

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

JUL 31 11 47 AM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <b>National Health Corporation Political Action Comm.</b>		2. FEC IDENTIFICATION NUMBER <b>C00153445</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>100 Vine Street</b>		
CITY, STATE and ZIP CODE <b>Memphis TN 37130</b>		
		3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

## 4. TYPE OF REPORT

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

Monthly Report Due On:  
 February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31

Twelfth-day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<b>4-1-96</b> through <b>6-30-96</b>		
6. (a) Cash on Hand January 1, 19 <b>96</b>			\$ <b>193,387.98</b>
(b) Cash on Hand at Beginning of Reporting Period		\$ <b>197,838.57</b>	
(c) Total Receipts (from Line 19)		\$ <b>16,251.59</b>	\$ <b>27,702.58</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <b>214,090.16</b>	\$ <b>221,090.16</b>
7. Total Disbursements (from Line 30)		\$ <b>12,200.00</b>	\$ <b>19,200.00</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <b>201,890.16</b>	\$ <b>201,890.16</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <b>0</b>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9590 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <b>0</b>	

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

Type or Print Name of Treasurer <b>Doran Johnson</b>	Date <b>7/15/96</b>
Signature of Treasurer <i>D. Doran Johnson</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
National Health Corporation Political Action Committee		FROM 4-1-96	TO: 6-30-96
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individual Persons Other Than Political Committees		
i.	Itemized (use Schedule A)		
ii.	Unitemized	15542.57	26211.46
iii.	Total (add i and ii) >	15542.57	26211.46
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a ii, b and c) >	15542.57	26211.46
12.	Transfers From Affiliated Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)	709.02	1491.12
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	16251.59	27702.58
20.	Total Federal Receipts (subtract line 18 from line 19) >	16251.59	27702.58
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures		
c.	Total Operating Expenditures (add a i, a ii, and b) >		
22.	Transfers to Affiliated Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	12200.00	19200.00
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds (add a, b and c) >		
29.	Other Disbursements		
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	12200.00	19200.00
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	12200.00	19200.00
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans) (from line 11d)	15542.57	26211.46
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans) (subtract line 33 from 32)	15542.57	26211.46
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures (subtract line 36 from 35) >		

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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 Cooperation Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ed Bryant for Congress Committee 1810 1/2 S Garden St. Columbia TN 38401	US Congress TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-1-96	1500.00
B. Full Name, Mailing Address and ZIP Code Republican Fund for the 90s 1201 L St. NW Washington DC	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-21-96	5000.00
C. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign Comm. 4300 S. Capitol St. Washington DC 20003	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-7-96	2500.00
D. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Comm. 4300 S. Capitol St. Washington DC 20003	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-7-96	2500.00
E. Full Name, Mailing Address and ZIP Code Greg Miller for US Senate 1730 N.E. Emoryway Atlanta, GA 30329	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-96	200.00
F. Full Name, Mailing Address and ZIP Code Marcia Thurman for Congress PO Box 5058 Jacksonville, FL 32250	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-11-96	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... 12,200.00

TOTAL This Period (last page this line number only) ..... 12,200.00

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/>	Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/>	First Class Mail	POSTMARKED 7-29-96
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/>	Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/>	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT
<i>JES</i>		7-31-96
PREPARER		DATE PREPARED