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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Health Corporation Political Action Committee P.O. Box 1398 ADDRESS (number and street) Check if different than previously Murfreesboro TN 37130 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00153445 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2009 12 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. J. B. KINNEY, Jr. Type or Print Name of Treasurer Electronically Filed by J. B. KINNEY, Jr. 11 09 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 12

Write or Type Committee Name National Health Corporation Political Action Committee

.	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009 Y Y Y		514976.41
(b) Cash on Hand at Begining of Reporting Period	547943.17	
(c) Total Receipts (from Line 19)	42619.00	86085.76
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	590562.17	601062.17
. Total Disbursements (from Line 31)	45818.18	56318.18
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	544743.99	544743.99
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
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:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 12

Write or Type Committee Name

National Health Corporation Political Action Committee

Report Covering the Period:

From: 0 7

D D 1

2009

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м м 1 2 ^D 31

^Y 2009

	I. Receipts COLUMN A Total This Period		COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		_
	Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	42619.00	85169.05
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	42619.00	85169.05
(b) Political Party Committees	0.00	0.00
`	(c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	42619.00	85169.05
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received Streets To Operating Expenditures	0.00	0.00
Ì	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	916.71
	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
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	42619.00	86085.76
	otal Federal Receipts subtract Line 18(c) from Line 19)	42619.00	86085.76

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 12

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	318.18	318.18
	Expenditures(c) Total Operating Expenditures	310.10	310.10
	(add 21(a)(i), (a)(ii) and (b))	318.18	318.18
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	45500.00	56000.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
:6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(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
	(add Ellies 20(a), (b), alla (o))		
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	45818.18	56318.18
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	45040.40	70010 10
	from Line 31)	45818.18	56318.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 12

	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)	42619.00	85169.05					
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00					
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	42619.00	85169.05					
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	318.18	318.18					
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00					
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	318.18	318.18					

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (about a		6 / 1	5 / 12								
ITEMIZED DISBURSEMENTS		category of the Summary Page	1-	21b 27		22 28a	\Box	23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												S
NAME OF COMMITTEE (In Full)												
National Health Corporation Political Action	n Commit	tee										
Full Name (Last, First, Middle Initial) Regions						Date	of Dis	burse	SB21 ement			
Mailing Address Church Street						1 ^M 0	M /	^D 3	1 /	Y	o ŏ	9 ^Y
•	State TN	Zip Code 37130				Amou	int of	Each	Disburs	emer	-	
Purpose of Disbursement			C	01			_				57.39	9
Candidate Name				egory/ ype								
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General ecify) ▼										
State: District:					_							
Full Name (Last, First, Middle Initial) Regions						Date	of Dis	burse		B.47	733	
Mailing Address Church Street						1 1	M /	^D 3	0 /	Y	2 0 ŏ 9	9 ^Y
•	State TN	Zip Code 37130				Amou	int of	Each	Disburs	emer		
Purpose of Disbursement											56.40)
Candidate Name			O01 Category/ Type									
Senate President	ement For: Primary Other (spe	General ecify) ▼										
State: District: Full Name (Last, First, Middle Initial)					+							
Regions						Date		burse				V
Mailing Address Church Street						1 2		3	1 /	2	o ŏ	9
	State TN	Zip Code 37130				Amou	int of	Each	Disburs	emer		
Purpose of Disbursement				0.1			-			-	57.47	7
Candidate Name			Cat	egory/ ype								
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼										
SUBTOTAL of Disbursements This Page (optional) .				▶	-					1	71.26	5
TOTAL This Period (last page this line number only)				. •						1	71.26	6

SCHEDULE B (FEC Form 3X)

Any Information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) National Health Corporation Political Action Full Name (Last, First, Middle Initial) MICHAEL F BENNET Mailing Address 2830 EAST 7TH AVENUE City	e and address of any politica		22 X 23 24 25 26 28a 28b 28c 29 30 for the purpose of soliciting contributions solicit contributions from such committee Transaction ID: SB23.4719 Date of Disbursement
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) National Health Corporation Political Action Full Name (Last, First, Middle Initial) MICHAEL F BENNET Mailing Address 2830 EAST 7TH AVENU	e and address of any politicannon Committee		Transaction ID: SB23.4719 Date of Disbursement
Full Name (Last, First, Middle Initial) MICHAEL F BENNET Mailing Address 2830 EAST 7TH AVENU	E		Date of Disbursement
DÉNVER	CO 80206		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name MICHAEL F BENNET	ement For: Primary General Other (specify)	011 Category/ Type	2000.00
Full Name (Last, First, Middle Initial) MARSHA MRS. BLACKBURN Mailing Address 6103 Murray Lane			Transaction ID: SB23.4704 Date of Disbursement M 9 M / D D D / Y Y Y O Y 9 Y 2 0 0 9 Y
Senate X President	State Zip Code TN 37027 The sement For: 2010 Primary General Other (specify)	011 Category/ Type	Amount of Each Disbursement this Period 5000.00
State: TN District: 07 Full Name (Last, First, Middle Initial) MARSHA MRS. BLACKBURN Mailing Address 6103 Murray Lane			Transaction ID: SB23.4712 Date of Disbursement M M M / D B / Y Y Y O O 9
Brentwood Purpose of Disbursement Candidate Name	State Zip Code TN 37027	011 Category/ Type	Amount of Each Disbursement this Period 1000.00
Office Sought: X House Senate President State: TN District: 07	ement For: 2010 Primary X General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)		<u></u>	8000.00

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS		(check on	ly one)
	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
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Full Name (Last, First, Middle Initial) JAMES E CLYBURN Mailing Address 501 Juniper Street			Transaction ID: SB23.4692 Date of Disbursement M 7 M / D 2 3 / Y 2 0 0 9
City Columbia Purpose of Disbursement	State Zip Code SC 29203		Amount of Each Disbursement this Period 5000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: SC District: 06	ursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Democratic Governors' Association Mailing Address 223 8th Avenue North	suite 201		Transaction ID: SB23.4702 Date of Disbursement 0 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City Nashville Purpose of Disbursement Candidate Name	State Zip Code TN 37203	011 Category/	Amount of Each Disbursement this Period 10000.00
Office Sought: House Disk Senate President State: District:	ursement For: Primary General Other (specify) ▼	Туре	
Full Name (Last, First, Middle Initial) JEFF DUNCAN			Transaction ID: SB23.4684 Date of Disbursement
Mailing Address PO BOX 732	State Zip Code		Amount of Each Disbursement this Period
City CLINTON Purpose of Disbursement	SC 29325		1000.00
Candidate Name		011 Category/ Type	
Senate President	ursement For: 2010 X Primary General Other (specify) ▼		
State: SC District: 03			

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SCHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)			FOR LIN		-	R:		Р	AGE	9/1	2	
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NAME OF COMMITTEE (In Full)														
National Health Corporation Political Actio	n Commit	tee												
Full Name (Last, First, Middle Initial) ANNA ESHOO									i on ID :	SB23	3.47	13		
Mailing Address 555 Capitol Mall, Suite 1	425						^M 2	М	[/] 1	5 /	Y	Ý 0 Ŏ 9	e Y	
City Sacramento	State CA	Zip Code 95814					Amou	int o	f Each	Disburs	emer	nt this	Perio	od
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Full Name (Last, First, Middle Initial)							Trans	acti	ion ID:	SB23	17	I O		
JAMES D GALYEAN									isburse	ement	,. , ,	10		
Mailing Address 140 WEXFORD DRIVE	JNIT 100						0 ^M 9	М	[/] 2	29 /	Y	Ý 0 Ŏ 9	9 ^Y	
City ANDERSON	State SC	Zip Code 29621					Amou	int o	f Each	Disburs	emer	nt this	Perio	od
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Candidate Name JAMES D GALYEAN					egory/ ype									
Office Sought: X House Disburse Senate President	ement For: Primary Other (spe	General ecify) ▼												
State: SC District: 03	_	· 												
Full Name (Last, First, Middle Initial) BLANCHE LAMBERT LINCOLN							Date		isburse				V	
Mailing Address 707 PLEASANT VALLEY	DRIVE #	20					0 7		1	^D /	2	įοός	9 '	
City LITTLE ROCK	State AR	Zip Code 72212					Amou	int o	f Each	Disburs	-			od
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Candidate Name				a	egory/ ype									
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State: AR District: 00		——————————————————————————————————————												
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUME	BER:		P	AGE	10 /	12
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Any Information copied from such Reports and States or for commercial purposes, other than using the name of the commercial purposes.									s
NAME OF COMMITTEE (In Full)									
National Health Corporation Political Action	on Committee								
Full Name (Last, First, Middle Initial) ANTHONY SHANE MASSEY			Dat	e of D	isburs				
Mailing Address 94 STONEHENGE CIRC	CLE		0 ^M	7 ^M	/ D 1	7 /	Ž	o ŏ s	9 [¥]
City EDGEFIELD	State Zip Code SC 29824		Am	ount c	of Each	Disburs	emen	t this	Period
Purpose of Disbursement		011	ΠL				5	00.00)
Candidate Name ANTHONY SHANE MASSEY		Category/ Type							
Senate President	ement For: Primary General Other (specify)								
State: SC District: 03									
Full Name (Last, First, Middle Initial) EARL R. POMEROY			Dat	e of D	isburs		.471	7	
Mailing Address Post Office Box 9336			1 1 1	2 ^M	/ D 1	5 /	Ý Ž	o ŏ s	9 ^Y
City Fargo	State Zip Code ND 58106		Am	ount c	of Each	Disburs	-		
Purpose of Disbursement		011					10	00.00)
Candidate Name	C	Category/ Type							
Senate President	ement For: Primary General Other (specify)								
State: ND District: 00									
Full Name (Last, First, Middle Initial) REX FONTAINE RICE			Dat	e of D	isburs				V
Mailing Address 301 PROVIDENCE WA	Y		0	7 ^M	/ _ 2	24	ž	o ŏ s	9
City EASLEY	State Zip Code SC 29642		Am	ount c	of Each	Disburs	-		
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Candidate Name		011 Category/ Type							
Senate President	ement For: Primary General Other (specify)								
State: SC District: 03									
SUBTOTAL of Disbursements This Page (optional)							250	00.00	<u>)</u>

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	llse sena	arate schedule(s)		-	R LINE NUMBER: eck only one)							PAGE 11 / 12					
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for commercial purposes, other than using the na	me and addres	ss of any political	comm	ittee to	solic	it contrik	outic	ns fr	om s	uch c	omi	mittee					
NAME OF COMMITTEE (In Full)																	
National Health Corporation Political Acti	on Committ	tee															
Full Name (Last, First, Middle Initial)						Transa			_		469	9 6					
MICHAEL ROGERS						Date of	_			nt / Y	,	YY	Υ				
Mailing Address 123 East 13th Street						0 8		0	5	L	2	ž o ŏ s	9				
City	State	Zip Code				Amoun	nt of	Each	Dis	burser	mer	nt this [Perio	d			
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Office Sought: X House Disbur	sement For:		Ту	he	+												
Senate	Primary	General															
President	Other (spe	ecify)															
State: AL District: 03					_												
Full Name (Last, First, Middle Initial) JEANNE SHAHEEN						Transa			_		470)6					
						Date of	_	D	P	π / Υ	,	YY	Υ				
Mailing Address 73 PERKINS RD						0 9	_		1	L	, 2	ž o ŏ s	9				
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MADBURY	NH	03823			-	1000.00											
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χ Senate	Primary	General															
President District: 00	Other (spe	ecify)															
State: NH District: 00 Full Name (Last, First, Middle Initial)					+												
RICHARD C SHELBY						Transa Date of			_		468	36					
Mailing Address PO BOX 1091						0 ^M 7	1 /	D 0	6	/ Y	2	ž 0 ŏ s	9 ^Y				
City TUSCALOOSA	State AL	Zip Code 35403				Amoun	nt of	Each	Dis	burser	mer	nt this f	Perio	d			
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Candidate Name RICHARD C SHELBY				gory/ pe													
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X Senate	Primary Other (and	General															
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Any Information copied from such Reports and Sta or for commercial purposes, other than using the r				
NAME OF COMMITTEE (In Full) National Health Corporation Political Ad	ction Committ	tee		
Full Name (Last, First, Middle Initial) Robin Smith				Transaction ID: SB23.4698 Date of Disbursement
Mailing Address P.O. Box 23805				08 / 24 / Y 2009
City	State	Zip Code		Amount of Each Disbursement this Perio
Chattanooga	TN	37422		1000.00
Purpose of Disbursement Candidate Name			011 Category/	1000.00
Candidate Name			Type	
Senate President	oursement For: Primary Other (spe	General ccify) ▼		
State: TN District: 03				
Full Name (Last, First, Middle Initial) Jim Tracy				Transaction ID: SB23.4721 Date of Disbursement
Mailing Address P.O. Box 331677				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Murfreesboro	State TN	Zip Code 37130		Amount of Each Disbursement this Perio
Purpose of Disbursement			011	5000.00
Candidate Name			Category/ Type	
Office Sought: X House Disb Senate President	oursement For: X Primary Other (spe	2010 General		
State: TN District: 06		- <i>3</i> / \		
Full Name (Last, First, Middle Initial) Jim Tracy				Transaction ID: SB23.4735 Date of Disbursement
Mailing Address P.O. Box 331677				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Murfreesboro	State TN	Zip Code 37130		Amount of Each Disbursement this Perio
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