

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 C00153445 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] April 15 Quarterly Report (Q1) [] July 15 Quarterly Report (Q2) [] October 15 Quarterly Report (Q3) [] January 31 Year-End Report (YE) [] July 31 Mid-Year Report (Non-election Year Only) (MY) [] Termination Report (TER) (b) Monthly Report Due On: [] Feb 20 (M2) [] May 20 (M5) [] Aug 20 (M8) [] Nov 20 (M11) (Non-Election Year Only) [] Mar 20 (M3) [] Jun 20 (M6) [] Sep 20 (M9) [] Dec 20 (M12) (Non-Election Year Only) [] Apr 20 (M4) [] Jul 20 (M7) [] Oct 20 (M10) [] Jan 31 (YE) (c) 12-Day PRE-Election Report for the: [] Primary (12P) [] General (12G) [] Runoff (12R) [] Convention (12C) [] Special (12S) Election on [] in the State of [] (d) 30-Day POST-Election Report for the: [] General (30G) [] Runoff (30R) [] Special (30S) Election on [] in the State of []

5. Covering Period 01 / 01 / 2024 through 03 / 31 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Shelly, Tim, , ,

Signature of Treasurer Shelly, Tim, , , Date 04 / 10 / 2024

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="2024"/>		<input type="text" value="121130.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="121130.66"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="24326.44"/>	<input type="text" value="24326.44"/>
(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="145457.10"/>	<input type="text" value="145457.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20006.34"/>	<input type="text" value="20006.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="125450.76"/>	<input type="text" value="125450.76"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	18225.00	18225.00
(ii) Unitemized	30.00	30.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18255.00	18255.00
(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)	18255.00	18255.00
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.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1071.44	1071.44
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)).....▶	24326.44	24326.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24326.44	24326.44

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	6.34	6.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6.34	6.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
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	0.00
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)) ..	20006.34	20006.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20006.34	20006.34

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)	18255.00	18255.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18255.00	18255.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6.34	6.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6.34	6.34

**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 19
<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. Bader, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 Falcon Dr.
 City Kennett State MO Zip Code 63857
 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 ▼ 225.00

Date of Receipt 02 / 27 / 2024
Transaction ID : SA11AI.4895
 Amount of Each Receipt this Period 225.00
 Memo Item
 Contribution

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 ▼ 300.00

Date of Receipt 02 / 27 / 2024
Transaction ID : SA11AI.4885
 Amount of Each Receipt this Period 300.00
 Memo Item
 Contribution

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 ▼ 400.00

Date of Receipt 02 / 27 / 2024
Transaction ID : SA11AI.4883
 Amount of Each Receipt this Period 400.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	925.00
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 19
	<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. Burish, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Gracey St.
 City Sparta State TN Zip Code 38583
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.4888
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Contribution

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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.4896
 Amount of Each Receipt this Period
 225.00
 Memo Item
 Contribution

C. Crotts, 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.4880
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	975.00
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 19
(check only one)	
<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"/>	<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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.4881
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Contribution

B. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.4890
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Contribution

C. Harbin, Holly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Austin Graybill Rd.
 City North Augusta State SC Zip Code 29860
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.4882
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 9 OF 19
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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. 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 ▼ 500.00

Date of Receipt
 01 / 31 / 2024
Transaction ID : SA11AI.4871
 Amount of Each Receipt this Period 500.00
 Memo Item
 Contribution

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 ▼ 750.00

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11AI.4886
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

C. McClain, Jaclyn, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3039 Okatie Hwy.
 City Okatie State SC Zip Code 29909
 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 ▼ 500.00

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11AI.4879
 Amount of Each Receipt this Period 500.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 19
	<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. McHale, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8017 Dogwood Ln.
 City Milan State TN Zip Code 38358
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.4884
 Amount of Each Receipt this Period 350.00
 Memo Item
 Contribution

B. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.4892
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

C. Moore, Penn, , ,
 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 ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.4897
 Amount of Each Receipt this Period 175.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	775.00
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 11 OF 19
(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 POLITICAL ACTION COMMITTEE

A. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.4891
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

B. Perry, 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.4893
 Amount of Each Receipt this Period 225.00
 Memo Item
 Contribution

C. 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
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.4887
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	725.00
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 19
<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. 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 ▼ 225.00

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA11AI.4894
 Amount of Each Receipt this Period 225.00
 Memo Item
 Contribution

B. 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 ▼ 750.00

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA11AI.4877
 Amount of Each Receipt this Period 750.00
 Memo Item
 Contribution

C. UNITEMIZED, UNITEMIZED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address UNITEMIZED
 City UNITEMIZED State TN Zip Code 00000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITEMIZED Occupation (for Individual) UNITEMIZED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10165.00

Date of Receipt **02 / 27 / 2024**
Transaction ID : SA11AI.4899
 Amount of Each Receipt this Period 10165.00
 Memo Item
 Unitemized Contributions

SUBTOTAL of Receipts This Page (optional).....	11140.00
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 19
	<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. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.4889
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

B. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.4878
 Amount of Each Receipt this Period 500.00
 Memo Item
 Contribution

C. 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2024
Transaction ID : SA11AI.4872
 Amount of Each Receipt this Period 260.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1010.00
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 14 OF 19
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Vincent, Brandon, , ,

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 ▼
435.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	27	/	2024

Transaction ID : SA11AI.4898

Amount of Each Receipt this Period
175.00

Memo Item
Contribution

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

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

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

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).....	175.00
TOTAL This Period (last page this line number only).....	18225.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 19
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" 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. MCCARTHY VICTORY FUND

Mailing Address **PO BOX 30844**

City BETHESDA	State MD	Zip Code 20824
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C 00541011**

Name of Employer (for Individual) _____ Occupation (for Individual) _____

Receipt For: 2024
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 29 / 2024

Transaction ID : SA16.4900

Amount of Each Receipt this Period
5000.00

Memo Item

Refund of portion of 8/22/23 Contribution

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

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

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 16 OF 19
<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. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

381.14

Date of Receipt

01 / 31 / 2024

Transaction ID : SA17.4874

Amount of Each Receipt this Period

381.14

Memo Item

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

722.57

Date of Receipt

02 / 29 / 2024

Transaction ID : SA17.4875

Amount of Each Receipt this Period

341.43

Memo Item

Interest

C. 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:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

1071.44

Date of Receipt

03 / 31 / 2024

Transaction ID : SA17.4876

Amount of Each Receipt this Period

348.87

Memo Item

Interest

SUBTOTAL of Receipts This Page (optional).....	1071.44
TOTAL This Period (last page this line number only).....	1071.44

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)

Form for line numbers 21b-30b with checkboxes, where 23 is selected.

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANDY OGLES FOR CONGRESS

Mailing Address 29 PUBLIC SQUARE

City COLUMBIA State TN Zip Code 38401

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

ANDY OGLES FOR CONGRESS

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify)

State: TN District: 05

Date of Disbursement

Date: 02 / 01 / 2024

FEC Identification Number

C00811844

Transaction ID : SB23.4855

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. BLACKBURN TENNESSEE VICTORY FUND

Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

BLACKBURN TENNESSEE VICTORY FUND

Office Sought: [] House [X] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify)

State: TN District:

Date of Disbursement

Date: 02 / 24 / 2024

FEC Identification Number

C

Transaction ID : SB23.4857

Amount of Each Disbursement this Period

5000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. BRITT FOR ALABAMA INC

Mailing Address PO BOX 3759

City MONTGOMERY State AL Zip Code 36109

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

BRITT FOR ALABAMA INC

Office Sought: [] House [X] Senate [] President

Disbursement For: 2028 [X] Primary [] General [] Other (specify)

State: AL District: 00

Date of Disbursement

Date: 03 / 21 / 2024

FEC Identification Number

C00781443

Transaction ID : SB23.4859

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).....

8500.00

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. DIANA FOR CONGRESS

Mailing Address PO BOX 7208

City
KINGSPORT

State
TN

Zip Code
37664

Purpose of Disbursement

Contribution

011

Candidate Name

DIANA FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TN District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4854

Amount of Each Disbursement this Period

[REDACTED]	1000.00
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

B. JOHNSON LEADERSHIP FUND

Mailing Address C/O 228 S. WASHINGTON ST.
STE. 115

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement

Contribution

011

Candidate Name

JOHNSON LEADERSHIP FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	2	4

FEC Identification Number

C C00771246

Transaction ID : SB23.4858

Amount of Each Disbursement this Period

[REDACTED]	5000.00
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

C. MARK GREEN FOR CONGRESS

Mailing Address PO BOX 2706

City
BRENTWOOD

State
TN

Zip Code
37024

Purpose of Disbursement

Contribution

011

Candidate Name

MARK GREEN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4860

Amount of Each Disbursement this Period

[REDACTED]	2000.00
------------	---------

Memo Item

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

[REDACTED]	8000.00
------------	---------

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

[REDACTED]	
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**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. SHERI BIGGS FOR CONGRESS

Mailing Address PO BOX 2685

City
ANDERSON

State
SC

Zip Code
29622

Purpose of Disbursement

Contribution

011

Candidate Name

SHERI BIGGS FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2024

FEC Identification Number

C C00866426

Transaction ID : SB23.4861

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TERRI SEWELL FOR CONGRESS

Mailing Address PO BOX 1964

City
BIRMINGHAM

State
AL

Zip Code
35201

Purpose of Disbursement

Contribution

011

Candidate Name

TERRI SEWELL FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: AL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	15	/	2024

FEC Identification Number

C C00458976

Transaction ID : SB23.4856

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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
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FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

3500.00

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

20000.00
