

# NHC

NATIONAL HEALTH-CARE CORPORATION

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 MAY 30 A 11:13

May 23, 2000

Mr. Neil Evans, Reports Analyst  
Reports Analysis Division  
Federal Election Commission  
999 E. Street, N.W.  
Washington, D.C. 20463

Dear Mr. Evans:

In response to your letter dated 5/12/2000, it was brought to our attention that Schedule B of the 12/31/1999 year-end report disclosed a contribution which appeared to exceed the per election limit allowed to a candidate running for federal office.

Enclosed is an amended 12/31/1999 year-end report which reflects the appropriate split between funds contributed for the primary and general elections.

Sincerely,



Doran Johnson  
Treasurer

National Health Corporation P.A.C.



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20543

RQ-5

500/500 split  
on 9/14 check

Mr. Doran Johnson, Treasurer  
National Health Corporation Political  
Action Committee  
P.O. Box 1398  
Murfreesboro, TN 37130

Identification Number: C00153445

MAY 12 2000

Reference: Year End Report (7/1/99-12/31/99)

Dear Mr. Johnson:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a multicandidate committee and its affiliates from making a contribution to a candidate for federal office in excess of \$5,000 per election.

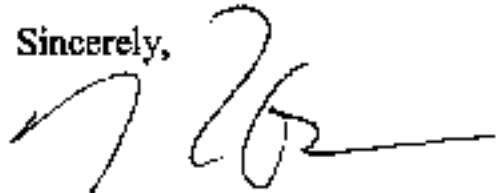
If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$5,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

A handwritten signature in black ink, appearing to read "Neil Evans", with a long horizontal line extending to the right.

Neil Evans  
Reports Analyst  
Reports Analysis Division

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2003 MAY 30 A 11:13

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>National Health Corporation Political Action Committee</i>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>100 Vine Street</i>	2. FEC IDENTIFICATION NUMBER <i>C00153445</i>
CITY, STATE and ZIP CODE <i>Memphis, TN 38130</i>	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

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

### Monthly Report Due On:

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

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

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<i>7-1-95</i> through <i>12-31-95</i>		
6. (a) Cash on Hand January 1, 19 <i>95</i>			\$ <i>158,864.79</i>
(b) Cash on Hand at Beginning of Reporting Period		\$ <i>176,619.19</i>	
(c) Total Receipts (from Line 19)		\$ <i>34,768.39</i>	\$ <i>63,522.79</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <i>211,387.58</i>	\$ <i>222,387.58</i>
7. Total Disbursements (from Line 30)		\$ <i>18,000.00</i>	\$ <i>29,000.00</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <i>193,387.58</i>	\$ <i>193,387.58</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <i>0</i>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-894-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <i>0</i>	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

*Doran Johnson*

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.

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FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
<i>National Health Corporation Political Action Committee</i>	FROM <i>7/1/95</i>	TO <i>12/31/95</i>
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
17. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		
ii. Unitemized		
iii. Total (add i and ii) >	<i>33243.49</i>	<i>60,561.35</i>
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	<i>33,243.49</i>	<i>60,561.35</i>
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	<i>1524.90</i>	<i>2961.44</i>
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>34768.39</i>	<i>63522.79</i>
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>34,768.39</i>	<i>63522.79</i>
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	<i>18,000.00</i>	<i>29,000.00</i>
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. In-kind		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>18,000.00</i>	<i>29,000.00</i>
31. Total Federal Disbursements (subtract line 21 a, ii from line 30) >	<i>18,000.00</i>	<i>29,000.00</i>
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d)	<i>33243.49</i>	<i>60,561.35</i>
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from 32)	<i>33243.49</i>	<i>60,561.35</i>
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 16)		
37. Net Operating Expenditures (subtract line 36 from 35) >		

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 23

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

**NAME OF COMMITTEE (in Full)**

*National Health Corporation Political Action Committee*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Sen. James E. Bryan Jr. 705 Church Street Lowrys, SC 29360</i>	<i>Contribution - US Congress</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7-11-95</i>	<i>1,000.00</i>
<i>Friends of Ed Bryant 1810 1/2 S. Gordon Street Columbia, TN 38401</i>	<i>US Congress - TN</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-15-95</i>	<i>1,000.00</i>
<i>Lindsay Graham for Congress PO Box 1155 Seneca, SC 29679</i>	<i>US Congress - SC</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8-21-95</i>	<i>2,000.00</i>
<i>Bill Thomas for Congress c/o American Health Care Association</i>	<i>US Congress - CA</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9-11-95</i>	<i>1,000.00</i>
<i>Frist 2000 (Bill Frist - TN) 5469 US Courthouse Nashville, TN 37203</i>	<i>US Senate - TN</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <i>500.00 500.00</i>	<i>9-14-95</i>	<i>1,000.00</i>
<i>Tommy Moore Campaign c/o Sonny Kinney PO Box 11327 Anderson, SC 29622</i>	<i>US Congress - SC</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11-8-95</i>	<i>1,000.00</i>
<i>Robert Wexler Campaign 2500 N Military Trail Suite 200B Boca Raton, FL 33431</i>	<i>US Congress - FL</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11-16-95</i>	<i>5,000.00</i>
<i>Jim Talent Campaign c/o Arrel Rector PO Box 2244 Maryland Hgts, MD 63043</i>	<i>US Congress - MO</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>12-4-95</i>	<i>1,000.00</i>
<i>Barb Gordon Campaign Box 1986 Murfreesboro, TN 37133</i>	<i>US Congress - TN</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>12-29-95</i>	<i>5,000.00</i>

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

*18,000.00*

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

*18,000.00*

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 3 OF 3  
FOR LINE NUMBER 23

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## NAME OF COMMITTEE (in Full)

National Health Corporation Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Frist 4205 Hillsboro Rd Suite 300 Nashville, TN 37215	US Congress Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 4500.00 primary 4500.00 general	8/31/99	9,000.00
B. Full Name, Mailing Address and ZIP Code Orin G. Hatch 257 East 200 South Suite 950 Salt Lake City, Utah 84111	US Presidential Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/99	1,000.00
C. Full Name, Mailing Address and ZIP Code John McCain 1158 E. Missouri #140 Phoenix, Arizona 85014	US Presidential Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Lindsey Graham 1429 Longworth Office Bldg Washington D.C. 20515	US Congress Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/99	2,000.00
E. Full Name, Mailing Address and ZIP Code Albert Gore Jr. 430 South Capitol St. Washington, D.C. 20003	US Presidential Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/99	2,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

NET TOTAL of Disbursements This Page (optional)

16,500.00

TOTAL This Period (last page this line number only)

ITEMIZED DISBURSEMENTS

SCHEDULE B

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NAME OF COMMITTEE (In Full)

National Health Cooperation Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. James E. Bryan Jr. 209 Church St. Laurens SC 29360	Contribution - US Congress Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-11-95	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Ed Bryant 1818 1/2 S Garden St. Columbia TN 38401	Purpose of Disbursement US Congress - TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-19-95	1,000.00
C. Full Name, Mailing Address and ZIP Code Lindsay Graham for Congress PO Box 1155 Seneca SC 29679	Purpose of Disbursement US Congress - SC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-21-95	2,000.00
D. Full Name, Mailing Address and ZIP Code Bill Thomas for Congress 46 American Health Care Association	Purpose of Disbursement US Congress - CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-11-95	1,000.00
E. Full Name, Mailing Address and ZIP Code First 2000 (Bill First - TN) 5469 US Courthouse Nashville TN 37203	Purpose of Disbursement US Senate - TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-14-95	1,000.00
F. Full Name, Mailing Address and ZIP Code Tommy Moore Campaign 46 Song Mountain PO Box 1127 Anderson SC 29622	Purpose of Disbursement US Congress - SC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-8-95	1,000.00
G. Full Name, Mailing Address and ZIP Code Robert Wexler Campaign 2500 N. Military Trail Suite 288 Boca Raton, FL 33431	Purpose of Disbursement US Congress - FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-16-95	5,000.00
H. Full Name, Mailing Address and ZIP Code Jim Talent Campaign c/o McArthur PO Box 2244 Maryland Heights, MO 63043	Purpose of Disbursement US Congress - MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-4-95	1,000.00
I. Full Name, Mailing Address and ZIP Code Bart Gordon Campaign Box 1966 Murfreesboro, TN 37133	Purpose of Disbursement US Congress - TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-29-95	5,000.00

00  
1  
8  
23  
2  
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3  
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9

SUBTOTAL of Disbursements This Page (optional)

18,000.00

TOTAL This Period (last page this line number only)

18,000.00



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 5-25-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>JM 13</i> PREPARER	 <i>5-30-00</i> DATE PREPARED