

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P.O. BOX 1398 MURFREESBORO TN 37130

2. FEC IDENTIFICATION NUMBER C00153445 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 01 2022 through 09 30 2022

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

Signature of Treasurer Shelly, Tim, , , [Electronically Filed] Date 10 14 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		227662.41
(b) Cash on Hand at Beginning of Reporting Period.....	211672.80	
(c) Total Receipts (from Line 19)	14462.80	14473.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	226135.60	242135.60
7. Total Disbursements (from Line 31).....	34160.12	50160.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	191975.48	191975.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2175.00	2175.00
(ii) Unitemized	12207.35	12207.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14382.35	14382.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14382.35	14382.35
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	80.45	90.84
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	14462.80	14473.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14462.80	14473.19

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	160.12	160.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	160.12	160.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34000.00	50000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	34160.12	50160.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34160.12	50160.12

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14382.35	14382.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14382.35	14382.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	160.12	160.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	160.12	160.12

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

A. Bidwell, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 N. University St.
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) SVP-Central
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 02 / 2022
Transaction ID : SA11AI.4605
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

B. Crotts, Jeanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Vine St.
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 02 / 2022
Transaction ID : SA11AI.4606
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

C. Dodson, Vicki, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Vine St.
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 02 / 2022
Transaction ID : SA11AI.4608
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

A. Harbin, Holly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Austin Graybill Rd.
 City North Augusta State SC Zip Code 29860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 02 / 2022
Transaction ID : SA11AI.4609
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

B. Stallings, Keely, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Hospital St.
 City Moulton State AL Zip Code 35650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 02 / 2022
Transaction ID : SA11AI.4604
 Amount of Each Receipt this Period 450.00
 Memo Item Contribution

C. Ussery, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Vine St.
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NHC Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 02 / 2022
Transaction ID : SA11AI.4610
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
West, Chris, , ,

Mailing Address 100 E. Vine St.

City Murfreesboro State TN Zip Code 37130

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

Name of Employer (for Individual) NHC Occupation (for Individual) VP-Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2022

Transaction ID : SA11AI.4611

Amount of Each Receipt this Period
225.00

Memo Item Contribution

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	2175.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	08	/	2022

Mailing Address PO BOX 33079

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4627

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

City WASHINGTON State DC Zip Code 20033

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

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

State: District:

Full Name (Last, First, Middle Initial)

B. ANDY OGLES FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	29	/	2022

Mailing Address 29 PUBLIC SQUARE

FEC Identification Number

C C00811844

Transaction ID : SB23.4634

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

City COLUMBIA State TN Zip Code 38401

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name ANDY OGLES FOR CONGRESS

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

State: TN District: 05

Full Name (Last, First, Middle Initial)

C. BUDD NC VICTORY FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2022

Mailing Address PO BOX 97275

FEC Identification Number

C C00817510

Transaction ID : SB23.4635

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name BUDD NC VICTORY FUND

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

State: NC District: 00

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

[REDACTED] 11000.00

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BURCHETT FOR CONGRESS

Mailing Address PO BOX 51345

City
KNOXVILLE

State
TN

Zip Code
37950

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

BURCHETT FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TN District: 02

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4623

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City
SPOKANE

State
WA

Zip Code
99210

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

CATHY MCMORRIS RODGERS FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2022

FEC Identification Number

C C00390476

Transaction ID : SB23.4630

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DESJARLAIS, SCOTT HON.

Mailing Address 639 SWEETENS COVE RD

City
SOUTH PITTSBURG

State
TN

Zip Code
37380

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

DESJARLAIS, SCOTT HON.

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.4625

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

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

[REDACTED] 6000.00

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

A. DIANA FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 7208

City: KINGSPORT State: TN Zip Code: 37664

Purpose of Disbursement: Contribution
Candidate Name: **DIANA FOR CONGRESS**
Office Sought: House Senate President
Disbursement For: 2022
 Primary General Other (specify) ▼

State: TN District: 01

Date of Disbursement: 08 / 29 / 2022

FEC Identification Number: C
Transaction ID : **SB23.4624**
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. DSCC

Full Name (Last, First, Middle Initial)
Mailing Address 120 MARYLAND AVE NE

City: WASHINGTON State: DC Zip Code: 20002

Purpose of Disbursement: Contribution
Candidate Name: **DSCC**
Office Sought: House Senate President
Disbursement For: 2022
 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 08 / 2022

FEC Identification Number: C
Transaction ID : **SB23.4626**
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. JEFF DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 845

City: LAURENS State: SC Zip Code: 29360

Purpose of Disbursement: Contribution
Candidate Name: **JEFF DUNCAN FOR CONGRESS**
Office Sought: House Senate President
Disbursement For: 2022
 Primary General Other (specify) ▼

State: SC District: 03

Date of Disbursement: 07 / 12 / 2022

FEC Identification Number: C
Transaction ID : **SB23.4618**
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN ROSE FOR TENNESSEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2022

Mailing Address PO BOX 2404

FEC Identification Number

C	
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Transaction ID : SB23.4621

Amount of Each Disbursement this Period

	1500.00
--	---------

Memo Item

City COOKEVILLE State TN Zip Code 38502

Purpose of Disbursement Contribution

011
Category/ Type

Candidate Name

JOHN ROSE FOR TENNESSEE

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TN District: 06	

Full Name (Last, First, Middle Initial)

B. KUSTOFF FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2022

Mailing Address 1661 AARON BRENNER DR STE 300

FEC Identification Number

C	C00614826
---	-----------

Transaction ID : SB23.4622

Amount of Each Disbursement this Period

	1000.00
--	---------

Memo Item

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement Contribution

011
Category/ Type

Candidate Name

KUSTOFF FOR CONGRESS

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TN District: 08	

Full Name (Last, First, Middle Initial)

C. LAXALT FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2022

Mailing Address PO BOX 751102

FEC Identification Number

C	C00787135
---	-----------

Transaction ID : SB23.4631

Amount of Each Disbursement this Period

	1000.00
--	---------

Memo Item

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement Contribution

011
Category/ Type

Candidate Name

LAXALT FOR SENATE

Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NV District: 00	

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

	3500.00
--	---------

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

A. MCCARTHY VICTORY FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement Contribution

Candidate Name MCCARTHY VICTORY FUND

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: CA District: 23

Date of Disbursement: 08 / 05 / 2022

FEC Identification Number: C

Transaction ID : SB23.4620

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. PALLONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement Contribution

Candidate Name PALLONE FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: NJ District: 06

Date of Disbursement: 08 / 05 / 2022

FEC Identification Number: C C00226928

Transaction ID : SB23.4619

Amount of Each Disbursement this Period: 1500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	34000.00