, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Cool Springs Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4284
 Amount of Each Receipt this Period 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	760.00
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 20 OF 38
	<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 POLITICAL ACTION COMMITTEE

A. Moorhouse, Brad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 E. Greenville St.
 City Anderson State SC Zip Code 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) SVP-South Carolina
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2021
Transaction ID : SA11AI.4285
 Amount of Each Receipt this Period
 210.00
 Memo Item

B. Moorhouse, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1305 Boiling Springs Rd.
 City Greer State SC Zip Code 29650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 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
 06 / 22 / 2021
Transaction ID : SA11AI.4286
 Amount of Each Receipt this Period
 240.00
 Memo Item

C. Nason, Jay, , ,
 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) NHC Occupation (for Individual) SVP-Eastern
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2021
Transaction ID : SA11AI.4243
 Amount of Each Receipt this Period
 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 21 OF 38
	<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 POLITICAL ACTION COMMITTEE

A. Norris, Chelsey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 Fairground St.
 City Franklin State TN Zip Code 37064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 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
 06 / 22 / 2021
Transaction ID : SA11AI.4287
 Amount of Each Receipt this Period
 240.00
 Memo Item

B. Parenti, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Thorne Blvd.
 City Gallatin State TN Zip Code 37066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Regional Nurse
 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
 06 / 22 / 2021
Transaction ID : SA11AI.4288
 Amount of Each Receipt this Period
 240.00
 Memo Item

C. Peimann, Seth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Sugar Maple Ln.
 City St. Charles State MO Zip Code 63303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 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
 06 / 22 / 2021
Transaction ID : SA11AI.4289
 Amount of Each Receipt this Period
 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	720.00
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 22 OF 38
<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 POLITICAL ACTION COMMITTEE

A. Perry, Kellie, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4249
 Amount of Each Receipt this Period 320.00
 Memo Item

B. Pudlowski, Jackie, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4290
 Amount of Each Receipt this Period 240.00
 Memo Item

C. Raffa, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 Parkwood Ave.
 City Chattanooga State TN Zip Code 37404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4291
 Amount of Each Receipt this Period 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 23 OF 38
<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 POLITICAL ACTION COMMITTEE

A. Rector, Mel, , ,
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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHC	Occupation (for Individual) SVP-Missouri
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2021

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period
400.00

Memo Item

B. Rumsey, Whitney, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Walnut Ln.

City Columbia	State TN	Zip Code 38401
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHC	Occupation (for Individual) Administrator
--	--

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
06	/	22	/	2021

Transaction ID : SA11AI.4292

Amount of Each Receipt this Period
240.00

Memo Item

C. Salyers, Marinda, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1425 McFarland Ave.

City Rossville	State GA	Zip Code 30741
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHC	Occupation (for Individual) Administrator
--	--

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
06	/	22	/	2021

Transaction ID : SA11AI.4293

Amount of Each Receipt this Period
240.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	880.00
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 24 OF 38
	<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 POLITICAL ACTION COMMITTEE

A. Sauer, David, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.40

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4264
 Amount of Each Receipt this Period 218.40
 Memo Item

B. Sellars, Alex, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4252
 Amount of Each Receipt this Period 304.00
 Memo Item

C. Sellars, Gideon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 E. Cambridge Ave.
 City Greenwood State SC Zip Code 29646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4294
 Amount of Each Receipt this Period 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	762.40
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 25 OF 38
	<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 POLITICAL ACTION COMMITTEE

A. Sellars, Rick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 E. Cambridge Ave.
 City Greenwood State SC Zip Code 29646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) VP-AL
 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
 06 / 22 / 2021
Transaction ID : SA11AI.4295
 Amount of Each Receipt this Period
 240.00
 Memo Item

B. Shearer, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7601 Parklane Rd.
 City Columbia State SC Zip Code 29223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 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
 06 / 22 / 2021
Transaction ID : SA11AI.4296
 Amount of Each Receipt this Period
 240.00
 Memo Item

C. Shearer, Rickie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 379 Pinehaven St.
 City Laurens State SC Zip Code 29360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 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
 06 / 22 / 2021
Transaction ID : SA11AI.4297
 Amount of Each Receipt this Period
 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	720.00
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 26 OF 38
	<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 POLITICAL ACTION COMMITTEE

A. Shelley, Karin, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4247
 Amount of Each Receipt this Period 360.00
 Memo Item

B. Shelly, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Thorne Blvd.
 City Gallatin State TN Zip Code 37066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) SVP-Metro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4298
 Amount of Each Receipt this Period 210.00
 Memo Item

C. Shelton, Joe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 Lake Sr.
 City Somerville State TN Zip Code 38068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4299
 Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	780.00
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 27 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

A. Shuford, Brad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 E. Emerald Ave.
 City Knoxville State TN Zip Code 37917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4300
 Amount of Each Receipt this Period 240.00
 Memo Item

B. Skafas, Beth, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4259
 Amount of Each Receipt this Period 280.00
 Memo Item

C. Smith, Jeff, , ,
 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) NHC Occupation (for Individual) Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4301
 Amount of Each Receipt this Period 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 760.00
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 28 OF 38
	<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 POLITICAL ACTION COMMITTEE

A. Stallings, Keely, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Hospital St.
 City Moulton State AL Zip Code 35650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4302
 Amount of Each Receipt this Period 240.00
 Memo Item

B. Stephens, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 North St.
 City Bristol State VA Zip Code 24201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4303
 Amount of Each Receipt this Period 240.00
 Memo Item

C. Stoner, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 S. Walnut Ave.
 City Cookeville State TN Zip Code 38501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4250
 Amount of Each Receipt this Period 320.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
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 29 OF 38
<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 POLITICAL ACTION COMMITTEE

A. Taylor, Susan, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4262
 Amount of Each Receipt this Period 256.00
 Memo Item

B. Ussery, Marshall, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8353 Hwy. 100
 City Nashville State TN Zip Code 37221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4245
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Ussery, Mike, , ,
 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) NHC Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4237
 Amount of Each Receipt this Period 800.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1456.00
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 30 OF 38
	<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 POLITICAL ACTION COMMITTEE

A. Vincent, Brandon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 N. Charlotte St.
 City Dickson State TN Zip Code 37055
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4304
 Amount of Each Receipt this Period 240.00
 Memo Item

B. Waddell, Robert, , ,
 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) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 320.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4251
 Amount of Each Receipt this Period 320.00
 Memo Item

C. West, Chris, , ,
 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) NHC Occupation (for Individual) VP-Human Resources
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 06 / 22 / 2021
Transaction ID : SA11AI.4238
 Amount of Each Receipt this Period 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 1160.00
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 31 OF 38
	<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 POLITICAL ACTION COMMITTEE

A. Wrather, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2120 Highland Ave.
 City Knoxville State TN Zip Code 37916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2021
Transaction ID : SA11AI.4260
 Amount of Each Receipt this Period
 280.00
 Memo Item

B. Wright, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 St. Luke Dr.
 City Nashville State TN Zip Code 37205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2021
Transaction ID : SA11AI.4305
 Amount of Each Receipt this Period
 210.00
 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)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	490.00
TOTAL This Period (last page this line number only).....▶	23086.80

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 32 OF 38
<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 POLITICAL ACTION COMMITTEE

A. National Health Corporation Missouri Federal Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1398

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13734.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2021

Transaction ID : SA17.4420

Amount of Each Receipt this Period
13734.40

Memo Item
 Refund-Close Account

B.

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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	13734.40
TOTAL This Period (last page this line number only).....	13734.40

: 97 `A -G79 @C B9CI G`H9LH`F9 @5 H98 `HC `5 `F9DCFH`G7 <98I @ `CF `+9A -N5 H-CB

Form/Schedule: SA17

Transaction ID : SA17.4420

National Health Corporation Missouri Federal Committee (Missouri PAC) was established exclusively by disbursements from National Health Corporation Political Action Committee (NHCPAC) to make contributions to state candidates/committees in Missouri. NHCPAC made transfers totalling \$25,181.99 to Missouri PAC. These were disclosed in NHCPAC's Mid-Year 2019 Report (\$10,181.99) and the July Quarterly 2020 Report (\$15,000). The amount disclosed on this report (\$13,734.40) is a refund of the remaining balance from Missouri PAC to NHCPAC, as Missouri PAC has been closed. Please let me know if you need further information. Thank you.

Form/Schedule:

Transaction ID:

**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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOB CASEY FOR SENATE INC

Mailing Address PO BOX 58746

City
PHILADELPHIA

State
PA

Zip Code
19102

Purpose of Disbursement

Candidate Name

BOB CASEY FOR SENATE INC

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: PA

District: 00

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2021

FEC Identification Number

C000431056

Transaction ID : SB23.4143

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CRAPO VICTORY COMMITTEE

Mailing Address 228 S. WASHINGTON ST.
STE. 115

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement

Candidate Name

CRAPO VICTORY COMMITTEE

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State:

District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2021

FEC Identification Number

C000649574

Transaction ID : SB23.4149

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DSCC

Mailing Address 120 MARYLAND AVE NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

DSCC

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2021

FEC Identification Number

C000042366

Transaction ID : SB23.4144

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

**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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KUSTOFF FOR CONGRESS

Mailing Address 1661 AARON BRENNER DR
STE 300

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement

Candidate Name

KUSTOFF FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: TN District: 08

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2021

FEC Identification Number

C C00614826

Transaction ID : SB23.4145

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MAGGIE FOR NH

Mailing Address PO BOX 298

City CONCORD State NH Zip Code 03302

Purpose of Disbursement

Candidate Name

MAGGIE FOR NH

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: NH District: 00

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2021

FEC Identification Number

C C00588772

Transaction ID : SB23.4148

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MARSHA FOR SENATE

Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement

Candidate Name

MARSHA FOR SENATE

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2021

FEC Identification Number

C C00376939

Transaction ID : SB23.4141

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

5500.00

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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARSHA FOR SENATE

Mailing Address PO BOX 3750

City
BRENTWOOD

State
TN

Zip Code
37024

Purpose of Disbursement

Candidate Name

MARSHA FOR SENATE

Office Sought:

<input type="checkbox"/>	House
<input checked="" type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2021

FEC Identification Number

C C00376939

Transaction ID : SB23.4418

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NRSC

Mailing Address 425 2ND STREET NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

NRSC

Office Sought:

<input 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: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	21	/	2021

FEC Identification Number

C C00027466

Transaction ID : SB23.4147

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
LONG BRANCH

State
NJ

Zip Code
07740

Purpose of Disbursement

Candidate Name

PALLONE FOR CONGRESS

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: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	05	/	2021

FEC Identification Number

C C00226928

Transaction ID : SB23.4146

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER RD

City
CHARLESTON

State
SC

Zip Code
29407

Purpose of Disbursement

Candidate Name

TIM SCOTT FOR SENATE

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2021

FEC Identification Number

C C00540302

Transaction ID : SB23.4142

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

2500.00

18500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. US Dept. of Treasury

Mailing Address 1500 Pennsylvania Ave.

City
Washington DC

State
DC

Zip Code
20002

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	2	1

FEC Identification Number

C []

Transaction ID : SB29.4152

Amount of Each Disbursement this Period

[] 276.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 276.00

[] 276.00