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Image# 13960364554

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORW 3X	For Other	Than An Autho	orized Committe	ee		Office Use Only	
1. NAME OF COMMITTEE (in ful	TYPE OR PI	RINT ▼	Example: If typir over the lines.	ıg, type	12FE4M5		
National Health (Corporation Pol	itical Action (Committee		<u> </u>		
ADDRESS (number and s	street) P.O. Box 1	398					
Check if differe							
than previously reported. (ACC		oro			TN L	37130	-
2. FEC IDENTIFICAT	TION NUMBER ▼	CITY	A	S	STATE 🛦	ZIP CO	DE 🛦
C C00153445		3. IS		IEW N) OR	AM (A)	ENDED	
4. TYPE OF REPO (Choose One)	(b) Month Repo	rt On:		May 20 (M5)	-	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Repor	rts:	H		lun 20 (M6)		20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly F	Report (Q1)			lul 20 (M7)	. —	20 (M10)	Jan 31 (YE)
July 15 Quarterly F	Report (Q2)	12-Day PRE-Election	Primary (12P	_	General (Runoff (12R)
October 15 Quarterly F		Report for the:	Convention (120)	Special (125)	
X January 31 Year-End F	Report (YE)	Election	on/	D D /	Y	in the State o	of
July 31 Mic Report (No Year Only)	on-election (MY)	30-Day POST-Election Report for the:	General (300	i)	Runoff (3	0R)	Special (30S)
Termination (TER)	n Report	Election	on M M /	D D /	Y	in the State o	of
5. Covering Period	11 27	2012	through	12	/ D D /	2012	
I certify that I have exar	mined this Report an	d to the best of n	ny knowledge and b	elief it is true	e, correct and	l complete.	
Type or Print Name of Treasurer J. B. KINNEY Jr.							
Signature of Treasurer J. B. KINNEY Jr. [Electronically Filed] Date M. M. M. O. D. D. O. Y.							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.							
Office Use						FEC FOR Rev. 12/2	
Only							

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

National Health Corporation Political Action Committee

Report Covering the Period: From: 11 27 2012 To: 12 31 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		603286.43
	(b) Cash on Hand at Beginning of Reporting Period	592364.83	
	(c) Total Receipts (from Line 19)	9923.75	92345.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	602288.58	695631.43
7.	Total Disbursements (from Line 31)	308.12	93650.97
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	601980.46	601980.46
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Health Corporation Political Action Committee

Report Covering the Period: From: 11 27 2012 To: 12 31 2012					
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
• •					
	0.00	0.00			
(i) Itemized (use Schedule A)	0.00	0.00			
(ii) Unitemized	9923.75	92345.00			
Lines 11(a)(i) and (ii)	9923.75	92345.00			
(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)▶	9923.75	92345.00			
Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
	0.00	0.00			
All Loans Received	0.00	0.00			
Loan Repayments Received	0.00	0.00			
	0.00	0.00			
	7				
to Federal Candidates and Other					
	0.00	0.00			
·	0.00	0.00			
	7	7			
	0.00	0.00			
(IIIIII Garioadia 110)		0.00			
#\\. \ \ - \ \ #\ \ \ \ \ \ \ \ \ \ \ \ \ \	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			
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	9923.75	92345.			
(subtract Line 18(c) from Line 19)▶	9923.75	92345.00			
	I. Receipts Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Receipts			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
	perating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)			
	(i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
(b)				
	Expenditures	0.00	0.00	
(c)	1 3 1	0.00	0.00	
2 Tr	(add 21(a)(i), (a)(ii), and (b))▶ ansfers to Affiliated/Other Party	0.00	0.00	
	ommittees	0.00	0.00	
Co	ontributions to deral Candidates/Committees			
an	d Other Political Committees	0.00	92600.00	
	dependent Expenditures	0.00	0.00	
o. Co	se Schedule E)oordinated Party Expenditures	3.55	0.00	
(2 (us	U.S.C. §441a(d)) se Schedule F)	0.00	0.00	
,	,			
6. Lo	an Repayments Made	0.00	0.00	
7 10	ans Made	0.00	0.00	
8. Re	efunds of Contributions To:	7 7		
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00	
(b)		0.00	0.00	
(c)	Other Political Committees (such as PACs)	0.00	0.00	
	(626). 46 17 166/	7		
(d)		0.00		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00	
9. Ot	her Disbursements	308.12	1050.97	
J. Oti	ner bisbursements	300.12		
). Fe	deral Election Activity (2 U.S.C. §431(20))			
(a)	Allocated Federal Election Activity			
	(from Schedule H6)	0.00	0.00	
	(i) Federal Share			
	(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	
		7		
1. To	tal Disbursements (add Lines 21(c), 22,			
23	, 24, 25, 26, 27, 28(d), 29 and 30(c))	308.12	93650.97	
) T-	tal Fadaral Diahuraamanta			
	tal Federal Disbursements ubtract Line 21(a)(ii) and Line 30(a)(ii)			
	m Line 31)	308.12	93650.97	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	9923.75	92345.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9923.75	92345.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 6 OF 6						
ΙT	ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check onl	y one)					
			Summary Page	21b	22	23	24 25 26			
_		<u> </u>			28a	28b	28c 🗙 29 30l			
	y information copied from such Reports and Staten for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full)									
\rangle	National Health Corporation Politica	al Actior	n Committee	9						
_	Full Name (Last, First, Middle Initial)									
Α.	Regions					of Disbursen				
	Mailing Address Church Street				11	30				
	City State Zip Code									
	Murfreesboro	TN	37130		Trans	saction ID :	SB29.4997			
	Purpose of Disbursement Bank Fees				Amour	nt of Each D	Disbursement this Period			
	Candidate Name			Category/			226.04			
				Type		- 7	236.94			
	Office Sought: House Disbursen		Camanal							
	Senate President	Primary Other (spec	General							
	State: District:	Other (spec	City) \blacktriangledown							
_	Full Name (Last, First, Middle Initial)									
В.	Regions				Date of	of Disbursem	nent			
				M - M / D - D / Y - Y - Y - Y						
	Mailing Address Church Street				12 31 2012					
	City S Murfreesboro	State TN	Zip Code 37130		Tran	saction ID :	SB29.4998			
	Purpose of Disbursement				1					
	Bank Fees			1	Amour	nt of Each D	Disbursement this Period			
	Candidate Name			Category/ Type			71.18			
	Office Sought: House Disbursen	nent For:		туре	-	,				
		Primary	General							
	President	Other (spec	cify) 🔻							
	State: District:									
	Full Name (Last, First, Middle Initial)									
C.					Date of	of Disbursen	nent			
	Mailing Address				M M / D D / Y Y Y Y					
	Mailing Address									
	City	State	Zip Code							
	Purpose of Disbursement				-					
				Amour	nt of Each D	Disbursement this Period				
	Candidate Name Categor Type			Category/ Type						
	Office Sought: House Disbursen	nent For:				,				
	Senate	Primary	General							
		Other (spec	cify) 🔻							
_	State: District:									
					-		200.40			
Ls	UBTOTAL of Disbursements This Page (optional)			······································			308.12			
[_	OTAL This David (Issues and Issues and Issue						308.12			
Ιſ	OTAL This Period (last page this line number only)						555.12			