

# 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**  
Check if different than previously reported. (ACC) **MURFREESBORO TN 37130**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00153445** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 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  **11** /  **08** /  **2022** in the State of  **TN**

5. Covering Period  **10** /  **20** /  **2022** through  **11** /  **28** /  **2022**

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  **12** /  **06** /  **2022**

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="2022"/>		227662.41
(b) Cash on Hand at Beginning of Reporting Period.....	181975.48	
(c) Total Receipts (from Line 19) .....	- 22.61	14450.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	181952.87	242112.99
7. Total Disbursements (from Line 31).....	35000.00	95160.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	146952.87	146952.87
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	0.00	2175.00
(ii) Unitemized .....	0.00	12207.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	14382.35
(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) .....	0.00	14382.35
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	- 22.61	68.23
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)).....▶	- 22.61	14450.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	- 22.61	14450.58

**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	160.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	160.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	95000.00
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)) ..	35000.00	95160.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35000.00	95160.12

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	14382.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	14382.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	160.12
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	160.12

**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

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**

Full Name (Last, First, Middle Initial)

**A. BLUE TO THE FUTURE**

Mailing Address PO BOX 65322

City  
WASHINGTON

State  
DC

Zip Code  
20035

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**BLUE TO THE FUTURE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2022

FEC Identification Number

C00826123

**Transaction ID : SB23.4658**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRY FOR CONGRESS**

Mailing Address PO BOX 14641

City  
SURFSIDE BEACH

State  
SC

Zip Code  
29587

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**FRY FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: SC District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2022

FEC Identification Number

C00786657

**Transaction ID : SB23.4656**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MAGGIE FOR NH**

Mailing Address PO BOX 298

City  
CONCORD

State  
NH

Zip Code  
03302

Purpose of Disbursement  
Contribution

011

Category/  
Type

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  
10 / 26 / 2022

FEC Identification Number

C00588772

**Transaction ID : SB23.4654**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12500.00

**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. SENATE LEADERSHIP FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2022

Mailing Address 6218 GEORGIA AVENUE NW  
STE 1 - 595

FEC Identification Number

**C** C00571703

City WASHINGTON State DC Zip Code 20011

**Transaction ID : SB23.4653**

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

**SENATE LEADERSHIP FUND**

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. SMP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2022

Mailing Address 1032 15TH ST NW  
SUITE 247

FEC Identification Number

**C** C00484642

City WASHINGTON State DC Zip Code 20005

**Transaction ID : SB23.4660**

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Amount of Each Disbursement this Period

10000.00

Candidate Name

**SMP**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2022  
 Primary  General  
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

**C. SMP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2022

Mailing Address 1032 15TH ST NW  
SUITE 247

FEC Identification Number

**C** C00484642

City WASHINGTON State DC Zip Code 20005

**Transaction ID : SB23.4661**

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

**SMP**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Memo Item

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

20000.00

**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  
Contribution

011

Category/  
Type

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 / D D / Y Y Y Y Y Y  
10 / 25 / 2022

FEC Identification Number

C C00540302

**Transaction ID : SB23.4652**

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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y 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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / 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)..... ▶

2500.00

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

35000.00