

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

AUG 2 11 44 AM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>National Health Corporation Political Action Comm.</i>		2. FEC IDENTIFICATION NUMBER <i>C00153445</i>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>100 Vine Street</i>		
CITY, STATE and ZIP CODE <i>Murfreesboro, TN 37130</i>		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<i>1/1/97 through 6/30/97</i>		
6. (a) Cash on Hand January 1, 19 <i>97</i>			\$ <i>174,083.36</i>
(b) Cash on Hand at Beginning of Reporting Period		\$ <i>174,083.36</i>	
(c) Total Receipts (from Line 10)		\$ <i>31,163.77</i>	\$ <i>31163.77</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <i>205,247.13</i>	\$ <i>205247.13</i>
7. Total Disbursements (from Line 9)		\$ <i>4,000.00</i>	\$ <i>4,000.00</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <i>201,247.13</i>	\$ <i>201,247.13</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <i>0</i>	For further information contact: Federal Election Commission 990 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <i>0</i>	
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 <i>Doran Johnson</i>		Date <i>7-28-97</i>	
Signature of Treasurer <i>Doran Johnson</i>			

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
(revised 9/83)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <i>National Health Cooperation Political Action Committee</i>	REPORT COVERING PERIOD	
	FROM	TO
	<i>1/1/97</i>	<i>6/30/97</i>
I Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		
ii. Unitemized	<i>30038.05</i>	<i>30038.05</i>
iii. Total (add i and ii) >	<i>30038.05</i>	<i>30038.05</i>
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	<i>30038.05</i>	<i>30038.05</i>
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	<i>1125.72</i>	<i>1125.72</i>
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>31163.77</i>	<i>31163.77</i>
II Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	<i>4000.00</i>	<i>4000.00</i>
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>4,000.00</i>	<i>4,000.00</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	<i>4,000.00</i>	<i>4,000.00</i>
III Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from line 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from line 35) >		

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **3** OF **3**
FOR LINE NUMBER **23**

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. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Friends of Clay Shaw 1512 East Broward Blvd Fort Lauderdale, FL 33301</i>	<i>US Congress Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/27/97</i>	<i>500.00</i>
<i>Robert Wapler for Congress Committee 2500 W Military Trail Suite 288 Boca Raton, FL 33431</i>	<i>US Congress Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/19/97</i>	<i>1,000.00</i>
<i>Friends of Bob Graham PO Box 3050 Tallahassee, FL 32315</i>	<i>US Congress Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/28/97</i>	<i>1,000.00</i>
<i>Ed Bryant for Congress Committee PO Box 1961 Cordova TN 38088</i>	<i>US Congress Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/16/97</i>	<i>500.00</i>
<i>Congressman Bill Thomas 805 15th Street Northwest Suite 500 Washington DC 20005</i>	<i>US Congress Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/17/97</i>	<i>1,000.00</i>
<i>F. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>G. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>H. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>I. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

4,000.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED
7/29/97

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Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

C.A.W. 8/2/97

PREPARER DATE PREPARED