FEC

FORM 3X

## **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

								Office Use	e Only	
1. NAME C COMMIT	DF ITEE (in full)	TYPE OR PR	INT V		imple: If typi r the lines.	ing, type	12FE4M	15		
National	Health Corpo	oration PAC	- Feder	al						1
ADDRESS (r	number and street)	P.O. Box 13	98							
	eck if different n previously									
	orted. (ACC)	Murfreesbo	ro					37130		
2. <b>FEC ID</b>	ENTIFICATION N	UMBER <b>V</b>		CITY 🔺		S		2	ZIP COD	DE 🔺
С	C00153445		3.	IS THIS REPORT		NEW (N) <b>OR</b>	A (A	MENDED		
4. TYPE (Choose	OF REPORT One)	(b) Monthl Report		<sup>-</sup> eb 20 (M2)		May 20 (M5)	Aug	j 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a) Qua	rterly Reports:	Due O	n:	Mar 20 (M3)		Jun 20 (M6)	Sep	o 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
			Ā	Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)		Jan 31 (YE)
	April 15 Quarterly Report (	Q1) (c) 1	2-Day		Primary (12	P)	General	(12G)		Runoff (12R)
	July 15 Quarterly Report (	Q2) P	RE-Election				1			
	October 15 Quarterly Report (		eport for the		Convention	(120)	Special	(123)		
×	January 31 Year-End Report (		Ele	ction on	M = M /		Y I Y I Y I Y		in the State of	
	July 31 Mid-Year Report (Non-electi Year Only) (MY)	on P	0-Day <b>OST</b> -Electior eport for the		General (30	G)	Runoff	30R)		Special (30S)
	Termination Repor (TER)		eport for the	•	M M /	D D /	Y Y Y Y	-	in the	
	()		Ele	ction on					State of	
5. Covering	Period 0	7 / D D 01	/ Y Y 201	9 Y	through	M M 12	/ D D 31	201		
I certify that	I have examined t	his Report and Shelly, Tim	to the best	of my kno	wledge and	belief it is true	e, correct ar	nd complete	Э.	
Type or Print	Name of Treasur	er	, , ,							
Signature of	Shell	lly, Tim, , ,			[Electronical	ly Filed] Da	ate 01	M / D 31	D /	2020
NOTE: Submi	ssion of false, errol	neous, or incom	plete informa	ation may su	ubject the per	rson signing thi	is Report to	the penaltie	s of 52 l	J.S.C. § 30109
Off U	fice se							FEC	FORI ev. 05/20	M 3X
	nly							_		

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#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	OFFEC Form 3X (Rev. 05/2016)	F RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
٧	Nrite or Type Committee Name		
_	National Health Corporation PAC - I	Federal	
F	Report Covering the Period: From: 07	M / D D / Y Y Y Y 01 2019 To:	M M / D D / Y Y Y Y 12 31 2019
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2019	[	419311.58
	(b) Cash on Hand at Beginning of Reporting Period	372603.58	
	(c) Total Receipts (from Line 19)	10306.78	21617.86
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	382910.36	440929.44
7.	Total Disbursements (from Line 31)	46372.27	104391.35
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	336538.09	336538.09
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10	. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

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

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

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### National Health Corporation PAC - Federal

Report Covering the Period: From: 07		To: 12 / D D / Y Y Y 31 / 2019
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	(100.00)	
(i) Itemized (use Schedule A)	4132.62	5297.62
	0.07.07	2007.00
(ii) Unitemized	3137.84	9287.60
(iii) TOTAL (add	7070.40	14585.22
Lines 11(a)(i) and (ii)	7270.46	14303.22
	0.00	0.00
(b) Political Party Committees	0.00	
(c) Other Political Committees	0.00	0.00
(such as PACs)		47. 47. 47.
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	7270.46	14585.22
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	37.09
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		44 44 45
(Dividends, Interest, etc.)	3036.32	6995.55
Transfers from Non-Federal and Levin Funds	4	4
(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
··· · · · · · · · · · · · · · · · · ·	4	
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	10306.78	21617.86
$P_{2}$ , 10, 17, 10, 17, and 10(0))	10300.78	21017.00
. Total Federal Receipts		

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

21617.86

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#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)		of Disbursements	Page 4 COLUMN B Calendar Year-to-Date	
		COLUMN A Total This Period		
	perating Expenditures: ) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Tear-to-Date	
	(i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
(t	, 1 5	572.27	1709.30	
(c	Expenditures ) Total Operating Expenditures	512.21	1703.0	
	(add 21(a)(i), (a)(ii), and (b))►	572.27	1709.30	
	ransfers to Affiliated/Other Party ommittees	0.00	0.00	
C F	ontributions to ederal Candidates/Committees nd Other Political Committees	45800.00	91800.00	
(ι	dependent Expenditures ise Schedule E) oordinated Party Expenditures	0.00	0.00	
(5	ise Schedule F)	0.00	0.00	
L	oan Repayments Made	0.00	0.00	
	pans Made efunds of Contributions To:	0.00	0.00	
	<ul> <li>Individuals/Persons Other Than Political Committees</li> </ul>	0.00	0.00	
(t		0.00	0.00	
(C	(such as PACs)	0.00	0.00	
(C	<ol> <li>Total Contribution Refunds (add Lines 28(a), (b), and (c))</li> </ol>	0.00	0.00	
	ther Disbursements (Including on-Federal Donations)	0.00	10881.99	
		41 41 41 41		
F (a	ederal Election Activity (52 U.S.C. § 30101( a) Allocated Federal Election Activity (from Schedule H6)	20))		
	(i) Federal Share	0.00	0.00	
(b	(ii) "Levin" Share ) Federal Election Activity Paid	0.00	0.00	
(L	Entirely With Federal Funds	0.00	0.00	
(C	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
	otal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))			
		46372.27	104391.35	
	otal Federal Disbursements subtract Line 21(a)(ii) and Line 30(a)(ii)			
	om Line 31)	46372.27	104391.35	

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#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	7270.46	14585.22
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	7270.46	14585.22
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	572.27	1709.36
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	37.09
<ol> <li>Net Operating Expenditures (subtract Line 37 from Line 36)</li> </ol>	572.27	1672.27

Use separate schedule(s)	FOR LINE NUMBER: (check only one)
for each category of the Detailed Summary Page	🗶 11a 🗌 11b

TEMIZED RECEIPTS		Detailed Summary Page	<b>४</b> 11a ☐ 11b ☐ 11c ☐ 12			
And information in the second	and Ohat i		13 14 15 16 17			
or for commercial purposes, other than using			person for the purpose of soliciting contributions ee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
> National Health Corporation	PAC - Fede	ral				
Full Name of Individual (Last, First, Middl Brown, Tracy, A, ,	e Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 244 Oakwood Drive	10 / Y Y Y Y Y 20 2019					
City	State TN	Zip Code 37091	Transaction ID : A2019-2713228			
Lewisburg		37091	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		10.00			
Name of Employer (for Individual) NHC Oakwood		upation (for Individual) ctor of Nursing	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General	/ iggi egute					
Other (specify) V		210.00				
Full Name of Individual (Last, First, Middl B. Brown, Tracy, A, ,	e Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 244 Oakwood Drive	11 03 2019					
City	State	Zip Code	Transaction ID : A2019-2773903			
Lewisburg	TN	37091	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ů – Li – L					
Name of Employer (for Individual) NHC Oakwood		upation (for Individual) ector of Nursing	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		220.00				
Full Name of Individual (Last, First, Middl C. Brown, Tracy, A, ,	e Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 244 Oakwood Drive	11 17 2019					
City	State	Zip Code	Transaction ID : A2019-2960024			
Lewisburg	TN	37091	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		10.00			
Name of Employer (for Individual) NHC Oakwood		upation (for Individual) ctor of Nursing	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify)	Other (specify)					
SUBTOTAL of Receipts This Page (optiona	l)		▶ 30.00			
TOTAL This Period (last page this line num	nber only)					

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Use separate schedule(s)	FOR LINE NUMBER: (check only one)
for each category of the Detailed Summary Page	🗶 11a 🗌 11b

			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1		
or	y information copied from such Reports and Statemen for commercial purposes, other than using the name a					
	NAME OF COMMITTEE (In Full) National Health Corporation PAC - Fe	ederal				
۹.	Full Name of Individual (Last, First, Middle Initial) or F Brown, Tracy, A, , Mailing Address 244 Oakwood Drive	<sup>-</sup> ull Orga	nization Name	Date of Receipt		
	City Stat	e	Zip Code	12 01 2019 Transaction ID : A2019-3313427		
	Lewisburg TN		37091	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			10.00		
	Name of Employer (for Individual) NHC Oakwood	· ·	tion (for Individual) r of Nursing	Memo Item		
	Receipt For:     Aggre       Primary     General       Other (specify) ▼	egate Yea	ar-to-Date ▼ 240.00			
	Full Name of Individual (Last, First, Middle Initial) or F Brown, Tracy, A, ,	<sup>-</sup> ull Orga	nization Name	Date of Receipt		
-	Mailing Address 244 Oakwood Drive		12 15 2019			
	City Stat Lewisburg TN		Zip Code 37091	Transaction ID : A2019-3320893 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	10.00				
	Name of Employer (for Individual) NHC Oakwood	· ·	tion (for Individual) r of Nursing	Memo Item		
	Receipt For:     Aggre       Primary     General       Other (specify) ▼	egate Yea	ar-to-Date ▼ 250.00			
	Full Name of Individual (Last, First, Middle Initial) or F Brown, Tracy, A, ,	<sup>-</sup> ull Orga	nization Name	Date of Receipt		
	Mailing Address 244 Oakwood Drive			M M / D D / Y Y Y Y 12 29 2019		
	City Stat Lewisburg TN		Zip Code 37091	Transaction ID : A2019-3321289           Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			10.00		
	Name of Employer (for Individual) NHC Oakwood	Dakwood Director of Nursing		Memo Item		
	Receipt For:     Aggre       Primary     General       Other (specify)     Image: Constraint of the second sec	egate Yea	ar-to-Date ▼ 260.00			
	UBTOTAL of Receipts This Page (optional)			30.00		
T	OTAL This Period (last page this line number only)		····· •			

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Use separate schedule(s)	FOR LINE NUMBER: (check only one)
for each category of the Detailed Summary Page	<b>X</b> 11a 11b
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ITEMIZED RECEIPTS	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
or for commercial purposes, other than usin	nd Statements may not be sold or used by any per g the name and address of any political committee				
NAME OF COMMITTEE (In Full) National Health Corporation	PAC - Federal				
Full Name of Individual (Last, First, Midd <b>A.</b> Effland, Karla, R, ,	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Effland, Karla, R, ,				
Mailing Address 35 Sugar Maple Lane		07 14 Y Y Y Y 07 19			
City	State Zip Code	Transaction ID : A2019-1963327			
St. Charles	MO 63303	_ Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
PHS Missouri	Asst Reg Nurse Consultant				
Receipt For:	Aggregate Year-to-Date ▼	_			
Primary General	050.00				
Other (specify) <b>v</b>	350.00				
Full Name of Individual (Last, First, Midd B. Effland, Karla, R, ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Effland, Karla, R.,				
Mailing Address 35 Sugar Maple Lane		07 28 2019			
City	State Zip Code	Transaction ID : A2019-1963755			
St. Charles	MO 63303	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Asst Reg Nurse Consultant	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼	_			
Primary General					
Other (specify) <b>v</b>	375.00				
Full Name of Individual (Last, First, Midd C. Effland, Karla, R, ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Effland, Karla, R, ,				
Mailing Address 35 Sugar Maple Lane		08 / 11 / Y Y Y Y 08 2019			
City	State Zip Code	Transaction ID : A2019-2192025			
St. Charles	MO 63303	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer (for Individual) PHS Missouri	Occupation (for Individual) Asst Reg Nurse Consultant	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General Other (specify)	400.00				
SUBTOTAL of Receipts This Page (optiona	al)►	75.00			

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

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Any information copied from such Reports a or for commercial purposes, other than using																
NAME OF COMMITTEE (In Full) National Health Corporation	PAC - Fede	ral														
Full Name of Individual (Last, First, Middle Effland, Karla, R, ,	e Initial) or Full O	rgar	ization Name	Date of Receipt												
Mailing Address 35 Sugar Maple Lane					08 / D D / Y Y Y Y 25 / 2019											
City St. Charles	State MO		Zip Code 63303								<b>192598</b> is Perioc	k				
FEC ID number of contributing federal political committee.	С						,			-gr.		.00				
Name of Employer (for Individual) PHS Missouri		•	ion (for Individual) g Nurse Consultant		M	emo	) Ite	em								
Receipt For: Primary General Other (specify) ▼	]															
Full Name of Individual (Last, First, Middle 3. Effland, Karla, R, ,	e Initial) or Full O	rgar	nization Name		Date of	Re	cei	ipt								
Mailing Address 35 Sugar Maple Lane		м м 09	/		08 08	/	Y	y y 2019	Y							
City St. Charles								<b>180363</b> is Perioc	ł							
FEC ID number of contributing federal political committee.							,			- <b>J</b>		.00				
Name of Employer (for Individual) PHS Missouri		•	ion (for Individual) g Nurse Consultant		M	emo	) Ite	em								
Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 450.00	]												
Full Name of Individual (Last, First, Middle). Effland, Karla, R, ,	e Initial) or Full O	rgar	nization Name		Date of	Re	cei	ipt								
Mailing Address 35 Sugar Maple Lane					<sup>M</sup> 09	1	Γ	D D D 22	/	Y	2019 <sup>°</sup>	Ŷ				
City St. Charles	State MO		Zip Code 63303								480759 is Perioc					
FEC ID number of contributing federal political committee.	ů – Elektrik									y		.00				
Name of Employer (for Individual) PHS Missouri		M	emo	o Ite	em											
Receipt For:			r-to-Date 🔻	1												

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## SCHEDULE A (FEC Form 3X)

Use separate schedule(s)	FOR LINE NUMBER: (check only one)									
for each category of the Detailed Summary Page	🗶 11a 🗌 11b									

		Use separate schedule(s)	(check only one)											
II LIVIIZED KEGEIF 13		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1											
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) National Health Corporation F	PAC - Fede	ral												
Full Name of Individual (Last, First, Middle Effland, Karla, R, ,	Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 35 Sugar Maple Lane			10 / D D / Y Y Y Y 10 06 2019											
City St. Charles	State MO	Zip Code 63303	Transaction ID : A2019-2712621 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		25.00											
Name of Employer (for Individual) PHS Missouri		upation (for Individual) It Reg Nurse Consultant	Memo Item											
Receipt For: Primary General Other (specify) ▼	]													
B. Full Name of Individual (Last, First, Middle B. Effland, Karla, R, , Mailing Address 35 Sugar Maple Lane	Date of Receipt													
City	10 20 2019 Transaction ID : A2019-2713284													
St. Charles	мо	63303	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		25.00											
Name of Employer (for Individual) PHS Missouri		upation (for Individual) st Reg Nurse Consultant	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00	]											
Full Name of Individual (Last, First, Middle C. Effland, Karla, R, ,	Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 35 Sugar Maple Lane			M M / D D / Y Y Y Y 11 03 2019											
City St. Charles	State MO	Zip Code 63303	Transaction ID : A2019-2773958           Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	25.00													
Name of Employer (for Individual) PHS Missouri	Memo Item													
Receipt For: Primary General Other (specify)														
SUBTOTAL of Receipts This Page (optional).			75.00											

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Use separate schedule(s)	FOR LINE NUMBER: (check only one)										
for each category of the Detailed Summary Page	<b>X</b> 11a 11b										
Detailed Summary Faye											

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page			<b>×</b> 11a		11b	<b>1</b>	11c	12	2					
Α.						13		14		15	16		17				
or	y information copied from such Reports and Stat for commercial purposes, other than using the n	ame and a	ay n ddre	or be sold or used by any pe ess of any political committee	rson to s	olicit cor	ntrib	utions	from	such	contri comr	mittee	ens e.				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) National Health Corporation PAC	- Fedei	ral														
Α.	Full Name of Individual (Last, First, Middle Initial Effland, Karla, R, ,	l) or Full O	rgai	nization Name		Date of	Re	ceipt									
	Mailing Address 35 Sugar Maple Lane					M M	/	17		Y	2019		1				
	City	State		Zip Code	Transaction ID : A2019-2960079												
	St. Charles	MO		63303		Amount	of	Each I	Rece	ipt thi	s Peri	iod					
	FEC ID number of contributing federal political committee.	С						<b>y</b>		-y		25.00					
	Name of Employer (for Individual)		•	ion (for Individual) g Nurse Consultant		Me	emo	Item									
	PHS Missouri Receipt For:	-															
	Primary General																
	Other (specify) <b>v</b>																
в.	Full Name of Individual (Last, First, Middle Initial Effland, Karla, R, ,	l) or Full O	rgai	nization Name		Date of	Re	ceipt									
Mailing Address 35 Sugar Maple Lane							/	01	D /	Y	2019		1				
	City State Zip Code						acti	on ID :	: A20	)19-33	1346	1	_				
	St. Charles MO 63303							Each I	Rece	ipt thi	s Peri	iod					
FEC ID number of contributing federal political committee.								<b>7</b>	_	- <b>J</b>	2	25.00					
	Name of Employer (for Individual) PHS Missouri		•	tion (for Individual) g Nurse Consultant		Me	emo	Item									
		Aggregate	Yea	ır-to-Date ▼													
	Other (specify)		<b>,</b>	, 600.00													
с.	Full Name of Individual (Last, First, Middle Initial Effland, Karla, R, ,	l) or Full O	rgai	nization Name		Date of	Re	ceipt									
	Mailing Address 35 Sugar Maple Lane					12 <sup>M</sup>	/	D 15		Y	y 2019	Y Y	1				
	City	State		Zip Code		Trans	acti	on ID	: A20	019-33	32092	7					
	St. Charles	MO	-	63303	-	Amount	of	Each I	Rece	ipt thi	s Peri	iod					
FEC ID number of contributing federal political committee.								y	_	y	2	25.00					
Name of Employer (for Individual)Occupation (for Individual)PHS MissouriAsst Reg Nurse Consultant							emo	Item									
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 625.00													
s	UBTOTAL of Receipts This Page (optional)		-	<u> </u>		<u> </u>		7		9		75.00					
						1.1.1		1									

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

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

FOR LINE NUMBER:

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11	EMIZED RECEIPTS	tor each category of the Detailed Summary Page		×	11a 13		11b 14	11c	12 16	17							
	ny information copied from such Reports and St for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full) National Health Corporation PAC	C - Feder	ral														
Α.	Full Name of Individual (Last, First, Middle Initi Effland, Karla, R, , Mailing Address 35 Sugar Maple Lane	al) or Full O	rganization 1	Name	Date of Receipt												
	City St. Charles	State MO	Zip Coc 63303						: A2019-3 Receipt th	3321324 his Period							
	FEC ID number of contributing federal political committee.	С			25.00												
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FEC Schedule A (Form 3X) Rev. 06/2016

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Mailing Address 1425 McFarland Avenue			07 / <sup>D</sup> D / <sup>Y</sup> Y Y Y 28 2019									
City Rossville	State GA	Zip Code 30741	Transaction ID : A2019-1963773 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		25.00									
Name of Employer (for Individual) NHC Rossville		upation (for Individual) ector of Nursing	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	]									
Full Name of Individual (Last, First, Middle C. Goodwin, Pamela, J, ,	Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 1425 McFarland Avenue			08 11 2019									
City Rossville	State GA	Zip Code 30741	Transaction ID : A2019-2192044           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		25.00									
Name of Employer (for Individual) NHC Rossville		upation (for Individual) cotor of Nursing	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	]									
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb			75.00									

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

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	EMIZED RECEIPTS	for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17							
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<u> </u>		itial) or Full O	rganization Name	Date of Receipt												
	Mailing Address 1425 McFarland Avenue			08 / D D / Y Y Y Y 25 2019												
	City Rossville	State GA	Zip Code 30741					: A2019-2 Receipt th		1						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period												
	Name of Employer (for Individual) NHC Rossville Receipt For:	Dire	upation (for Individual) ctor of Nursing		M	lemo	o Item									
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 425.00	]												
в.	Full Name of Individual (Last, First, Middle In Goodwin, Pamela, J, , Mailing Address 1425 McFarland Avenue	itial) or Full O	rganization Name		Date o		eceipt	D / Y	YY	Ŷ						
			09		30	3	2019									
	City Rossville	State GA	Zip Code 30741					: <b>A2019-2</b> Receipt th		1						
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	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify) V		, 450.00													
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name . Goodwin, Pamela, J, ,						eceipt									
	Mailing Address 1425 McFarland Avenue		09 22 2019													
	City Rossville	State GA	Zip Code 30741					: A2019-2 Receipt th		1						
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**X** 11a 11b 11c 12 13 14 15 16 17 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goodwin, Pamela, J,, Α. Date of Receipt Mailing Address 1425 McFarland Avenue M M 10 06 2019 City Zip Code State Transaction ID : A2019-2712646 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Goodwin, Pamela, J, , Date of Receipt Mailing Address 1425 McFarland Avenue 10 20 2019 City State Zip Code Transaction ID : A2019-2713309 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville Director of Nursing Receipt For: Aggregate Year-to-Date V Primarv General Other (specify) 525.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Goodwin, Pamela, J, Date of Receipt Mailing Address 1425 McFarland Avenue MM 11 03 2019 City State Zip Code Transaction ID : A2019-2773982 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville **Director of Nursing** Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

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**X** 11a 11b 11c 12 13 14 15 16 17 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goodwin, Pamela, J,, Α. Date of Receipt Mailing Address 1425 McFarland Avenue 11 17 2019 City Zip Code State Transaction ID : A2019-2960103 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 575.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Goodwin, Pamela, J, , Date of Receipt Mailing Address 1425 McFarland Avenue 12 01 2019 City State Zip Code Transaction ID : A2019-3313476 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville Director of Nursing Receipt For: Aggregate Year-to-Date V Primarv General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Goodwin, Pamela, J, Date of Receipt Mailing Address 1425 McFarland Avenue MM 12 15 2019 City State Zip Code Transaction ID : A2019-3320944 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Rossville **Director of Nursing** Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

FEC Schedule A (Form 3X) Rev. 06/2016

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**X** 11a 11b 11c 12 13 14 15 16 17 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goodwin, Pamela, J,, Α. Date of Receipt Mailing Address 1425 McFarland Avenue 12 29 2019 City Zip Code State Transaction ID : A2019-3321341 GA Rossville 30741 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Nursing NHC Rossville Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Griffith, Johnnie, S, , Date of Receipt Mailing Address 360 Dell Trail 07 14 2019 City State Zip Code Transaction ID : A2019-1963346 ΤN Dunlap 37327 Amount of Each Receipt this Period FEC ID number of contributing С 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Sequatchie Director of Nursing Receipt For: Aggregate Year-to-Date V Primarv General Other (specify) 490.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Griffith, Johnnie, S, Date of Receipt Mailing Address 360 Dell Trail MM 07 28 2019 City Zip Code State Transaction ID : A2019-1963775 ΤN Dunlap 37327 Amount of Each Receipt this Period FEC ID number of contributing С 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Sequatchie **Director of Nursing** Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) 95.00 SUBTOTAL of Receipts This Page (optional).....

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$\setminus$	NAME OF COMMITTEE (In Full)																
	National Health Corporation P	AC - Fede	eral														
Α.	Full Name of Individual (Last, First, Middle I Griffith, Johnnie, S, ,	nitial) or Full C	Drgai	nization Name		Date of	f Re	eceipt	t								
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	City	State		Zip Code													
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	Name of Employer (for Individual) NHC Sequatchie		•	ion (for Individual) of Nursing		М	emc	o Iten	n								
	Receipt For:	Aggregate	Yea	r-to-Date ▼													
	Primary General Other (specify) ▼		-	560.00													
	Full Name of Individual (Last, First, Middle I Griffith, Johnnie, S, ,	nitial) or Full C	Orgai	nization Name		Date of	f Re	eceipt	t								
	Mailing Address 360 Dell Trail				08 25 2019												
	City	State		Zip Code		Transaction ID : A2019-2192618											
	Dunlap	TN		37327	/	Amount	t of	Each	h Reo	ceipt th	is Perioc	l					
	FEC ID number of contributing federal political committee.	С	С							-15-	35	.00					
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	Receipt For:	Aggregate	Yea	r-to-Date ▼													
	Primary     General       Other (specify) ▼		,	595.00													
C.	Full Name of Individual (Last, First, Middle I Griffith, Johnnie, S, ,	nitial) or Full C	Drgai	nization Name		Date of	f Re	eceipt	t								
	Mailing Address 360 Dell Trail					м м 09	/		08 <sup>D</sup>	/ Y	2019	Y					
	City	State		Zip Code		Trans	sact	ion I	D : A	2019-2	480380						
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	FEC ID number of contributing federal political committee.	С						y		y	35	.00					
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	Receipt For:	Aggregate	Yea	r-to-Date ▼													
	Primary General	ary General															
	Other (specify)	Ţ	630.00														
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# SCHEDULE A (FEC Form 3X)

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) National Health Corporati	on PAC - Fede	ral									
Full Name of Individual (Last, First, N A. Griffith, Johnnie, S, ,	<i>l</i> iddle Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 360 Dell Trail			M M / D D / Y Y Y Y 09 22 2019								
City Dunlap	State TN	Zip Code 37327	Transaction ID : A2019-2480776 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		35.00								
Name of Employer (for Individual) NHC Sequatchie		upation (for Individual) ector of Nursing	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 665.00	]								
Full Name of Individual (Last, First, N B. Griffith, Johnnie, S, ,	liddle Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 360 Dell Trail			M M / D D / Y Y Y Y 10 06 2019								
City Dunlap	State TN	Zip Code 37327	Transaction ID : A2019-2712658 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		35.00								
Name of Employer (for Individual) NHC Sequatchie		upation (for Individual) ector of Nursing	Memo Item								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 700.00	]								
Full Name of Individual (Last, First, M C. Griffith, Johnnie, S, ,	liddle Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 360 Dell Trail			10 20 2019								
City Dunlap	State TN	Zip Code 37327	Transaction ID : A2019-2712942 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		35.00								
Name of Employer (for Individual) NHC Sequatchie		upation (for Individual) ector of Nursing	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 735.00	1								
SUBTOTAL of Receipts This Page (opi	tional)		105.00								
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	NAME OF COMMITTEE (In Full) National Health Corporation PA	C - Fedei	ral											
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	Mailing Address 360 Dell Trail					M M 11	/	l	03	/	Y	2019		
	City	State TN		Zip Code 37327								73993		
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	Name of Employer (for Individual) NHC Sequatchie		•	ion (for Individual) of Nursing		M	emo	o It	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 770.00										
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	City Dunlap	State TN		Zip Code 37327		Trans						<b>60114</b> s Peri		_
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	Name of Employer (for Individual) NHC Sequatchie		•	ion (for Individual) of Nursing		N	emc	o It	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 840.00										
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**X** 11a 11b 11c 12 13 14 15 16 17 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Griffith, Johnnie, S, , Date of Receipt Α. Mailing Address 360 Dell Trail 2019 12 15 City Zip Code State Transaction ID : A2019-3320946 TN Dunlap 37327 Amount of Each Receipt this Period FEC ID number of contributing С 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of Nursing NHC Sequatchie Receipt For: Aggregate Year-to-Date ▼ Primary General 875.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Griffith, Johnnie, S, , Date of Receipt Mailing Address 360 Dell Trail 12 2019 29 City State Zip Code Transaction ID : A2019-3321343 ΤN Dunlap 37327 Amount of Each Receipt this Period FEC ID number of contributing С 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Sequatchie Director of Nursing Receipt For: Aggregate Year-to-Date V Primarv General Other (specify) 910.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Harpe, Andrea, S, Date of Receipt Mailing Address 1501 East Greenville Street MM 10 20 2019 City Zip Code State Transaction ID : A2019-2712930 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional).....

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# SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
			person for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) National Health Corporation	PAC - Fede	ral										
Full Name of Individual (Last, First, Middle A. Harpe, Andrea, S, ,	e Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 1501 East Greenville Stre			11 03 / Y Y Y Y Y 103 2019									
City Anderson	State SC	Zip Code 29621	Transaction ID : A2019-2774009 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		10.00									
Name of Employer (for Individual) NHC Anderson		upation (for Individual) istant Director of Nursing	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	]									
Full Name of Individual (Last, First, Middle B. <u>Harpe, Andrea, S, ,</u> Mailing Address 1501 East Greenville Stre		Organization Name	Date of Receipt									
City	State	Zip Code	11 17 2019 Transaction ID : A2019-2960128									
Anderson	SC	29621	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		10.00									
Name of Employer (for Individual) NHC Anderson		upation (for Individual) sistant Director of Nursing	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00	]									
Full Name of Individual (Last, First, Middle C. Harpe, Andrea, S, ,	e Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 1501 East Greenville Stre	et		M M / D D / Y Y Y Y 12 01 2019									
City Anderson	State SC	Zip Code 29621	Transaction ID : A2019-3313222 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		10.00									
Name of Employer (for Individual) NHC Anderson		upation (for Individual) istant Director of Nursing	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	]									
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SCHEDULE A	(FEC Form 3X)
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**X** 11a 11b 12 11c 13 14 15 16 17 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Harpe, Andrea, S, , Date of Receipt Α. Mailing Address 1501 East Greenville Street 2019 12 15 City Zip Code State Transaction ID : A2019-3320690 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Harpe, Andrea, S, , Date of Receipt Mailing Address 1501 East Greenville Street 12 2019 29 City State Zip Code Transaction ID : A2019-3321069 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jones, Lisa, A, , Date of Receipt Mailing Address 1018 North Guignard Drive M – M 10 20 2019 City Zip Code State Transaction ID : A2019-2712982 SC Sumter 29150 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Sumter Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC	Form	3X)
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NAME OF COMMITTEE (In Full)										
National Health Corporation	PAC - Fede	ral								
Full Name of Individual (Last, First, Mide A. Jones, Lisa, A, ,	lle Initial) or Full C	rganization Name		Date of	f Re	eceipt				
Mailing Address 1018 North Guignard Dr	ve			M M	1	03	) / Y	2019		Y
City	State	Zip Code		Trans	act	ion ID :	A2019-2	77404	7	
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NHC Sumter	Dire	ector of Nursing								
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Primary General			11							
Other (specify)		220.00								
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SCHEDULE A	(FEC Form 3X)
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**X** 11a 11b 11c 12 13 14 15 16 17 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jones, Lisa, A, , Date of Receipt Α. Mailing Address 1018 North Guignard Drive 2019 12 15 City Zip Code State Transaction ID : A2019-3320965 SC Sumter 29150 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Sumter Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jones, Lisa, A, , Date of Receipt Mailing Address 1018 North Guignard Drive 12 2019 29 City State Zip Code Transaction ID : A2019-3321362 SC Sumter 29150 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Sumter Director of Nursing Receipt For: Aggregate Year-to-Date V Primarv General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jones, Robert, M, Date of Receipt Mailing Address 5400 Executive Centre Parkway MM 10 20 2019 City Zip Code State Transaction ID : A2019-2712983 MO St. Peters 63376 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Villages of St. Peters Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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## SCHEDULE A (FEC Form 3X)

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**X** 11a 11b 11c 12 13 14 15 16 17 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Α. Kelly, Nell, L, , Date of Receipt Mailing Address 438 Pinehaven Street Ext. 2019 07 28 City Zip Code State Transaction ID : A2019-1963583 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing С 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Laurens Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kelly, Nell, L, , Date of Receipt Mailing Address 438 Pinehaven Street Ext. 08 2019 11 City State Zip Code Transaction ID : A2019-2191856 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing С 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Laurens Director of Nursing Receipt For: Aggregate Year-to-Date Primarv General Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kelly, Nell, L, Date of Receipt Mailing Address 438 Pinehaven Street Ext. MM 08 25 2019 City State Zip Code Transaction ID : A2019-2192432 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing С 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Laurens **Director of Nursing** Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional).....

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**X** 11a 11b 11c 12 13 14 15 16 17 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kelly, Nell, L, , Date of Receipt Α. Mailing Address 438 Pinehaven Street Ext. 2019 12 01 City Zip Code State Transaction ID : A2019-3313313 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing С 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Laurens Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kelly, Nell, L, , Date of Receipt Mailing Address 438 Pinehaven Street Ext. 12 15 2019 City State Zip Code Transaction ID : A2019-3320979 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing С 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Laurens Director of Nursing Receipt For: Aggregate Year-to-Date Primarv General Other (specify) 375.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kelly, Nell, L, Date of Receipt Mailing Address 438 Pinehaven Street Ext. MM 12 29 2019 City State Zip Code Transaction ID : A2019-3321164 SC Laurens 29419 Amount of Each Receipt this Period FEC ID number of contributing С 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Laurens Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional).....

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**X** 11a 11b 11c 12 13 14 15 16 17 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lawler, Russell, G, , Α. Date of Receipt Mailing Address 2800 South Fort Avenue 10 20 2019 City Zip Code State Transaction ID : A2019-2712994 MO Springfield 65807 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Springfield Rebilitation Health Care C Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lawler, Russell, G, Date of Receipt Mailing Address 2800 South Fort Avenue 03 2019 11 City State Zip Code Transaction ID : A2019-2774059 MO Springfield 65807 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Springfield Rebilitation Health Care C Director of Nursing Receipt For: Aggregate Year-to-Date V Primarv General Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lawler, Russell, G, , Date of Receipt Mailing Address 2800 South Fort Avenue MM 11 17 2019 City Zip Code State Transaction ID : A2019-2960282 MO Springfield 65807 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Springfield Rebilitation Health Care C **Director of Nursing** Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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**X** 11a 11b 11c 12 13 14 15 16 17 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Powers, Brenda, S, Α. Date of Receipt Mailing Address 5010 Trotwood Avenue 11 17 2019 City Zip Code State Transaction ID : A2019-2960366 TN Columbia 38401 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Maury Regional Transitional Care C Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Powers, Brenda, S, , Date of Receipt Mailing Address 5010 Trotwood Avenue 12 01 2019 City State Zip Code Transaction ID : A2019-3313279 ΤN Columbia 38401 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Maury Regional Transitional Care C Director of Nursing Receipt For: Aggregate Year-to-Date V Primarv General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Powers, Brenda, S, , Date of Receipt Mailing Address 5010 Trotwood Avenue MM 12 15 2019 City Zip Code State Transaction ID : A2019-3320939 ΤN Columbia 38401 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Maury Regional Transitional Care C **Director of Nursing** Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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**X** 11a 11b 11c 12 13 14 15 16 17 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rahmlow, Susan, L, , Α. Date of Receipt Mailing Address 3039 Okatie Highway 09 08 2019 City Zip Code State Transaction ID : A2019-2480077 SC Bluffton 29909 Amount of Each Receipt this Period FEC ID number of contributing С 33.42 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Bluffton Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 297.36 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rahmlow, Susan, L, , Date of Receipt Mailing Address 3039 Okatie Highway 09 2019 22 City State Zip Code Transaction ID : A2019-2480475 Bluffton SC 29909 Amount of Each Receipt this Period FEC ID number of contributing С 33.42 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Bluffton Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 330.78 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rahmlow, Susan, L, Date of Receipt Mailing Address 3039 Okatie Highway MM 10 06 2019 City State Zip Code Transaction ID : A2019-2712822 SC Bluffton 29909 Amount of Each Receipt this Period FEC ID number of contributing С 33.42 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Bluffton Assistant Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 364.20 Other (specify) 100.26 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Mailing Address 3039 Okatie Highway City	State	Zip Code	11 03 2019										
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	Mailing Address 3039 Okatie Highway			11 / D D / Y Y Y Y 11 17 2019										
	City Bluffton	State SC	Zip Code 29909	Transaction ID : A2019-2960159 Amount of Each Receipt this Period										
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В.	Full Name of Individual (Last, First, Middle Initia Rahmlow, Susan, L, ,		Date o	f Re	ceipt														
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С.	Full Name of Individual (Last, First, Middle Initia Rahmlow, Susan, L, ,	l) or Full C	Orgar	nization Name		Date o	f Re	ceipt											
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Α.	Full Name of Individual (Last, First, Middle Initia Robinson, Donna, L, ,	al) or Full O	rga	nization Name		Date o	f Re	eceipt							
	Mailing Address 1501 East Greenville Street			1		07 / D D / Y Y Y Y 07 14 2019									
	City	State		Zip Code		Trans	sact	ion ID	: A2	2019-1	9630	82			
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	NHC Anderson	Dire	ector	of Nursing											
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в.	Full Name of Individual (Last, First, Middle Initia Robinson, Donna, L, ,	al) or Full O	rga	nization Name		Date o	f Re	eceipt							
	Mailing Address 1501 East Greenville Street	-		07 / 28 / Y Y Y Y 2019											
	City	State		Zip Code		Trans	acti	ion ID	: A2	019-1	9634	97			
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	City	State		Zip Code		Trans	sact	ion ID	: A2	2019-2	21917	73			
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	Name of Employer (for Individual) NHC Anderson		•	tion (for Individual) of Nursing		M	emo	b Item							
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**X** 11a 11b 11c 12 13 14 15 16 17 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Robinson, Donna, L, , Α. Date of Receipt Mailing Address 1501 East Greenville Street 08 25 2019 City Zip Code State Transaction ID : A2019-2192350 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Robinson, Donna, L, , Date of Receipt Mailing Address 1501 East Greenville Street 09 08 2019 City State Zip Code Transaction ID : A2019-2480127 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson Director of Nursing Receipt For: Aggregate Year-to-Date V Primarv General Other (specify) 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Robinson, Donna, L, Date of Receipt Mailing Address 1501 East Greenville Street MM 09 22 2019 City Zip Code State Transaction ID : A2019-2480525 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NHC Anderson **Director of Nursing** Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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	Mailing Address 1501 East Greenville Street				10 06 2019 Transaction ID - A2019 2712825											
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	Name of Employer (for Individual) NHC Anderson		•	tion (for Individual) of Nursing	Memo Item											
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	Mailing Address 1501 East Greenville Street					10	$\left  \right '$	I	20	1		2019	Y			
	City	State		Zip Code		Transaction ID : A2019-2713103										
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	Name of Employer (for Individual) NHC Anderson		•	tion (for Individual) r of Nursing		Memo Item										
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	Other (specify)		,	420.00												
C.	Full Name of Individual (Last, First, Middle Initia Robinson, Donna, L, ,	I) or Full C	Orga	nization Name	[	Date of	Re	ece	eipt							
	Mailing Address 1501 East Greenville Street					<sup>M</sup> <sup>M</sup> 11	1	I	D D D 03	]	/ Y	y y 2019	Y			
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	Name of Employer (for Individual) NHC Anderson		•	tion (for Individual) of Nursing	Memo Item											
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$\backslash$	NAME OF COMMITTEE (In Full)	<u> </u>													
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	Mailing Address 1501 East Greenville Street					м м 11	/		17	/ Y	2019	Y			
	City	State		Zip Code	Transaction ID : A2019-2960173										
	Anderson	SC		29621	A	Amount	of	Ead	ch Re	eceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С			20.00										
	Name of Employer (for Individual) NHC Anderson		•	tion (for Individual) of Nursing		Memo Item									
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	Mailing Address 1501 East Greenville Street	Otata		Zin Oada		<sup>M</sup> 12	/		01	/ Y	2019	Y			
	City Anderson	State SC		Zip Code 29621	Transaction ID : A2019-3313234										
		1	-		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			20.00										
	Name of Employer (for Individual) NHC Anderson		•	tion (for Individual) r of Nursing		Memo Item									
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	Other (specify) <b>v</b>	L	,	480.00											
c.	Full Name of Individual (Last, First, Middle Initia Robinson, Donna, L, ,	l) or Full C	Drga	nization Name	[	Date of	Re	eceij	pt						
	Mailing Address 1501 East Greenville Street					<sup>M</sup> 12	/		15	/ Y	2019 <sup>°</sup>	Y			
	City	State		Zip Code		Trans	acti	ion	ID : A	2019-3	3320702				
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	Name of Employer (for Individual) NHC Anderson		•	ion (for Individual) of Nursing		M	emo	o Ite	em						
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# SCHEDULE A (FEC Form 3X)

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Health Corporation	PAC - Fede	ral	
Full Name of Individual (Last, First, Middl A. Robinson, Donna, L, ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1501 East Greenville Stre	eet		12 29 2019
City Anderson	State SC	Zip Code 29621	Transaction ID : A2019-3321081 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) NHC Anderson		upation (for Individual) ector of Nursing	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	1
Full Name of Individual (Last, First, Middl <b>B.</b> Tennison, Kelly, L, ,		rganization Name	Date of Receipt
Mailing Address 3980 South Jackson Drive	e		07 14 2019
City Independence	State MO	Zip Code 64057	Transaction ID : A2019-1963146 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			40.00
Name of Employer (for Individual)Occupation (for Individual)Villages of Jackson CreekAssistant Administrator			Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00	]
Full Name of Individual (Last, First, Middl C. Tennison, Kelly, L, ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3980 South Jackson Driv	e		07 28 2019
City Independence	State MO	Zip Code 64057	Transaction ID : A2019-1963563 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual)     Occupation (for Individual)       Villages of Jackson Creek     Assistant Administrator       Receipt For:     Aggregate Vegr-to-Date Vegr-			Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	1
SUBTOTAL of Receipts This Page (optiona	l)		100.00
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### SCHEDULE A (FEC Form 3X) ....

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			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Health Corporation	PAC - Fede	ral	
Full Name of Individual (Last, First, Middle A. Tennison, Kelly, L, ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 3980 South Jackson Drive	3		08 / Y Y Y Y Y 2019
City Independence	State MO	Zip Code 64057	Transaction ID : A2019-2191838           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Villages of Jackson Creek Receipt For:	Ass	upation (for Individual) sistant Administrator Year-to-Date ▼	Memo Item
Primary General Other (specify) ▼		640.00	
Full Name of Individual (Last, First, Middle           B.         Tennison, Kelly, L, ,           Mailing Address 3980 South Jackson Drive		Organization Name	Date of Receipt
City	State MO	Zip Code 64057	08 25 2019 Transaction ID : A2019-2192414
Independence FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Villages of Jackson Creek		cupation (for Individual) sistant Administrator	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	
Full Name of Individual (Last, First, Middle C. Tennison, Kelly, L, ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 3980 South Jackson Drive	9		M M / D D / Y Y Y Y 09 08 2019
City Independence	State MO	Zip Code 64057	Transaction ID : A2019-2480189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	40.00		
Name of Employer (for Individual)     Occupation (for Individual)       Villages of Jackson Creek     Assistant Administrator       Receipt For:     Aggregate Vear-to-Date Vear-			Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 720.00	1
SUBTOTAL of Receipts This Page (optiona	)		120.00
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) National Health Corporation	on PAC - Fede	ral						
Full Name of Individual (Last, First, M <b>A.</b> Tennison, Kelly, L, ,	iddle Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 3980 South Jackson I	Drive		09 22 2019					
City Independence	State MO	Zip Code 64057	Transaction ID : A2019-2480587 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		40.00					
Name of Employer (for Individual) Villages of Jackson Creek Receipt For:	Ass	upation (for Individual) istant Administrator	Memo Item					
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 760.00	]					
B. Full Name of Individual (Last, First, M Tennison, Kelly, L, , Mailing Address 3980 South Jackson I		organization Name	Date of Receipt					
City	State	Zip Code	10 06 2019 Transaction ID : A2019-2712881					
Independence FEC ID number of contributing federal political committee.	МО	64057	Amount of Each Receipt this Period					
Name of Employer (for Individual) Villages of Jackson Creek		upation (for Individual) sistant Administrator	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	]					
Full Name of Individual (Last, First, M C. Tennison, Kelly, L, ,	iddle Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 3980 South Jackson	Drive		M M / D D / Y Y Y Y 10 20 2019					
City Independence	State MO	Zip Code 64057	Transaction ID : A2019-2713149 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	40.00							
Name of Employer (for Individual) Villages of Jackson Creek Receipt For:	upation (for Individual) istant Administrator	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 840.00	]					
SUBTOTAL of Receipts This Page (opti	onal)		120.00					
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SCHEDULE A	(FEC Form 3X)
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	NAME OF COMMITTEE (In Full)										
	National Health Corporation PAC	- Fede	ral								
Α.	Full Name of Individual (Last, First, Middle Initial) Tennison, Kelly, L, ,	or Full O	Organization Name		Date of	f Rec	eipt				
	Mailing Address 3980 South Jackson Drive				м м 11	1	03	D / Y	20	, 19	Ŷ
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**X** 11a 11b 11c 12 13 14 15 16 17 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tennison, Kelly, L, , Date of Receipt Α. Mailing Address 3980 South Jackson Drive 12 15 2019 City Zip Code State Transaction ID : A2019-3320766 MO Independence 64057 Amount of Each Receipt this Period FEC ID number of contributing С 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Villages of Jackson Creek Assistant Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tennison, Kelly, L, , Date of Receipt Mailing Address 3980 South Jackson Drive 12 2019 29 City State Zip Code Transaction ID : A2019-3321144 MO Independence 64057 Amount of Each Receipt this Period FEC ID number of contributing С 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Villages of Jackson Creek Assistant Administrator Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1040.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Tubbs, Jada, F, , Date of Receipt Mailing Address 100 E. Vine St. MM 12 15 2019 City Zip Code State Transaction ID : A2019-3320960 ΤN Murfreesboro 37130 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) National Health Corporation **Director of Nursing** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional).....

FEC Schedule A (Form 3X) Rev. 06/2016

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Full Name of Individual ( <b>B.</b> Vogt, Charity, A, ,		Initial) or Full O	rgar	nization Name		Date of	f Re	ece	eipt								
Mailing Address 3209 Br	istol Highway					08 25 2019											
City Johnson City		State TN	Transaction ID : A2019-2192329 Amount of Each Receipt this Period							_							
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Full Name of Individual ( C. Vogt, Charity, A, ,	Last, First, Middle	Initial) or Full O	rgar	nization Name		Date of	f Re	ece	eipt								
Mailing Address 3209 Br	istol Highway					<sup>M</sup> 09	/	ľ	D D D 08	1		ү 2019	Y				
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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A.	Full Name of Individual (Last, First, Middle In Vogt, Charity, A, , Mailing Address 3209 Bristol Highway	itial) or Full O	rganization Name		Date o		eceipt	D / Y	Y	Ý	Y		
	City Johnson City	State TN	Zip Code 37601	_				A2019-2 Receipt th	2480				
	FEC ID number of contributing federal political committee.	С								15.0	00		
	Name of Employer (for Individual) NHC Johnson City Receipt For:	Dire	upation (for Individual) ctor of Nursing		M	lemo	o Item						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	]									
В.	Full Name of Individual (Last, First, Middle In Vogt, Charity, A, , Mailing Address 3209 Bristol Highway	itial) or Full O	rganization Name		Date o	fRe	eceipt		2(	)19	Y		
	City Johnson City	State TN	Zip Code 37601		Trans		ion ID :	A2019-2 Receipt th	712	895			
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	Name of Employer (for Individual) NHC Johnson City Receipt For:	Dire	upation (for Individual) ctor of Nursing		M	lemo	o Item						
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с.	Full Name of Individual (Last, First, Middle In Vogt, Charity, A, ,	iitial) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 3209 Bristol Highway	State	Zip Code		10 10	1	20		20	)19 162	Y		
	Johnson City	TN	37601	_	Transaction ID : A2019-2713163 Amount of Each Receipt this Period								
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	Name of Employer (for Individual) NHC Johnson City Receipt For:	Direc	ipation (for Individual) ctor of Nursing		N	lem	o Item						
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FEC Schedule A (Form 3X) Rev. 06/2016

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TEMIZED RECEIPTS		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1										
			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) National Health Corporation	n PAC - Fede	ral											
Full Name of Individual (Last, First, Mic A. Vogt, Charity, A, ,	dle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 3209 Bristol Highway			M M / D D / Y Y Y Y 11 03 2019										
City	State	Zip Code	Transaction ID : A2019-2774227										
Johnson City	TN	37601	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		15.00										
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
NHC Johnson City		ector of Nursing											
Receipt For:		Year-to-Date ▼	—										
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Other (specify) ▼	_ L	330.00											
Full Name of Individual (Last, First, Mic B. Vogt, Charity, A, ,	dle Initial) or Full C	organization Name	Data of Descript										
·			Date of Receipt										
Mailing Address 3209 Bristol Highway			11 17 2019										
City	State	Zip Code	Transaction ID : A2019-2960232										
Johnson City	TN	37601	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		15.00										
Name of Employer (for Individual) NHC Johnson City		upation (for Individual) ector of Nursing	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
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Mailing Address 3209 Bristol Highway			M M / D D / Y Y Y Y 12 01 2019										
City	State	Zip Code	Transaction ID : A2019-3313203										
Johnson City	TN	37601	Amount of Each Receipt this Period										
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Name of Employer (for Individual) NHC Johnson City		upation (for Individual) ctor of Nursing	Memo Item										
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$\rangle$	NAME OF COMMITTEE (In Full) National Health Corporation PA	C - Fede	ral													
A.	Full Name of Individual (Last, First, Middle Init Vogt, Charity, A, ,	tial) or Full O	rga	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 3209 Bristol Highway				12 15 2019											
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	Name of Employer (for Individual) NHC Johnson City		•	tion (for Individual) of Nursing	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 375.00												
B.	Full Name of Individual (Last, First, Middle Init Vogt, Charity, A, ,	tial) or Full O	rga	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 3209 Bristol Highway					12 29 2019										
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	Name of Employer (for Individual) NHC Johnson City			tion (for Individual) r of Nursing	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 390.00												
	Full Name of Individual (Last, First, Middle Init _Ward, Mary, E, ,	tial) or Full O	)rgai	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 2700 East 34th Street					м м 07	/	Ε	D D 14	1	Y	201	9			
	City Joplin	State MO		Zip Code 64804	A	Trans										
	FEC ID number of contributing federal political committee.	С						9			y		20.00	)		
	Name of Employer (for Individual) PHS Missouri	lissouri Regional S					Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 280.00												
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SCHEDULE A	(FEC	Form	3X)
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NAME OF COMMITTEE (In Full) National Health Corporation F								
/ Full Name of Individual (Last, First, Middle A. Ward, Mary, E, ,	Initial) or Full C	organization Name	Date	of Do	agint			
Mailing Address 2700 East 34th Street					28	) / Y	2019	Y
City Joplin	State MO	Zip Code 64804	Tran		ion ID :	A2019-1		
FEC ID number of contributing federal political committee.	C						20.0	00
Name of Employer (for Individual) PHS Missouri		upation (for Individual) jional Social Worker		Memo	ltem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00						
Full Name of Individual (Last, First, Middle B. Ward, Mary, E, ,	Initial) or Full C	rganization Name	Date	of Re	ceipt			
Mailing Address 2700 East 34th Street	State	Zin Code	08		D D D 11	/ Y	2019	Y
City Joplin	State MO	Zip Code 64804				A2019-22 leceipt th	192017 is Period	
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Name of Employer (for Individual) PHS Missouri		upation (for Individual) gional Social Worker		Memo	ltem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00						
Full Name of Individual (Last, First, Middle C. Ward, Mary, E, ,	Initial) or Full C	organization Name	Date	of Re	ceipt			
Mailing Address 2700 East 34th Street			08		25		2019	Y
City Joplin	State MO	Zip Code 64804				A2019-2 leceipt th	192590 is Period	
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Name of Employer (for Individual) PHS Missouri		upation (for Individual) ional Social Worker		Memo	) Item			
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SUBTOTAL of Receipts This Page (optional)		•		-	,	,	60.0	00

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SCHEDULE A	(FEC Form 3X)
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NAME OF COMMITTEE (In Full)		across of any political committee				Sin Such	- commu			
National Health Corporation P	AC - Fede	ral								
Full Name of Individual (Last, First, Middle Ward, Mary, E, ,	Initial) or Full C	Organization Name	Date of	of Red	ceipt					
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City Joplin	State MO	Zip Code 64804				A2019-2 eceipt th	480355 is Period			
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Name of Employer (for Individual) PHS Missouri		upation (for Individual) gional Social Worker		/lemo	ltem					
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Other (specify) ▼		360.00								
Full Name of Individual (Last, First, Middle B. Ward, Mary, E, ,	Initial) or Full C	Organization Name	Date of	of Rec	ceipt					
Mailing Address 2700 East 34th Street			09	/	D D 22	/ Y	2019	Y		
City Joplin	State MO	Zip Code 64804				A2019-24				
FEC ID number of contributing		04004	Amour		ach R	eceipt th	is Period	_		
federal political committee.	C				y	-	20.0	00		
Name of Employer (for Individual) PHS Missouri		upation (for Individual) gional Social Worker	N	/lemo	Item					
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Primary General Other (specify) ▼		, 380.00								
Full Name of Individual (Last, First, Middle C. Ward, Mary, E, ,	Initial) or Full C	Organization Name	Date o	of Rec	ceipt					
Mailing Address 2700 East 34th Street			10	/	D D D D 06	/ Y	2019	Y		
City Joplin	State MO	Zip Code 64804				A2019-2 eceipt th	712901 is Period			
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Name of Employer (for Individual) PHS Missouri		upation (for Individual) ional Social Worker	N	/lemo	ltem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00								
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PAGE

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**X** 11a 11b 11c 12 13 14 15 16 17 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 PAC - Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ward, Mary, E, , Date of Receipt Α. Mailing Address 2700 East 34th Street М 10 20 2019 City State Zip Code Transaction ID : A2019-2713169 MO Joplin 64804 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regional Social Worker PHS Missouri Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ward, Mary, E, , Date of Receipt Mailing Address 2700 East 34th Street 03 2019 11 City State Zip Code Transaction ID : A2019-2774233 MO Joplin 64804 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri Regional Social Worker Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ward, Mary, E, Date of Receipt Mailing Address 2700 East 34th Street MM 11 17 2019 City State Zip Code Transaction ID : A2019-2960238 MO Joplin 64804 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PHS Missouri **Regional Social Worker** Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC Form 3X)
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NAME OF COMMITTEE (In Full) National Health Corporation I	PAC - Fede	ral							
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Mailing Address 2700 East 34th Street				12	/ D	01		2019	Y
City Joplin	State MO	Zip Code 64804					019-331: eipt this		
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Name of Employer (for Individual) PHS Missouri		upation (for Individual) ional Social Worker		Me	emo Ite	m			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00							
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Name of Employer (for Individual) PHS Missouri	upation (for Individual) ional Social Worker		Me	emo Ite	em				
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A.	Full Name of Individual (Last, First, Middle Initia Wilson, Jackie, , ,	al) or Full Or	rganization Name		Date of	f Re	ceipt				
	Mailing Address 2257 Ashley Crossing Drive				м м 07	/	D 14	 / Y	2019		]
	City Charleston	State SC	Zip Code 29414		Trans				<b>96339</b> is Peri		-
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	Name of Employer (for Individual) NHC Charleston		upation (for Individual) ctor of Nursing		M	emo	Item				
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в.	Full Name of Individual (Last, First, Middle Initia Wilson, Jackie, , ,	al) or Full Or	rganization Name		Date of	f Re	ceipt				
	Mailing Address 2257 Ashley Crossing Drive				M M 07		2	 / Y	2019		1
	City Charleston	State SC	Zip Code 29414		Trans		-		<b>963822</b> is Peri		-
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	Name of Employer (for Individual) NHC Charleston		upation (for Individual) ector of Nursing		M	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]							
с.	Full Name of Individual (Last, First, Middle Initia Wilson, Jackie, , ,	al) or Full Or	rganization Name		Date of	f Re	ceipt	 			
	Mailing Address 2257 Ashley Crossing Drive				м м 08	/	D 1	 / Y	2019		1
	City Charleston	State SC	Zip Code 29414		Trans				<b>19168</b> is Peri		
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	Name of Employer (for Individual) NHC Charleston		upation (for Individual) ctor of Nursing		М	emc	Item				
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	y information copied from such Reports and Sta for commercial purposes, other than using the r								
$\setminus$	NAME OF COMMITTEE (In Full)								
	National Health Corporation PAC	- Fede	ral						
A.	Full Name of Individual (Last, First, Middle Initia Wilson, Jackie, , ,	al) or Full O	rganization Name	Date	of Receip	ot			
	Mailing Address 2257 Ashley Crossing Drive			08	M / D	25	y y y 201	Y I I	
	City	State	Zip Code	Tran	saction	ID : A2019	_		
	Charleston	SC	29414			h Receipt			
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	Name of Employer (for Individual) NHC Charleston		upation (for Individual) ector of Nursing		Memo Ite	m			
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	Mailing Address 2257 Ashley Crossing Drive			09	M / D	08 /	y y 201	۲ ۲ 9	
	City	State	Zip Code	Tran	saction	ID : A2019	-248042	26	
	Charleston	SC	29414			h Receipt		-	
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Primary     General       Other (specify)     ▼									
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s	UBTOTAL of Receipts This Page (optional)							45.00	)

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# SCHEDULE A (FEC Form 3X)

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17			Use separate schedule(s)	(ch	eck only	y on	e)					
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) National Health Corporation PAC	C - Feder	ral									
A.	Full Name of Individual (Last, First, Middle Initia Wilson, Jackie, , ,	al) or Full O	rganization Name		Date of	f Re	ceipt					
	Mailing Address 2257 Ashley Crossing Drive				10 <sup>M</sup>	/	D 0	<sup>р</sup>	/ Y	2019		]
	City Charleston	State SC	Zip Code 29414		Trans Amount					7 <b>12916</b> nis Peri		
	FEC ID number of contributing federal political committee.	С					,			1	15.00	
	Name of Employer (for Individual) NHC Charleston		upation (for Individual) ector of Nursing		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
B.	Full Name of Individual (Last, First, Middle Initia Wilson, Jackie, , ,	al) or Full Oi	rganization Name		Date of	f Re	ceipt					
	Mailing Address 2257 Ashley Crossing Drive				10	_	D	0	/ Y	2019	Y Y	1
	City Charleston	State SC	Zip Code 29414		Trans Amount		-			<b>713184</b> nis Peri		-
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	Name of Employer (for Individual) NHC Charleston		upation (for Individual) ector of Nursing		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00									
с.	Full Name of Individual (Last, First, Middle Initia Wilson, Jackie, , ,	al) or Full Oi	rganization Name		Date of	f Re	ceipt					
	Mailing Address 2257 Ashley Crossing Drive				м м 11	/	D 0	р 3	/ Y	2019		]
	City Charleston	State SC	Zip Code 29414		Trans Amount					2774248 nis Peri		
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	Name of Employer (for Individual) NHC Charleston		upation (for Individual) ctor of Nursing		M	emo	Item					
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s	UBTOTAL of Receipts This Page (optional)			•			,		1	4	15.00	
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

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TIEMIZED RECEIPTS		Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements ma the name and a	Ⅰ ay not be sold or used by any p uddress of any political committe	erson e to sc	for the	pur ntrib	pose o	of soliciting	g contribut	tions
NAME OF COMMITTEE (In Full) National Health Corporation I									
✓       Full Name of Individual (Last, First, Middle         A.       Wilson, Jackie, , ,         Mailing Address 2257 Ashley Crossing Driv         City         Charleston         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         NHC Charleston         Receipt For:         Primary       General         Other (specify) ▼	Ve State SC C Dire	Zip Code 29414 upation (for Individual) ector of Nursing Year-to-Date ▼ 345.00		Amoun	sact	ion ID	7 : A2019-2	2019 2960253 nis Period 15.0	00
Full Name of Individual (Last, First, Middle B. Mailing Address City	e Initial) or Full C	Drganization Name	_	Date o	f Re	eceipt	D / Y	YYY	Y
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	upation (for Individual)				Each	Receipt th	nis Period	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	]						
Full Name of Individual (Last, First, Middle C. Mailing Address				Date o	_	eceipt	D / Y	YYY	Ŷ
City FEC ID number of contributing federal political committee.	State	Zip Code		Amoun	t of	Each	Receipt th	nis Period	
Name of Employer (for Individual) Receipt For: Primary General Other (specify)	Aggregate	upation (for Individual) Year-to-Date V		M	lemo	o Item			
SUBTOTAL of Receipts This Page (optional	)							15.0	00

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## SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_ \_ \_ \_ \_ \_

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

FOR LINE NUMBER:

PAGE 73 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
			for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 <b>X</b>	17							
				person for the purpose of soliciting contributions from such committee.	_							
$\left\rangle$	NAME OF COMMITTEE (In Full) National Health Corporation F	PAC - Feder	al									
A.	Full Name of Individual (Last, First, Middle Regions Bank	Initial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 100 E. Vine St.			07 / D D / Y Y Y Y 2019								
	City Murfreesboro	State TN	Zip Code 37130	Transaction ID : A2019-17388 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		673.64								
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Bank Interest								
	Receipt For: 2019 Primary General ✔ Other (specify) ♥ Not Applicable	Aggregate	Year-to-Date ▼ 4669.96	]								
в.	Full Name of Individual (Last, First, Middle Regions Bank	Initial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 100 E. Vine St.			08 30 2019								
	City Murfreesboro	State TN	Zip Code 37130	Transaction ID : A2019-17420 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		609.70								
	Name of Employer (for Individual)	Осси	upation (for Individual)	Bank Interest								
	Receipt For: 2019 Primary General X Other (specify) ▼ Not Applicable	Aggregate	Year-to-Date ▼ 5279.66	]								
С.	Full Name of Individual (Last, First, Middle Regions Bank	Initial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 100 E. Vine St.			M M / D D / Y Y Y Y 09 30 2019								
	City Murfreesboro	State TN	Zip Code 37130	Transaction ID : A2019-17509           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		598.98								
	Name of Employer (for Individual)	Occu	ipation (for Individual)	Memo Item Bank Interest								
	Receipt For: 2019 Primary General Vother (specify) Not Applicable	Aggregate	Year-to-Date ▼ 5878.64	]								
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# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 74 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)					(check only one)							
				n category of the I Summary Page		11a 13		11b 14	11c 15	12	<b>X</b> 17				
	y information copied from such Reports and St for commercial purposes, other than using the								soliciting	g contrib	outions				
	NAME OF COMMITTEE (In Full) National Health Corporation PA	C - Fede	ral												
Α.	Full Name of Individual (Last, First, Middle Init Regions Bank	ial) or Full O	rganization	Name	D	ate of	f Re	ceipt							
	Mailing Address 100 E. Vine St.					<sup>M</sup> 10	/	D D D 31	/ Y	ү ү 2019	Y				
	City Murfreesboro	State TN	Zip Co 3713						A2019-1 eceipt th		d				
	FEC ID number of contributing federal political committee.	С							і т т	42	5.25				
	Name of Employer (for Individual)	Осси	upation (for	r Individual)	Ba	M nk Int		) Item							
	Receipt For: 2019 Primary General ✓ Other (specify) ▼ Not Applicable	Primary General General 6303.89													
B	Full Name of Individual (Last, First, Middle Init Regions Bank	ial) or Full O	rganization	Name		ate of	f Re	ceipt							
	Mailing Address 100 E. Vine St.				_	™ M 11	/	29	/ Y	2019	Y				
	City Murfreesboro	State TN		Transaction ID : A2019-17569 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С	C Occupation (for Individual)					-		270	0.45				
	Name of Employer (for Individual)	Occ						Bank Interest							
	Receipt For: 2019 Primary General X Other (specify) ▼ Not Applicable	Aggregate	Year-to-Da	te ▼ 6574.34											
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Regions Bank	ial) or Full O	rganization	Name	D	ate of	f Re	ceipt							
	Mailing Address 100 E. Vine St.					<sup>M</sup> 12	/	31	/ Y	ү 2019	Ý				
	City Murfreesboro	State TN	Zip Co 3713						A2019-1 eceipt th		d				
	FEC ID number of contributing federal political committee.	С						,	, ,	458	8.30				
	Name of Employer (for Individual)	Occi	upation (for	Individual)	Ba	M nk Int		o Item st							
	Receipt For: 2019 Primary General Other (specify) Not Applicable	Aggregate	Year-to-Da	te ▼ 7032.64											
s	UBTOTAL of Receipts This Page (optional)							,	. ,	1154	4.00				
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SCHEDULE B (FEC Form 3X)	Use ser	parate schedule(s)	-	E NUMBER: PAGE 75 OF 7									
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NAME OF COMMITTEE (In Full) National Health Corporation PAC	- Federa	al											
Full Name (Last, First, Middle Initial)				Date of Disbursement									
Mailing Address 100 E. Vine St.				11     20     2019       FEC Identification Number       C       Transaction ID : B753202									
City Murfreesboro	State TN	Zip Code 37130											
Purpose of Disbursement Bank Service Charge Candidate Name			001										
	ement For:		Category/ Type	Amount of Each Disbursement this Period									
State: District:	Primary Other (sp	ecify) ▼ Not Applicable	e	Memo Item									
Full Name (Last, First, Middle Initial) Regions Bank Mailing Address 100 E. Vine St.				Date of Disbursement									
City Murfreesboro Purpose of Disbursement	State TN	Zip Code 37130		FEC Identification Number									
Bank Service Charge Candidate Name			001 Category/ Type	Transaction ID : B754161 Amount of Each Disbursement this Period									
Office Sought: House Disburs Senate President X State: District:	ement For: Primary Other (sp	General		405.56									
Full Name (Last, First, Middle Initial)				Date of Disbursement									
Mailing Address													
City	State	Zip Code		FEC Identification Number									
Purpose of Disbursement Candidate Name			Category/	Amount of Each Disbursement this Period									
Office Sought: House Disburs	ement For: Primary	General	Туре										
State: District:	Other (sp	ecify) ▼		Memo Item									
SUBTOTAL of Disbursements This Page (optional)			····· •	535.56									
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	CHEDULE B (FEC Form 3X)		arate schedule(s)				NUMBER: PAGE 76 OF 79										
IT	EMIZED DISBURSEMENTS	for each	(c		c only 21b	y one) 22 🗶 23 🗌 26 🗌 27											
		Detailed	Summary Page			28a	28b	Ĥ	28c	-	29		30b				
	y information copied from such Reports and State for commercial purposes, other than using the na																
$\square$	NAME OF COMMITTEE (In Full)																
	National Health Corporation PAC	- Federa															
Α.	Full Name (Last, First, Middle Initial) Tom Rice for Congress			Date of	f Dis	burse	eme	nt									
	Mailing Address P.O. Box 70098						07 / D D / Y Y Y Y Y 23 / 2019										
	City Myrtle Beach	State SC	Zip Code 29572				FEC Identification Number										
	Purpose of Disbursement Contribution		20072		)11	-	С	C00	5060	48							
	Candidate Name				eqor	v/	Transaction ID : B735403 Amount of Each Disbursement this Period										
	Rice, Tom, , ,				ype		-			_			2500.0				
	Senate 🗶	_	General										2300.0	5			
	State: SC District: 07	Other (spe	cify) 🔻				Me	emo	ltem								
R	Full Name (Last, First, Middle Initial) Healthcare Freedom Fund						Date of	f Die	hurse	amo	nt						
Ъ.	Healincare Freedom Fund				Date of Disbursement												
	Mailing Address 4515 Harding Pike Suite 110	Address 4515 Harding Pike Suite 110						08 12 2019									
	City Nashville		FEC Identification Number														
	Purpose of Disbursement Contribution	1			C C00528414												
	Candidate Name		y/	Transaction ID : B737652 Amount of Each Disbursement this							eriod						
	Office Sought: House Disburse	ement For:		2500.00						D							
	Senate President	Primary	Primary General Other (specify)														
	State: District:	Other (spe	Not Applicable	e			Memo Item										
C.	Full Name (Last, First, Middle Initial) SC Victory Fund						Date o	f Dis	burse	eme	nt						
	Mailing Address P.O. Box 341027			_	M M / D D / Y Y Y Y 08 22 2019												
	City Austin	State TX	Zip Code 78734				FEC Id	entif	icatio	n N	umbe	er					
	Purpose of Disbursement Contribution		10134		)11		C C00716530										
	Candidate Name		011       Category/ Type       ment For: 2019       Primary       General       Other (specify)						Transaction ID : B739059 Amount of Each Disbursement this Period								
		-															
	Senate President	Other (and															
	State: District:		Not Applicable	Not Applicable						Memo Item							
s	UBTOTAL of Disbursements This Page (optional)								,		-,	1	5000.0	0			
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			Summary Page			1b 8a	22 	×	23 28c		26 29	-	27 30b			
	ny information copied from such Reports and State for commercial purposes, other than using the name				any p	ersor	for the		oose o		oliciti		ntribul			
$\setminus$	NAME OF COMMITTEE (In Full)															
	National Health Corporation PAC	- Federa	l													
A.	Full Name (Last, First, Middle Initial) Blackburn Tennessee Victory Fund	d					Date o	_			_	V	V	Y		
	Mailing Address P.O. Box 3750						09 / 20 / Y Y Y Y 2019									
	City Brentwood	State TN	Zip Code 37024				FEC lo	lentif	icatior	n Nı	umbe	r				
	Purpose of Disbursement Contribution		37024	0	11	1	C C00676395									
	Candidate Name				egory/ ype	1	Transaction ID : B740557 Amount of Each Disbursement this Period									
	Senate	ment For: 2 Primary	General		,		2500.00									
	State: District:	Other (spe	cify) ▼ Not Applicable				Me	emo	Item							
в.	Full Name (Last, First, Middle Initial) McConnell for Majority Leader Cm	nte							sburse	-		Y Y	Ŷ	Ŷ		
	Mailing Address 228 S. Washington St. #115		10 01 2019													
	City Alexandria Purpose of Disbursement						FEC Identification Number									
	Contribution Candidate Name				C C00548651 Transaction ID : B742354 Amount of Each Disbursement this Peri											
	Office Sought: House Disburse Senate	ment For:	2019 General	Ty	ype		2800.00 Memo Item									
	State: District:	Other (spe	cify) Not Applicable													
с.	Full Name (Last, First, Middle Initial) John Rose Victory Fund								Date of Disbursement							
	Mailing Address P.O. Box 2404						10 / Y Y Y Y 10 17 2019									
	City Cookeville	State TN	Zip Code 38502				FEC lo	lentil	icatior	n Nı	umbe	r				
	Purpose of Disbursement Contribution			0	11	1	С С00701938									
	Candidate Name		1	Transaction ID : B743144 Amount of Each Disbursement this Period												
	Office Sought: House Disburse Senate	ment For: 2 Primary	2019 General		ype				<u> </u>	_	-9-		1000.0	0		
	State: District:	Other (spe	cify) ▼ Not Applicable				Me	emo	Item							
⊢	<b>UBTOTAL</b> of Disbursements This Page (optional). <b>OTAL</b> This Period (last page this line number only					_	[.		<b>T</b>		7		6300.0			

SCHEDULE B (FEC Form 3X)		oroto ochodula (-)	-	NUMBER: PAGE 78 OF 79									
ITEMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22         X         23         26         27           28b         28c         29         30b									
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NAME OF COMMITTEE (In Full)													
National Health Corporation PAC	- Federa												
Full Name (Last, First, Middle Initial) A. Senate Leadership Fund				Date of Disbursement									
Mailing Address 45 North Hill Dr Ste 100	1	-											
City Warrenton	State VA	Zip Code 20186		FEC Identification Number									
Purpose of Disbursement Contribution		20100	011	C C00571703 Transaction ID : B744947									
Candidate Name			Category/ Type	Amount of Each Disbursement this Period									
Office Sought: House Disburs	sement For: Primary	2019 General	Type	15000.00									
State: District:	<b>K</b> Other (spe	ecify) ▼ Not Applicable		Memo Item									
Full Name (Last, First, Middle Initial) B. Senate Majority PAC (SMP PAC	)			Date of Disbursement									
Mailing Address 700 13th St NW Suite 600				11 04 2019									
City Washington	State DC	Zip Code 20005		FEC Identification Number									
Purpose of Disbursement Contribution Candidate Name			011 Category/	C C00484642 Transaction ID : B744948 Amount of Each Disbursement this Period									
Office Sought: House Disburs	sement For:	2019 General	Туре	7500.00									
State: District:	Conter (specific content of the second secon			Memo Item									
Full Name (Last, First, Middle Initial) C. Friends of Schumer				Date of Disbursement									
Mailing Address 192 Lexington Ave Suite 1001				12 30 Y Y Y Y Y 2019									
City New York Purpose of Disbursement	State NY	Zip Code 10016		FEC Identification Number C C00346312 Transaction ID : B752874 Amount of Each Disbursement this Period									
Contribution Candidate Name			011 Category/										
Schumer, Charles, E, ,			Туре	1000.00									
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NAME OF COMMITTEE (	In Full)																
> National Health C	orporation PAC	- Federal															
Full Name (Last, First, Mi A. Tim Burchett for (	,							isburse		V							
Mailing Address P.O. Box	51345					12 30 2019											
City		State TN	Zip Code			FEC Identification Number											
Knoxville Purpose of Disbursement Contribution		IN	37950	01	1	С		06521	- 1 - 1								
Candidate Name				Cateo	gory/	Am	Transaction ID : B752875 Amount of Each Disbursement this Period										
Burchett, Tim, , , Office Sought:	Dishuro	ement For: 2		Тур	be						1000.00						
Se	enate Disburse enate <b>x</b>	7	General				Memo	Itom			1000.00	_					
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Full Name (Last, First, Mi	ddle Initial)							isburse			Y Y						
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Purpose of Disbursement				С	С												
Candidate Name				gory/ be	Amount of Each Disbursement this Period												
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Full Name (Last, First, Mi	ddle Initial)					Dat	e of D	isburse	ement								
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Candidate Name	Candidate Name Cate Ty Office Sought: House Disbursement For: Senate Primary General							Amount of Each Disbursement this Period									
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