

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) 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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [01] / [01] / [2023] through [06] / [30] / [2023]

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 [02] / [09] / [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: 01 / 01 / 2023 To: 06 / 30 / 2023

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2023 (145678.29); (b) Cash on Hand at Beginning of Reporting Period (145678.29); (c) Total Receipts (from Line 19) (11766.58); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (157444.87); 7. Total Disbursements (from Line 31) (43138.89); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (114305.98); 9. Debts and Obligations Owed TO the Committee (0.00); 10. Debts and Obligations Owed BY the Committee (0.00).

X 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: / / 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).....	11005.50	11005.50
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11005.50	11005.50
(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)	11005.50	11005.50
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.).....	761.08	761.08
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)).....▶	11766.58	11766.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11766.58	11766.58

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	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.....	43000.00	43000.00
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).....	138.89	138.89
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)) ..	43138.89	43138.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43138.89	43138.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	11005.50	11005.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11005.50	11005.50
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 15
<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. 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 ▼ 300.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11AI.4695
 Amount of Each Receipt this Period 300.00
 Memo Item
 Contribution

B. Burgess, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7097 Franklin Rd.
 City Murfreesboro State TN Zip Code 37128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2023
Transaction ID : SA11AI.4685
 Amount of Each Receipt this Period 500.00
 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 ▼ 300.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11AI.4697
 Amount of Each Receipt this Period 300.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 15
	<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. 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 ▼ 300.00

Date of Receipt
 06 / 06 / 2023
Transaction ID : SA11AI.4694
 Amount of Each Receipt this Period 300.00
 Memo Item
 Contribution

B. 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 ▼ 300.00

Date of Receipt
 06 / 06 / 2023
Transaction ID : SA11AI.4698
 Amount of Each Receipt this Period 300.00
 Memo Item
 Contribution

C. Hassan, Emil, , ,
 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) Board Member
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 30 / 2023
Transaction ID : SA11AI.4686
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 8 OF 15
<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. 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 ▼ 300.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11AI.4701
 Amount of Each Receipt this Period 300.00
 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 ▼ 450.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11AI.4693
 Amount of Each Receipt this Period 450.00
 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 ▼ 8005.50

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11AI.4699
 Amount of Each Receipt this Period 8005.50
 Memo Item
 Unitemized contributions less than \$200

SUBTOTAL of Receipts This Page (optional).....	8755.50
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 9 OF 15
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ussery, Mike, , ,

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) NHC	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		06		2023

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period
300.00

Memo Item
Contribution

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

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

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

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).....	300.00
TOTAL This Period (last page this line number only).....	11005.50

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 15
<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
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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 ▼
226.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2023
Transaction ID : SA17.4688

Amount of Each Receipt this Period
113.90

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
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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 ▼
353.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2023
Transaction ID : SA17.4689

Amount of Each Receipt this Period
127.06

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
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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 ▼
479.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2023
Transaction ID : SA17.4690

Amount of Each Receipt this Period
125.57

Memo Item
Interest

SUBTOTAL of Receipts This Page (optional).....	366.53
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 11 OF 15
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Regions Bank		Date of Receipt
Mailing Address 100 E. Vine St.		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID : SA17.4691
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text"/> <input type="text"/> 154.92
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> <input type="text"/> 634.48	Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Regions Bank		Date of Receipt
Mailing Address 100 E. Vine St.		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID : SA17.4692
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text"/> <input type="text"/> 126.60
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> <input type="text"/> 761.08	Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt
Mailing Address		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> <input type="text"/>
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text"/> <input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> <input type="text"/> 281.52
TOTAL This Period (last page this line number only).....▶	<input type="text"/> <input type="text"/> 648.05

**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. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	3

Mailing Address PO BOX 33079

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4675

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

City WASHINGTON State DC Zip Code 20033

Purpose of Disbursement

Contribution

012
Category/
Type

Candidate Name

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. BLACKBURN TENNESSEE VICTORY FUND

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	2	3

Mailing Address PO BOX 3750

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4849

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement

Contribution

011
Category/
Type

Candidate Name

BLACKBURN TENNESSEE VICTORY FUND

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: TN District:

Full Name (Last, First, Middle Initial)

C. DIANA FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	2	3

Mailing Address PO BOX 7208

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4669

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

City KINGSFORT State TN Zip Code 37664

Purpose of Disbursement

Contribution

012
Category/
Type

Candidate Name

DIANA FOR CONGRESS

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: TN District: 01

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

[REDACTED] 8500.00

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

[REDACTED]

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. DSCC

Mailing Address 120 MARYLAND AVE NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement

Contribution

012

Candidate Name

DSCC

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	5		2	2		2	0	2	3

FEC Identification Number

C C00042366

Transaction ID : SB23.4677

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. EMMER VICTORY COMMITTEE DBA REPUBLICAN CONGRESSIONAL VICTORY COMMITTEE

Mailing Address 824 S MILLEDGE AVE STE 101

City
ATHENS

State
GA

Zip Code
30605

Purpose of Disbursement

Contribution

012

Candidate Name

EMMER VICTORY COMMITTEE DBA REPUBLICAN CONGRESSIONAL VICTORY COMMITTEE

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary General
 Other (specify) ▼

State: MN

District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	3

FEC Identification Number

C C00573444

Transaction ID : SB23.4684

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. HEARTLAND VALUES PAC

Mailing Address PO BOX 505

City
SIOUX FALLS

State
SD

Zip Code
57101

Purpose of Disbursement

Contribution

012

Candidate Name

HEARTLAND VALUES PAC

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	5		2	2		2	0	2	3

FEC Identification Number

C C00409003

Transaction ID : SB23.4682

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

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

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

1	1	0	0	0	0
---	---	---	---	---	---

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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. JASON SMITH FOR CONGRESS

Mailing Address PO BOX 1324

City
CAPE GIRARDEAU

State
MO

Zip Code
63702

Purpose of Disbursement

Contribution

012

Candidate Name

JASON SMITH FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4671

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

B. JASON SMITH FOR CONGRESS

Mailing Address PO BOX 1324

City
CAPE GIRARDEAU

State
MO

Zip Code
63702

Purpose of Disbursement

Contribution

012

Candidate Name

JASON SMITH FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4672

Amount of Each Disbursement this Period

[REDACTED]	2500.00
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

C. JEFFRIES VICTORY FUND

Mailing Address 430 S CAPITOL ST SE
2ND FL

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Contribution

012

Candidate Name

JEFFRIES VICTORY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2023

FEC Identification Number

C C00768200

Transaction ID : SB23.4683

Amount of Each Disbursement this Period

[REDACTED]	5000.00
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Memo Item

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

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

[REDACTED]	12500.00
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[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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KUSTOFF FOR CONGRESS

Mailing Address 1661 AARON BRENNER DR STE 300

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement

Contribution

012

Candidate Name

KUSTOFF FOR CONGRESS

Category/Type

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

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

State: TN District: 08

Date of Disbursement

Date: 06 / 13 / 2023

FEC Identification Number

C00614826

Transaction ID : SB23.4678

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. NRSC

Mailing Address 425 2ND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Contribution

012

Candidate Name

NRSC

Category/Type

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

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

State: District:

Date of Disbursement

Date: 05 / 22 / 2023

FEC Identification Number

C00027466

Transaction ID : SB23.4676

Amount of Each Disbursement this Period

5000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER RD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement

Contribution

012

Candidate Name

TIM SCOTT FOR SENATE

Category/Type

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

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

State: SC District: 00

Date of Disbursement

Date: 04 / 10 / 2023

FEC Identification Number

C00540302

Transaction ID : SB23.4670

Amount of Each Disbursement this Period

5000.00

[] Memo Item

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

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

11000.00

43000.00