

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Health Corporation PAC - Federal

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2020 through 03 / 31 / 2020

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

Signature of Treasurer Shelly, Tim, , , [Electronically Filed] Date 04 / 15 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Health Corporation PAC - Federal

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="336538.09"/>	<input type="text" value="336538.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="336538.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4481.82"/>	<input type="text" value="4481.82"/>
(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="341019.91"/>	<input type="text" value="341019.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="7000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="334019.91"/>	<input type="text" value="334019.91"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Health Corporation PAC - Federal

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	108.42	108.42
(ii) Unitemized	3466.60	3466.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3575.02	3575.02
(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)	3575.02	3575.02
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.).....	906.80	906.80
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)).....▶	4481.82	4481.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4481.82	4481.82

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.....	7000.00	7000.00
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)) ..	7000.00	7000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	7000.00

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)	3575.02	3575.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3575.02	3575.02
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 8
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Griffith, Johnnie, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 Dell Trail
 City Dunlap State TN Zip Code 37327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Sequatchie Occupation (for Individual) Director of Nursing
 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
 03 / 22 / 2020
Transaction ID : A2020-754396
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Rahmlow, Susan, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3039 Okatie Highway
 City Bluffton State SC Zip Code 29909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Bluffton Occupation (for Individual) Assistant Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2020
Transaction ID : A2020-754093
 Amount of Each Receipt this Period 33.42
 Memo Item

C. Tennison, Kelly, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 South Jackson Drive
 City Independence State MO Zip Code 64057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Villages of Jackson Creek Occupation (for Individual) Assistant 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
 03 / 22 / 2020
Transaction ID : A2020-754198
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.42
TOTAL This Period (last page this line number only).....	108.42

**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 8
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Health Corporation PAC - Federal

A. Regions Bank

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

Mailing Address 100 E. Vine St.

City Murfreesboro	State TN	Zip Code 37130
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2020
 Primary General
 Other (specify) ▼
 Not Applicable

Aggregate Year-to-Date ▼
441.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2020

Transaction ID : A2020-17754

Amount of Each Receipt this Period
441.64

Memo Item
Bank Interest

B. Regions Bank

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

Mailing Address 100 E. Vine St.

City Murfreesboro	State TN	Zip Code 37130
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2020
 Primary General
 Other (specify) ▼
 Not Applicable

Aggregate Year-to-Date ▼
762.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2020

Transaction ID : A2020-17805

Amount of Each Receipt this Period
321.07

Memo Item
Bank 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
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2020
 Primary General
 Other (specify) ▼
 Not Applicable

Aggregate Year-to-Date ▼
906.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2020

Transaction ID : A2020-17841

Amount of Each Receipt this Period
144.09

Memo Item
Bank Interest

SUBTOTAL of Receipts This Page (optional).....	906.80
TOTAL This Period (last page this line number only).....	906.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Health Corporation PAC - Federal

Full Name (Last, First, Middle Initial)

A. Jason Smith for Congress

Mailing Address PO Box 1324

City
Cape Girardeau

State
MO

Zip Code
63702

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Smith, Jason, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2020

FEC Identification Number

C C00541862

Transaction ID : B757245

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens to Elect Rusty Crowe to Congress

Mailing Address 3024 Peoples Street

City
Johnson City

State
TN

Zip Code
37604

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Crowe, Dewey "Rusty", , , II

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: TN District: 01

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2020

FEC Identification Number

C C00738930

Transaction ID : B757747

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Team Hagerty

Mailing Address 4515 Harding Pike Suite 110

City
Nashville

State
TN

Zip Code
37205

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Hagerty, Bill, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2020

FEC Identification Number

C C00718627

Transaction ID : B761012

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)..... ▶

7000.00

7000.00