

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (selected), July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), 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 07 / 01 / 2023 through 12 / 31 / 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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		145678.29
(b) Cash on Hand at Beginning of Reporting Period.....	114305.98	
(c) Total Receipts (from Line 19)	53862.56	65629.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	168168.54	211307.43
7. Total Disbursements (from Line 31).....	47037.88	90176.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	121130.66	121130.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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 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).....	51953.00	62958.50
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	51953.00	62958.50
(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)	51953.00	62958.50
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.).....	1909.56	2670.64
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)).....▶	53862.56	65629.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	53862.56	65629.14

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.....	47000.00	90000.00
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).....	37.88	176.77
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)) ..	47037.88	90176.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47037.88	90176.77

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)	51953.00	62958.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51953.00	62958.50
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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Anderson, Zach, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2403 Battlefield Pkwy.
 City Ft. Oglethorpe State GA Zip Code 30742
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4754
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

B. 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 ▼ 630.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4802
 Amount of Each Receipt this Period 630.00
 Memo Item
 Contribution

C. 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 ▼ 840.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4728
 Amount of Each Receipt this Period 840.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1960.00
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 44
	<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. 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 ▼ 1700.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4724
 Amount of Each Receipt this Period 1400.00
 Memo Item
 Contribution

B. Bidwell, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 993 E. College St.
 City Pulaski State TN Zip Code 38478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) SVP-South Central
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4755
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

C. Billingsley, Denise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Homewood Blvd.
 City Glasgow State KY Zip Code 42141
 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 ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4811
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2310.00
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 44
	<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. 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 ▼ 1000.00

Date of Receipt 09 / 30 / 2023
Transaction ID : SA11AI.4709
 Amount of Each Receipt this Period 500.00
 Memo Item
 Contribution

B. 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 ▼ 700.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4801
 Amount of Each Receipt this Period 700.00
 Memo Item
 Contribution

C. 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 ▼ 630.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4739
 Amount of Each Receipt this Period 630.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1830.00
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 9 OF 44
	<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. Butler, Addison, , ,
 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 ▼ 539.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4744
 Amount of Each Receipt this Period 539.00
 Memo Item
 Contributions

B. Cronin, Teriann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9415 Frontage Rd.
 City Murrells Inlet State SC Zip Code 29576
 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 ▼ 210.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4785
 Amount of Each Receipt this Period 210.00
 Memo Item
 Contribution

C. Crofts, 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 ▼ 1700.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4726
 Amount of Each Receipt this Period 1400.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	2149.00
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 10 OF 44
(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. Davila, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7811 Parklane Rd.
 City Columbia State SC Zip Code 29223
 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 ▼ 210.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4787
 Amount of Each Receipt this Period 210.00
 Memo Item
 Contribution

B. Davis, Kathryn, , ,
 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 ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4776
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

C. Davis, Samantha, , ,
 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 ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4767
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 1050.00
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 44
(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. 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 ▼ 1700.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4721
 Amount of Each Receipt this Period 1400.00
 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 ▼ 700.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4733
 Amount of Each Receipt this Period 700.00
 Memo Item
 Contribution

C. Garst, Joe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 E. 8th Ave.
 City Springfield State TN Zip Code 37172
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4751
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	2590.00
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 44
	<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. 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 ▼ 1700.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4727
 Amount of Each Receipt this Period 1400.00
 Memo Item
 Contribution

B. Harris, Hunter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Elmington Ave.
 City Nashville State TN Zip Code 37205
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4763
 Amount of Each Receipt this Period 490.00
 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 ▼ 500.00

Date of Receipt 09 / 30 / 2023
Transaction ID : SA11AI.4710
 Amount of Each Receipt this Period 250.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2140.00
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 44
	<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"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

A. Hill, Daley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 Old Shackle Island Rd.
 City Hendersonville State TN Zip Code 37075
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4749
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

B. Hill, Heath, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 E. Greenville St.
 City Anderson State SC Zip Code 29621
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4758
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

C. Hill, Heath, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 E. Greenville St.
 City Anderson State SC Zip Code 29621
 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 ▼ 1490.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.4714
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1980.00
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 14 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Holder, Chuck, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304 Jacobs Hwy.
 City Clinton State SC Zip Code 29325
 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 ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4771
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

B. Hubbard, Debbie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Pavillion Dr.
 City Kingsport State TN Zip Code 37660
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4759
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

C. Hunt, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 Lake Dr.
 City Somerville State TN Zip Code 38068
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4756
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 15 OF 44
(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. Hunt, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 Lake Dr.
 City Somerville State TN Zip Code 38068
 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 ▼ 1200.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.4718
 Amount of Each Receipt this Period 710.00
 Memo Item
 Contribution

B. Jackson, Scott, , ,
 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 ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4777
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

C. Jones, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Cool Springs Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Assistant Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4764
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1620.00
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 16 OF 44
(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. Jones, Craig, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5010 Trotwood Ave.

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

Transaction ID : SA11AI.4783

Amount of Each Receipt this Period
350.00

Memo Item
Contribution

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

Mailing Address 2380 Buffalo Rd.

City Lawrenceburg	State TN	Zip Code 38464
----------------------	-------------	-------------------

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 ▼
780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2023

Transaction ID : SA11AI.4717

Amount of Each Receipt this Period
780.00

Memo Item
Contribution

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

Mailing Address 244 Oakwood Dr.

City Lewisburg	State TN	Zip Code 37091
-------------------	-------------	-------------------

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 ▼
560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

Transaction ID : SA11AI.4803

Amount of Each Receipt this Period
560.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1690.00
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 17 OF 44
(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. Lacey, Troy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 E. 8th Ave.
 City Springfield State MO Zip Code 37172
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4805
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

B. Lane, Karla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Cavette Hill Ln.
 City Knoxville State TN Zip Code 37934
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4750
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

C. Lutsenko, Yuriy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3025 Fernbrook Ln.
 City Nashville State TN Zip Code 37214
 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 ▼ 240.00

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11AI.4784
 Amount of Each Receipt this Period 240.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1220.00
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 18 OF 44
(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 ▼ 700.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4734
 Amount of Each Receipt this Period 700.00
 Memo Item
 Contribution

B. 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 ▼ 1700.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4722
 Amount of Each Receipt this Period 1400.00
 Memo Item
 Contribution

C. McCreary, Josh, , ,
 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) General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4774
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2520.00
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 19 OF 44
	<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 ▼ 720.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4730
 Amount of Each Receipt this Period 720.00
 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 ▼ 700.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4737
 Amount of Each Receipt this Period 700.00
 Memo Item
 Contribution

C. McKamey, Darrin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 374 Brink St.
 City Lawrenceburg State TN Zip Code 38464
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4765
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1910.00
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 20 OF 44
	<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. McKenzie, Dan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3916 Boyds Bridge Pike
 City Knoxville State TN Zip Code 37914
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4766
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

B. Michel, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Davis Dr.
 City West Plains State MO Zip Code 65775
 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 ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4778
 Amount of Each Receipt this Period 420.00
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4808
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 21 OF 44
	<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. Moore, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Cool Springs Blvd.
 City Franklin State TN Zip Code 37067
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4748
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

B. Moorhouse, Brad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 E. Greenville St.
 City Anderson State SC Zip Code 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) SVP-South Carolina
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4769
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

C. Moorhouse, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1305 Boiling Springs Rd.
 City Greer State SC Zip Code 29650
 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 ▼ 560.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4742
 Amount of Each Receipt this Period 560.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1470.00
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 22 OF 44
	<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 ▼ 700.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4736
 Amount of Each Receipt this Period 700.00
 Memo Item
 Contribution

B. Norris, Chelsey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 Fairground St.
 City Franklin State TN Zip Code 37064
 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 ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4770
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

C. Norton, Riley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 Greenbrier Dear Rd.
 City Anniston State AL Zip Code 36207
 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 ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4812
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1540.00
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 23 OF 44
	<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. Peimann, Seth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Sugar Maple Ln.
 City St. Charles State MO Zip Code 63303
 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 ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4773
 Amount of Each Receipt this Period 420.00
 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 ▼ 630.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4782
 Amount of Each Receipt this Period 630.00
 Memo Item
 Contribution

C. Pudlowski, Jackie, , ,
 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 ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4775
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1470.00
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 24 OF 44
	<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. Raffa, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 Parkwood Ave.
 City Chattanooga State TN Zip Code 37404
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4753
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

B. 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 ▼ 700.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4731
 Amount of Each Receipt this Period 700.00
 Memo Item
 Contribution

C. Richardson, Rachel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29612 Kellogg Ave.
 City Macon State MO Zip Code 63552
 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 ▼ 364.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4813
 Amount of Each Receipt this Period 364.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1554.00
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 25 OF 44
	<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"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

A. Riddle, Blair, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Brim St.
 City Desloge State MO Zip Code 63601
 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 ▼ 560.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4804
 Amount of Each Receipt this Period 560.00
 Memo Item
 Contribution

B. Salyers, Marinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1425 McFarland Ave.
 City Rossville State GA Zip Code 30741
 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 ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4779
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

C. Sellars, Alex, , ,
 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 ▼ 532.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4745
 Amount of Each Receipt this Period 532.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1512.00
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 26 OF 44
(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

A. Sellars, Gideon, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 437 E. Cambridge Ave.

City Greenwood	State SC	Zip Code 29646
-------------------	-------------	-------------------

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 ▼
546.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

Transaction ID : SA11AI.4743

Amount of Each Receipt this Period
546.00

Memo Item
Contribution

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

Mailing Address 437 E. Cambridge Ave.

City Greenwood	State SC	Zip Code 29646
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHC	Occupation (for Individual) VP-AL
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

Transaction ID : SA11AI.4781

Amount of Each Receipt this Period
420.00

Memo Item
Contribution

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

Mailing Address 7601 Parklane Rd.

City Columbia	State SC	Zip Code 29223
------------------	-------------	-------------------

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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

Transaction ID : SA11AI.4732

Amount of Each Receipt this Period
700.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1666.00
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 27 OF 44
	<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"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

A. Shearer, Rickie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 379 Pinehaven St.
 City Laurens State SC Zip Code 29360
 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 ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4780
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

B. 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 ▼ 630.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4738
 Amount of Each Receipt this Period 630.00
 Memo Item
 Contribution

C. Shelly, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Thorne Blvd.
 City Gallatin State TN Zip Code 37066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) SVP-Metro
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4768
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1470.00
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 28 OF 44
(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

A. Shuford, Brad, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 809 E. Emerald Ave.

City Knoxville	State TN	Zip Code 37917
-------------------	-------------	-------------------

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 ▼
490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

Transaction ID : SA11AI.4746

Amount of Each Receipt this Period
490.00

Memo Item
Contribution

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

Mailing Address 300 Laboratory Rd.

City Oak Ridge	State TN	Zip Code 37830
-------------------	-------------	-------------------

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 ▼
490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

Transaction ID : SA11AI.4807

Amount of Each Receipt this Period
490.00

Memo Item
Contribution

C. 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 ▼
2550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

Transaction ID : SA11AI.4720

Amount of Each Receipt this Period
2100.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	3080.00
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 29 OF 44
(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. Stephens, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 928 Old Smithville Rd.
 City McMinnville State TN Zip Code 37110
 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 ▼ 560.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4740
 Amount of Each Receipt this Period 560.00
 Memo Item
 Contribution

B. Stoner, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 S. Walnut Ave.
 City Cookeville State TN Zip Code 38501
 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 ▼ 560.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4741
 Amount of Each Receipt this Period 560.00
 Memo Item
 Contribution

C. Tappe, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5300 Executive Centre Parkway
 City St. Peters State MO Zip Code 63376
 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 ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4772
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1540.00
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 30 OF 44
	<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"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

A. Taylor, Susan, , ,
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4757
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

B. Todd, Chandler, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7601 Parklane Rd.
 City Columbia State SC Zip Code 29223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Adinistrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4806
 Amount of Each Receipt this Period 490.00
 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 ▼ 9772.50

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4850
 Amount of Each Receipt this Period 1767.00
 Memo Item
 Contributions from individuals/persons that aggregate \$200 or less

SUBTOTAL of Receipts This Page (optional).....▶ 2747.00
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 31 OF 44
	<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"/> 17	

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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 ▼ 700.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4735
 Amount of Each Receipt this Period 700.00
 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 ▼ 1700.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4725
 Amount of Each Receipt this Period 1400.00
 Memo Item
 Contribution

C. Vaden, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 Fisher Ave.
 City Smithville State TN Zip Code 37166
 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 ▼ 420.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4810
 Amount of Each Receipt this Period 420.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	2520.00
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 32 OF 44
	<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. 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4760
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

B. 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 ▼ 915.00

Date of Receipt 12 / 31 / 2023
Transaction ID : SA11AI.4713
 Amount of Each Receipt this Period 425.00
 Memo Item
 Contribution

C. Wamble, Cory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Thorne Blvd.
 City Gallagin State TN Zip Code 37066
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4809
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1405.00
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 33 OF 44
	<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"/> 17	

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NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

A. Whorley, Major, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 North Street
 City Bristol State VA Zip Code 24201
 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 ▼ 530.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4761
 Amount of Each Receipt this Period 530.00
 Memo Item
 Contribution

B. Williams, Tyler, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3209 Bristol Hwy.
 City Johnson City State TN Zip Code 37601
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4762
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

C. Winfree, Buckley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1927 Memorial Blvd.
 City Murfreesboro State TN Zip Code 37129
 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 ▼ 490.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.4752
 Amount of Each Receipt this Period 490.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1510.00
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 34 OF 44
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wrather, Tim, , ,

Mailing Address 2120 Highland Ave.

City Knoxville	State TN	Zip Code 37916
-------------------	-------------	-------------------

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 ▼
490.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2023

Transaction ID : SA11AI.4747

Amount of Each Receipt this Period
490.00

Memo Item
Contribution

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

Mailing Address 1000 St. Luke Dr.

City Nashville	State TN	Zip Code 37205
-------------------	-------------	-------------------

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 ▼
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2023

Transaction ID : SA11AI.4786

Amount of Each Receipt this Period
210.00

Memo Item
Contribution

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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	51953.00

**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 35 OF 44
<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" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4703
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="305.97"/>
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" value="1067.05"/>	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" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4704
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="356.75"/>
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" value="1423.80"/>	Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Regions Bank		Date of Receipt
Mailing Address 100 E. Vine St.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2023"/>
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA17.4705
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="287.20"/>
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" value="1711.00"/>	Interest

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="949.92"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 36 OF 44
<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 ▼
2034.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2023

Transaction ID : SA17.4706

Amount of Each Receipt this Period
323.90

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
----------------------	-------------	-------------------

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 ▼
2356.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2023

Transaction ID : SA17.4707

Amount of Each Receipt this Period
322.05

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 ▼
2670.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2023

Transaction ID : SA17.4708

Amount of Each Receipt this Period
313.69

Memo Item
Interest

SUBTOTAL of Receipts This Page (optional).....	959.64
TOTAL This Period (last page this line number only).....	1909.56

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

011

Candidate Name

ANDY OGLES FOR CONGRESS

Category/Type

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

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

State: TN District: 05

Date of Disbursement

Date of Disbursement: 08 / 04 / 2023

FEC Identification Number

C C00811844

Transaction ID : SB23.4820

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. BANKS FOR SENATE

Mailing Address PO BOX 11431

City FORT WAYNE State IN Zip Code 46858

Purpose of Disbursement

Contribution

011

Candidate Name

BANKS FOR SENATE

Category/Type

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

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

State: IN District: 03

Date of Disbursement

Date of Disbursement: 08 / 02 / 2023

FEC Identification Number

C C00577999

Transaction ID : SB23.4842

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. BLACKBURN TENNESSEE VICTORY FUND

Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement

VOID Contribution on 02/22/2023-Lost Check

011

Candidate Name

BLACKBURN TENNESSEE VICTORY FUND

Category/Type

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

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

State: TN District:

Date of Disbursement

Date of Disbursement: 07 / 03 / 2023

FEC Identification Number

C

Transaction ID : SB23.4845

Amount of Each Disbursement this Period

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).....

SUBTOTAL: 500.00

TOTAL: 500.00

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. BLACKBURN TENNESSEE VICTORY FUND

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	2	3

Mailing Address PO BOX 3750

City
BRENTWOOD

State
TN

Zip Code
37024

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4815

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

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)

B. BLACKBURN TENNESSEE VICTORY FUND

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	3

Mailing Address PO BOX 3750

City
BRENTWOOD

State
TN

Zip Code
37024

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4826

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

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. BURCHETT FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	3

Mailing Address PO BOX 51345

City
KNOXVILLE

State
TN

Zip Code
37950

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4819

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

Purpose of Disbursement

Contribution

011

Category/
Type

Candidate Name

BURCHETT FOR CONGRESS

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: TN

District: 02

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

[REDACTED] 7000.00

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. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2023			

Mailing Address P.O. BOX 11091

FEC Identification Number

C []

Transaction ID : SB23.4828

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement

Contribution

011

Candidate Name

CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Category/Type

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: TN District: 03

Full Name (Last, First, Middle Initial)

B. DESJARLAIS, SCOTT HON.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			25			2023			

Mailing Address 639 SWEETENS COVE RD

FEC Identification Number

C []

Transaction ID : SB23.4824

Amount of Each Disbursement this Period

[] 2000.00

Memo Item

City SOUTH PITTSBURG State TN Zip Code 37380

Purpose of Disbursement

Contribution

011

Candidate Name

DESJARLAIS, SCOTT HON.

Category/Type

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: TN District: 04

Full Name (Last, First, Middle Initial)

C. DIANA FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			22			2023			

Mailing Address PO BOX 7208

FEC Identification Number

C []

Transaction ID : SB23.4822

Amount of Each Disbursement this Period

[] 1500.00

Memo Item

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

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

[] 4500.00

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. FRIENDS OF JIM CLYBURN

Mailing Address POST OFFICE BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement

Contribution

Candidate Name

FRIENDS OF JIM CLYBURN

Category/Type

Office Sought: House Senate President
State: SC District: 06

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB23.4817

Amount of Each Disbursement this Period

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

Candidate Name

FRY FOR CONGRESS

Category/Type

Office Sought: House Senate President
State: SC District: 07

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB23.4840

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. JEFF DUNCAN FOR CONGRESS

Mailing Address PO BOX 845

City LAURENS State SC Zip Code 29360

Purpose of Disbursement

Contribution

Candidate Name

JEFF DUNCAN FOR CONGRESS

Category/Type

Office Sought: House Senate President
State: SC District: 03

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB23.4816

Amount of Each Disbursement this Period

Memo Item

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

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)

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

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NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Form A: JOHN ROSE FOR TENNESSEE. Includes fields for Name, Address, Date of Disbursement (08/22/2023), FEC ID, Transaction ID (SB23.4823), and Amount (2500.00).

Form B: JOHN ROSE FOR TENNESSEE. Includes fields for Name, Address, Date of Disbursement (12/08/2023), FEC ID, Transaction ID (SB23.4830), and Amount (500.00).

Form C: KUSTOFF FOR CONGRESS. Includes fields for Name, Address, Date of Disbursement (08/02/2023), FEC ID, Transaction ID (SB23.4818), and Amount (1000.00).

SUBTOTAL of Disbursements This Page (optional) 4000.00
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. KUSTOFF FOR CONGRESS

Mailing Address 1661 AARON BRENNER DR
STE 300

City
MEMPHIS

State
TN

Zip Code
38120

Purpose of Disbursement

Contribution

011

Candidate Name

KUSTOFF FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2023			

FEC Identification Number

C C00614826

Transaction ID : SB23.4829

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
12			08			2023			

FEC Identification Number

C

Transaction ID : SB23.4827

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MCCARTHY VICTORY FUND

Mailing Address PO BOX 30844

City
BETHESDA

State
MD

Zip Code
20824

Purpose of Disbursement

Contribution

011

Candidate Name

MCCARTHY VICTORY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			22			2023			

FEC Identification Number

C

Transaction ID : SB23.4821

Amount of Each Disbursement this Period

10000.00

Memo Item

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

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

11500.00

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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-30b with checkboxes, where 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. STEIL VICTORY FUND

Mailing Address 1818 MILTON AVE #1448

City JANESVILLE State WI Zip Code 53545

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

STEIL VICTORY FUND

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other

State: District:

Date of Disbursement

Date: 08 / 22 / 2023

FEC Identification Number

C00686980

Transaction ID : SB23.4843

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TEAM HAGERTY

Mailing Address 4515 HARDING PIKE STE 110

City NASHVILLE State TN Zip Code 37205

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

TEAM HAGERTY

Office Sought: House, Senate, President

Disbursement For: 2026 Primary, General, Other

State: TN District:

Date of Disbursement

Date: 11 / 16 / 2023

FEC Identification Number

C

Transaction ID : SB23.4825

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TESTER VICTORY FUND

Mailing Address 946 BANDMANN TRAIL

City MISSOULA State MT Zip Code 59802

Purpose of Disbursement

Contribution

Category/Type: 011

Candidate Name

TESTER VICTORY FUND

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other

State: MT District: 00

Date of Disbursement

Date: 11 / 29 / 2023

FEC Identification Number

C00547679

Transaction ID : SB23.4839

Amount of Each Disbursement this Period

2000.00

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. WICKER FOR SENATE

Mailing Address PO BOX 64

City
JACKSON

State
MS

Zip Code
39205

Purpose of Disbursement

Contribution

011

Candidate Name

WICKER FOR SENATE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MS District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	2	3

FEC Identification Number

C C00443218

Transaction ID : SB23.4841

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

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	/	D	D	/	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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

47000.00