

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) **P.O. BOX 1398**  
Check if different than previously reported. (ACC) **MURFREESBORO TN 37130**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00153445** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  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  /  /  2021 through  /  /  2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Shelly, Tim, , ,  
Type or Print Name of Treasurer

Signature of Treasurer *Shelly, Tim, , ,* [Electronically Filed] Date  /  /  2022

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="2021"/>	<input type="text" value="255714.99"/>	<input type="text" value="255714.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="282013.98"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4648.43"/>	<input type="text" value="49723.42"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="286662.41"/>	<input type="text" value="305438.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="59000.00"/>	<input type="text" value="77776.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="227662.41"/>	<input type="text" value="227662.41"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 / 01 / 2021 To: 12 / 31 / 2021

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).....	2999.70	26086.50
(ii) Unitemized .....	1635.67	9856.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4635.37	35943.43
(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) .....	4635.37	35943.43
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.).....	13.06	13779.99
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)).....▶	4648.43	49723.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4648.43	49723.42

**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.....	59000.00	77500.00
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).....	0.00	276.00
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)) ..	59000.00	77776.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59000.00	77776.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4635.37	35943.43
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4635.37	35943.43
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 43
	<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. 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4527**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**B. 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4528**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**C. Bebber, Leigh, , ,**  
 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) Regional Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4566**  
 Amount of Each Receipt this Period 25.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> 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 43
<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. 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 ▼ 800.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4486**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 315.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4514**  
 Amount of Each Receipt this Period 35.00  
 Memo Item Contribution

**C. Bryant, Jennifer, , ,**  
 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) DON  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4529**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> 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 43
	<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. Bumgardaner, Kelley, , ,**  
 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) DON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4530**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**B. Burke, Brigitte, , ,**  
 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-Dining Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4567**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 360.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4507**  
 Amount of Each Receipt this Period 45.00  
 Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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 43
<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. 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2021  
**Transaction ID : SA11AI.4531**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**B. Coggin, Robert, , ,**  
 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) Director of Safety  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2021  
**Transaction ID : SA11AI.4499**  
 Amount of Each Receipt this Period 50.00  
 Memo Item Contribution

**C. Colley, Jaine, , ,**  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2021  
**Transaction ID : SA11AI.4532**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> 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 10 OF 43
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Crotts, Jeanie, , ,</b>		Date of Receipt
Mailing Address 100 E. Vine St.		<input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2021"/>
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.4509</b>
Name of Employer (for Individual) NHC		Occupation (for Individual) Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="40.00"/>
		<input type="checkbox"/> Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Davis, Kathryn, , ,</b>		Date of Receipt
Mailing Address 100 E. Vine St.		<input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2021"/>
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.4533</b>
Name of Employer (for Individual) NHC		Occupation (for Individual) Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="30.00"/>
		<input type="checkbox"/> Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Davis, Samantha, , ,</b>		Date of Receipt
Mailing Address 100 E. Vine St.		<input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2021"/>
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : <b>SA11AI.4534</b>
Name of Employer (for Individual) NHC		Occupation (for Individual) Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="30.00"/>
		<input type="checkbox"/> Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
<b>TOTAL</b> 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 11 OF 43
<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. Dean, Malcolm, , ,**  
 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2021  
**Transaction ID : SA11AI.4535**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**B. 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2021  
**Transaction ID : SA11AI.4494**  
 Amount of Each Receipt this Period 100.00  
 Memo Item Contribution

**C. Effland, Karla, , ,**  
 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) DON  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2021  
**Transaction ID : SA11AI.4568**  
 Amount of Each Receipt this Period 25.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.00
<b>TOTAL</b> 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 43
<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. Flatt, Andy, , ,**  
 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-IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4500**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 450.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4501**  
 Amount of Each Receipt this Period 50.00  
 Memo Item Contribution

**C. Garrity, Michelle, , ,**  
 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 ▼ 280.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4515**  
 Amount of Each Receipt this Period 35.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> 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 43
	<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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NAME OF COMMITTEE (In Full)  
**NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE**

**A. 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 ▼ 315.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4516**  
 Amount of Each Receipt this Period 35.00  
 Memo Item Contribution

**B. Hall, Malcolm, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 139 Chestnut Oak  
 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) Director of Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4536**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**C. 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 ▼ 900.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4496**  
 Amount of Each Receipt this Period 100.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> 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 43
	<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. 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4537**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**B. 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 ▼ 249.60

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4526**  
 Amount of Each Receipt this Period 31.20  
 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4525**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	91.20
<b>TOTAL</b> 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 15 OF 43
<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NHC	Occupation (for Individual) Administrator
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2021

**Transaction ID : SA11AI.4538**

Amount of Each Receipt this Period  
30.00

Memo Item Contribution

**B. Holland, Ben, , ,**  
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 ▼  
261.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2021

**Transaction ID : SA11AI.4565**

Amount of Each Receipt this Period  
31.00

Memo Item Contribution

**C. 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
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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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2021

**Transaction ID : SA11AI.4539**

Amount of Each Receipt this Period  
30.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.00
<b>TOTAL</b> 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 16 OF 43
<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. 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4540**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**B. Johnson, Doran, , ,**  
 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4495**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 315.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4517**  
 Amount of Each Receipt this Period 35.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<b>TOTAL</b> 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 17 OF 43
	<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. 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4541**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**B. 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 07 / 06 / 2021  
**Transaction ID : SA11AI.4542**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**C. 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 ▼ 315.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4518**  
 Amount of Each Receipt this Period 35.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> 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 18 OF 43
	<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. 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2021  
**Transaction ID : SA11AI.4543**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2021  
**Transaction ID : SA11AI.4502**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2021  
**Transaction ID : SA11AI.4544**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> 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 43
	<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. 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 ▼ 292.50

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4523**  
 Amount of Each Receipt this Period 32.50  
 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4545**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**C. Miner, Karyn, , ,**  
 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 ▼ 315.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4519**  
 Amount of Each Receipt this Period 35.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	97.50
<b>TOTAL</b> 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 43
<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, Edward, , ,**  
 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 ▼ 225.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4569**  
 Amount of Each Receipt this Period 25.00  
 Memo Item Contribution

**B. 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4546**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**C. 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 ▼ 240.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4547**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> 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 43
	<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. 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
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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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2021

**Transaction ID : SA11AI.4548**

Amount of Each Receipt this Period  
30.00

Memo Item Contribution

**B. 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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2021

**Transaction ID : SA11AI.4503**

Amount of Each Receipt this Period  
50.00

Memo Item Contribution

**C. 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
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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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2021

**Transaction ID : SA11AI.4549**

Amount of Each Receipt this Period  
30.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> 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 43
<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. Parenti, Karen, , ,**  
 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) Regional Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4550**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**B. 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4551**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**C. Perry, Kellie, , ,**  
 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 ▼ 360.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4510**  
 Amount of Each Receipt this Period 40.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> 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 43
<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. 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4552**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**B. 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4553**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**C. 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 ▼ 450.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4504**  
 Amount of Each Receipt this Period 50.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> 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 43
<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. Roberts, Meadow, , ,**  
 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) AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4570**  
 Amount of Each Receipt this Period 25.00  
 Memo Item Contribution

**B. Rumsey, 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4554**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**C. 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4555**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> 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 43
	<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. 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 ▼  
342.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2021

**Transaction ID : SA11AI.4513**

Amount of Each Receipt this Period  
38.00

Memo Item Contribution

**B. 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
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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 ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2021

**Transaction ID : SA11AI.4556**

Amount of Each Receipt this Period  
30.00

Memo Item Contribution

**C. 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
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2021

**Transaction ID : SA11AI.4557**

Amount of Each Receipt this Period  
30.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	98.00
<b>TOTAL</b> 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 26 OF 43
<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. 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2021  
**Transaction ID : SA11AI.4558**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**B. 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2021  
**Transaction ID : SA11AI.4559**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**C. 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 ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2021  
**Transaction ID : SA11AI.4508**  
 Amount of Each Receipt this Period 45.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> 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 43
<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. 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 ▼ 240.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4487**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**B. 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4560**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**C. Skafas, Beth, , ,**  
 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 ▼ 315.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4520**  
 Amount of Each Receipt this Period 35.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> 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 28 OF 43
	<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. Smith, Jeff, , ,**  
 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) Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4561**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**B. Stallings, Keely, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Hospital St.  
 City Moulton State AL Zip Code 35650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4562**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**C. Stephens, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 245 North St.  
 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4563**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 29 OF 43
	<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. 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 ▼ 360.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4511**  
 Amount of Each Receipt this Period 40.00  
 Memo Item Contribution

**B. 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 ▼ 288.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4524**  
 Amount of Each Receipt this Period 32.00  
 Memo Item Contribution

**C. 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 ▼ 450.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4506**  
 Amount of Each Receipt this Period 50.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	122.00
<b>TOTAL</b> 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 43
	<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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NAME OF COMMITTEE (In Full)  
**NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE**

**A. 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 ▼ 900.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4497**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 270.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4564**  
 Amount of Each Receipt this Period 30.00  
 Memo Item Contribution

**C. Waddell, Robert, , ,**  
 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 ▼ 360.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4512**  
 Amount of Each Receipt this Period 40.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> 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 43
	<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. West, Chris, , ,**  
 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-Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4498**  
 Amount of Each Receipt this Period 75.00  
 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 ▼ 225.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4571**  
 Amount of Each Receipt this Period 25.00  
 Memo Item Contribution

**C. Wrather, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 315.00

Date of Receipt 07 / 06 / 2021  
**Transaction ID : SA11AI.4521**  
 Amount of Each Receipt this Period 35.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> 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 43
	<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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NAME OF COMMITTEE (In Full)  
**NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE**

**A.** 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 ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		06		2021

**Transaction ID : SA11AI.4573**

Amount of Each Receipt this Period  
30.00

Memo Item Contribution

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	2999.70



**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**

**A. ADRIAN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 1126 AVENUE A  
STE 6

City SCOTTSBLUFF State NE Zip Code 69361

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 27 / 2021

FEC Identification Number: C

Transaction ID : SB23.4430

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 33079

City WASHINGTON State DC Zip Code 20033

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 27 / 2021

FEC Identification Number: C

Transaction ID : SB23.4432

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. BLACKBURN TENNESSEE VICTORY FUND**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 13 / 2021

FEC Identification Number: C

Transaction ID : SB23.4434

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8500.00

**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**

**A. BURCHETT FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 51345

City KNOXVILLE State TN Zip Code 37950

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2021

FEC Identification Number: C  
Transaction ID : SB23.4436  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 11091

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 27 / 2021

FEC Identification Number: C  
Transaction ID : SB23.4438  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. COOPER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 198497

City NASHVILLE State TN Zip Code 37219

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2021

FEC Identification Number: C  
Transaction ID : SB23.4440  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6000.00

**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. DESJARLAIS, SCOTT HON.**

Mailing Address 639 SWEETENS COVE RD

City  
SOUTH PITTSBURG

State  
TN

Zip Code  
37380

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2021			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB23.4442**  
Amount of Each Disbursement this Period  
[ ] 3000.00 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. DIANA FOR CONGRESS**

Mailing Address PO BOX 7208

City  
KINGSPORT

State  
TN

Zip Code  
37664

Purpose of Disbursement  
Check never cashed

Candidate Name

**DIANA FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2021			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB23.4482**  
Amount of Each Disbursement this Period  
[ ] - 1000.00 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. DIANA FOR CONGRESS**

Mailing Address PO BOX 7208

City  
KINGSPORT

State  
TN

Zip Code  
37664

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2021			

FEC Identification Number

**C** [ ]  
**Transaction ID : SB23.4443**  
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)..... ▶

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
						4000.00			

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

**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. FRIENDS OF SCHUMER**

Mailing Address 192 LEXINGTON AVENUE  
SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4445

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SCHUMER**

Mailing Address 192 LEXINGTON AVENUE  
SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2022  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 29 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4446

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JAKE AUCHINCLOSS FOR CONGRESS**

Mailing Address P.O. BOX 600698

City NEWTONVILLE State MA Zip Code 02460

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4448

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

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

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

[REDACTED] 4500.00

[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. JASON SMITH FOR CONGRESS**

Mailing Address PO BOX 1324

City  
CAPE GIRARDEAU

State  
MO

Zip Code  
63702

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4450

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JEFF DUNCAN FOR CONGRESS**

Mailing Address PO BOX 845

City  
LAURENS

State  
SC

Zip Code  
29360

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4452

Amount of Each Disbursement this Period

[REDACTED] 3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JEFFRIES FOR CONGRESS**

Mailing Address 910 17TH ST NW  
STE 925

City  
WASHINGTON

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4454

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

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

[REDACTED] 7500.00

**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) <b>A. JOHN ROSE FOR TENNESSEE</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2021
Mailing Address PO BOX 2404		FEC Identification Number C [REDACTED] <b>Transaction ID : SB23.4456</b> Amount of Each Disbursement this Period [REDACTED] 2000.00
City COOKEVILLE	State TN	Zip Code 38502
Purpose of Disbursement Contribution		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. JOHN ROSE FOR TENNESSEE</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2021
Mailing Address PO BOX 2404		FEC Identification Number C [REDACTED] <b>Transaction ID : SB23.4457</b> Amount of Each Disbursement this Period [REDACTED] 1000.00
City COOKEVILLE	State TN	Zip Code 38502
Purpose of Disbursement Contribution		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. KATHERINE CLARK FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2021
Mailing Address PO BOX 159		FEC Identification Number C [REDACTED] <b>Transaction ID : SB23.4459</b> Amount of Each Disbursement this Period [REDACTED] 2500.00
City BELMONT	State MA	Zip Code 02478
Purpose of Disbursement Contribution		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 5500.00
<b>TOTAL</b> 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. KUSTOFF FOR CONGRESS**

Mailing Address 1661 AARON BRENNER DR  
STE 300

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: TN District: 08

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2021

FEC Identification Number

C C00614826

**Transaction ID : SB23.4460**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KUSTOFF FOR CONGRESS**

Mailing Address 1661 AARON BRENNER DR  
STE 300

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: TN District: 08

Disbursement For: 2022  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2021

FEC Identification Number

C C00614826

**Transaction ID : SB23.4461**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MAGGIE FOR NH**

Mailing Address PO BOX 298

City CONCORD State NH Zip Code 03302

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: NH District: 00

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 27 / 2021

FEC Identification Number

C C00588772

**Transaction ID : SB23.4462**

Amount of Each Disbursement this Period

3000.00

Memo Item

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

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

5000.00

**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. MARK GREEN FOR CONGRESS**

Mailing Address PO BOX 2706

City  
BRENTWOOD

State  
TN

Zip Code  
37024

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4464

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MARK KELLY FOR SENATE**

Mailing Address PO BOX 27202

City  
TUCSON

State  
AZ

Zip Code  
85726

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4466

Amount of Each Disbursement this Period

[REDACTED] 2500.00

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			13			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4468

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

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

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

[REDACTED] 7000.00

[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**

**A. SCALISE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

Mailing Address 320 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2021

FEC Identification Number: C

Transaction ID : SB23.4470

Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. STEPHEN LYNCH FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 169 W 8TH ST

City SOUTH BOSTON State MA Zip Code 02127

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 21 / 2021

FEC Identification Number: C

Transaction ID : SB23.4472

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. TEAM HAGERTY**

Full Name (Last, First, Middle Initial)

Mailing Address 4515 HARDING PIKE STE 110

City NASHVILLE State TN Zip Code 37205

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 27 / 2021

FEC Identification Number: C

Transaction ID : SB23.4474

Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5500.00

**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

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**

Full Name (Last, First, Middle Initial)  
**A. TEAM RAND**

Date of Disbursement: MM / DD / YYYY  
11 / 10 / 2021

Mailing Address: PO BOX 190

City: NEWPORT State: KY Zip Code: 41072

Purpose of Disbursement: Contribution

Candidate Name:

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C  
Transaction ID : SB23.4476  
Amount of Each Disbursement this Period: 2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. TOM RICE FOR CONGRESS**

Date of Disbursement: MM / DD / YYYY  
08 / 05 / 2021

Mailing Address: PO BOX 70098

City: MYRTLE BEACH State: SC Zip Code: 29572

Purpose of Disbursement: Contribution

Candidate Name:

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C  
Transaction ID : SB23.4478  
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. WILLIAM TIMMONS FOR CONGRESS**

Date of Disbursement: MM / DD / YYYY  
12 / 17 / 2021

Mailing Address: PO BOX 3416

City: GREENVILLE State: SC Zip Code: 29602

Purpose of Disbursement: Contribution

Candidate Name:

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C  
Transaction ID : SB23.4479  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**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. WILLIAM TIMMONS FOR CONGRESS

Mailing Address PO BOX 3416

City  
GREENVILLE

State  
SC

Zip Code  
29602

Purpose of Disbursement  
Check never cashed

Candidate Name

**WILLIAM TIMMONS FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2021

FEC Identification Number

C [ ]

**Transaction ID : SB23.4483**

Amount of Each Disbursement this Period

[ ] - 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City  
PORTLAND

State  
OR

Zip Code  
97232

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2021

FEC Identification Number

C [ ]

**Transaction ID : SB23.4481**

Amount of Each Disbursement this Period

[ ] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
[ ]	/	[ ]	/	[ ]

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

[ ] 1500.00

[ ] 59000.00