

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

P.O. BOX 1398

Check if different
than previously
reported. (ACC)

MURFREESBORO

TN

37130

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00153445

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

Shelly, Tim, , ,

Signature of Treasurer

Shelly, Tim, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**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: MM / DD / YYYY 01 / 01 / 2025 To: MM / DD / YYYY 06 / 30 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYY YYYY	2025	132016.94
(b) Cash on Hand at Beginning of Reporting Period.....	132016.94	
(c) Total Receipts (from Line 19)	55299.84	55299.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	187316.78	187316.78
7. Total Disbursements (from Line 31)	44059.31	44059.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	143257.47	143257.47
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov**

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
01 01 2025

To:

M M / D D / Y Y Y Y Y
06 30 2025**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).....

48947.00

48947.00

(ii) Unitemized

3119.50

3119.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

52066.50

52066.50

(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)

52066.50

52066.50

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.....

1500.00

1500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

1733.34

1733.34

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))

55299.84

55299.84

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

55299.84

55299.84

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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	2559.31	2559.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2559.31	2559.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41500.00	41500.00
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)) ..	44059.31	44059.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44059.31	44059.31

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)	52066.50	52066.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52066.50	52066.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2559.31	2559.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	2559.31	2559.31

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 46
(check only one)
☒ 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 POLITICAL ACTION COMMITTEE

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

A. Anderson, Zach, , ,

Mailing Address 2403 Battlefield Pkwy.

City

Ft. Oglethorpe

State

GA

Zip Code

30742

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NHC

Occupation (for Individual)

Administrator

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5394

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

B. Bader, Jessica, , ,

Mailing Address 1120 Falcon Dr.

City

Kennett

State

MO

Zip Code

63857

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 ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5355

Amount of Each Receipt this Period

585.00

☐ Memo Item

Contribution

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

C. Bailey, Kaitlin, , ,

Mailing Address 608 E 8th Ave

City

Springfield

State

TN

Zip Code

37172

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NHC

Occupation (for Individual)

Administrator

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5431

Amount of Each Receipt this Period

210.00

☐ Memo Item

Contribution

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

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 46
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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

A. Bartlett, Tyler, , ,

Mailing Address 2230 Ashley Crossing Dr.

City
CharlestonState
SCZip Code
29414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5347

Amount of Each Receipt this Period

780.00

☐ Memo Item

Contribution

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

B. Bentzinger, Reed, , ,

Mailing Address 844 Passover Rd.

City
Osage BeachState
MOZip Code
65065FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5429

Amount of Each Receipt this Period

240.00

☐ Memo Item

Contribution

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

C. Bidwell, Greg, , ,

Mailing Address 420 N. University St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
SVP-Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5342

Amount of Each Receipt this Period

1300.00

☐ Memo Item

Contribution

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

2320.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 46
(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

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

A. Bidwell, Scott, , ,

Mailing Address 993 E. College St.

City
PulaskiState
TNZip Code
38478FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
SVP-South Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5387

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

B. Billingsley, Denise, , ,

Mailing Address 109 Homewood Blvd.

City
GlasgowState
KYZip Code
42141FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5407

Amount of Each Receipt this Period

390.00

☐ Memo Item

Contribution

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

C. Bryant, Jennifer, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
DON

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5410

Amount of Each Receipt this Period

390.00

☐ Memo Item

Contribution

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

1235.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 46
(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

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

A. Bumgardaner, Kelley, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
DON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5405

Amount of Each Receipt this Period

390.00

☐ Memo Item

Contribution

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

B. Burwin, Allison, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
SVP-Northeast

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5356

Amount of Each Receipt this Period

585.00

☐ Memo Item

Contribution

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

C. Butler, Addison, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5367

Amount of Each Receipt this Period

500.50

☐ Memo Item

Contribution

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

1475.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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

A. Clark, Andy, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5421

Amount of Each Receipt this Period

260.00

☐ Memo Item

Contribution

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

B. Coggin, Robert, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Director of Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5351

Amount of Each Receipt this Period

650.00

☐ Memo Item

Contribution

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

C. Crotts, Jeanie, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5344

Amount of Each Receipt this Period

1300.00

☐ Memo Item

Contribution

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

2210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 46
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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

A. Davis, Kathryn, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5409

Amount of Each Receipt this Period

390.00

☐ Memo Item

Contribution

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

B. Davis, Samantha, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5404

Amount of Each Receipt this Period

390.00

☐ Memo Item

Contribution

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

C. Demings, Sheresa, , ,

Mailing Address 8353 TN-100

City
NashvilleState
TNZip Code
37221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5423

Amount of Each Receipt this Period

260.00

☐ Memo Item

Contribution

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

1040.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 46
(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

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

A. Dodson, Vicki, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5340

Amount of Each Receipt this Period

1300.00

☐ Memo Item

Contribution

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

B. Duttry, Phill, , ,

Mailing Address 34 Gracey St.

City
SpartaState
TNZip Code
38583FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5425

Amount of Each Receipt this Period

260.00

☐ Memo Item

Contribution

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

C. Effland, Karla, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
DON

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5417

Amount of Each Receipt this Period

325.00

☐ Memo Item

Contribution

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

1885.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 46
(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

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

A. Flatt, Andy, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
SVP-IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5349

Amount of Each Receipt this Period

650.00

☐ Memo Item

Contribution

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

B. Flatt, Steve, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5350

Amount of Each Receipt this Period

650.00

☐ Memo Item

Contribution

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

C. Hall, Malcolm, , ,

Mailing Address 139 Chestnut Oak

City
SmithvilleState
TNZip Code
37166FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Director of Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5376

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

1755.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 46
(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

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

A. Harbin, Holly, , ,

Mailing Address 350 Austin Graybill Rd.

City
North AugustaState
SCZip Code
29860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5341

Amount of Each Receipt this Period

1300.00

☐ Memo Item

Contribution

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

B. Harris, Hunter, , ,

Mailing Address 500 Elmington Ave.

City
NashvilleState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5396

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

C. Hassan, Emil, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5321

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

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

2005.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 46
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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

A. Hilbers, Zach, , ,

Mailing Address 8044 Coley Davis Rd.

City
NashvilleState
TNZip Code
37221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5416

Amount of Each Receipt this Period

325.00

☐ Memo Item

Contribution

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

B. Hill, Daley, , ,

Mailing Address 370 Old Shackle Island Rd.

City
HendersonvilleState
TNZip Code
37075FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5374

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

C. Hill, Heath, , ,

Mailing Address 1501 E. Greenville St.

City
AndersonState
SCZip Code
29621FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5415

Amount of Each Receipt this Period

350.00

☐ Memo Item

Contribution

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

1130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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

A. Holder, Chuck, , ,

Mailing Address 304 Jacobs Hwy.

City
ClintonState
SCZip Code
29325FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5377

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

B. Hubbard, Debbie, , ,

Mailing Address 2300 Pavillion Dr.

City
KingsportState
TNZip Code
37660FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5383

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

C. Hubbuch, Josh, , ,

Mailing Address 300 Hospital St.

City
MoultonState
ALZip Code
35650FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5362

Amount of Each Receipt this Period

520.00

☐ Memo Item

Contribution

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

1430.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 46
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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

A. Hunt, Janet, , ,

Mailing Address 308 Lake Dr.

City
SomervilleState
TNZip Code
38068FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5400

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

B. Jones, Christina, , ,

Mailing Address 211 Cool Springs Blvd.

City
FranklinState
TNZip Code
37067FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5382

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

C. Jones, Craig, , ,

Mailing Address 5010 Trotwood Ave.

City
ColumbiaState
TNZip Code
38401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : SA11AI.5331

Amount of Each Receipt this Period

260.00

☐ Memo Item

Contribution

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

1170.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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

A. Jones, Craig, , ,

Mailing Address 5010 Trotwood Ave.

City
ColumbiaState
TNZip Code
38401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5364

Amount of Each Receipt this Period

520.00

☐ Memo Item

Contribution

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

B. Jones, Stephanie, , ,

Mailing Address 2700 E. 34th St.

City
JoplinState
MOZip Code
64804FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5386

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

C. Kidd, Brian, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5420

Amount of Each Receipt this Period

260.00

☐ Memo Item

Contribution

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

1235.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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

A. Kingston, Michael, , ,

Mailing Address 101 Walnut Ln.

City
ColumbiaState
TNZip Code
38401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5359

Amount of Each Receipt this Period

520.00

☐ Memo Item

Contribution

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

B. Knowles, Evelyn, , ,

Mailing Address 35 Sugar Maple Ln.

City
St. CharlesState
MOZip Code
63303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Regional HIM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5424

Amount of Each Receipt this Period

260.00

☐ Memo Item

Contribution

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

C. Lacey, Troy, , ,

Mailing Address 608 E. 8th Ave.

City
SpringfieldState
MOZip Code
37172FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5392

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

1235.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 46
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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

A. Lane, Karla, , ,

Mailing Address 122 Cavette Hill Ln.

City
KnoxvilleState
TNZip Code
37934FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5391

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

B. Manley, Michael, , ,

Mailing Address 2993 Sunset Blvd.

City
West ColumbiaState
SCZip Code
29169FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5353

Amount of Each Receipt this Period

650.00

☐ Memo Item

Contribution

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

C. McClain, Jaclyn, , Ms,

Mailing Address 3039 Okatie Hwy.

City
OkatieState
SCZip Code
29909FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5419

Amount of Each Receipt this Period

300.00

☐ Memo Item

Contribution

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

1405.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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

A. McCreary, Josh, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5408

Amount of Each Receipt this Period

390.00

☐ Memo Item

Contribution

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

B. McHale, Patrick, , ,

Mailing Address 8017 Dogwood Ln.

City
MilanState
TNZip Code
38358FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5346

Amount of Each Receipt this Period

910.00

☐ Memo Item

Contribution

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

C. McKamey, Darrin, , ,

Mailing Address 374 Brink St.

City
LawrenceburgState
TNZip Code
38464FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5418

Amount of Each Receipt this Period

315.00

☐ Memo Item

Contribution

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1615.00

SCHEDULE A (FEC Form 3X)
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Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 46
(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

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

A. McKenzie, Dan, , ,

Mailing Address 3916 Boyds Bridge Pike

City
KnoxvilleState
TNZip Code
37914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5375

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

B. Michel, Anna, , ,

Mailing Address 211 Davis Dr.

City
West PlainsState
MOZip Code
65775FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5403

Amount of Each Receipt this Period

445.00

☐ Memo Item

Contribution

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

C. Moore, Penn, , ,

Mailing Address 1321 Cedar Ln.

City
TullahomaState
TNZip Code
37388FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5402

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

1355.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 46
(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

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

A. Moore, Todd, , ,

Mailing Address 211 Cool Springs Blvd.

City
FranklinState
TNZip Code
37067FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5373

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

B. Moorhouse, Brad, , ,

Mailing Address 1501 E. Greenville St.

City
AndersonState
SCZip Code
29621FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
SVP-South Carolina

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5368

Amount of Each Receipt this Period

494.00

☐ Memo Item

Contribution

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

C. Moorhouse, Bryan, , ,

Mailing Address 1305 Boiling Springs Rd.

City
GreerState
SCZip Code
29650FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5365

Amount of Each Receipt this Period

520.00

☐ Memo Item

Contribution

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

1469.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 46
(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

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

A. Nason, Jay, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
SVP-Eastern

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5354

Amount of Each Receipt this Period

650.00

☐ Memo Item

Contribution

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

B. Norris, Chelsey, , ,

Mailing Address 216 Fairground St.

City
FranklinState
TNZip Code
37064FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5411

Amount of Each Receipt this Period

390.00

☐ Memo Item

Contribution

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

C. Norton, Riley, , ,

Mailing Address 1335 Greenbrier Dear Rd.

City
AnnistonState
ALZip Code
36207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5414

Amount of Each Receipt this Period

360.00

☐ Memo Item

Contribution

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

1400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 46
(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

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

A. Peimann, Seth, , ,

Mailing Address 35 Sugar Maple Ln.

City
St. CharlesState
MOZip Code
63303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5379

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

B. Raffa, Tony, , ,

Mailing Address 2700 Parkwood Ave.

City
ChattanoogaState
TNZip Code
37404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5381

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

C. Rector, Mel, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
SVP-Missouri

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5348

Amount of Each Receipt this Period

650.00

☐ Memo Item

Contribution

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

1560.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 46
(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

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

A. Richardson, Rachel, , ,

Mailing Address 29612 Kellogg Ave.

City
MaconState
MOZip Code
63552FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : SA11AI.5333

Amount of Each Receipt this Period

207.50

☐ Memo Item

Contribution

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

B. Richardson, Rachel, , ,

Mailing Address 29612 Kellogg Ave.

City
MaconState
MOZip Code
63552FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5385

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

C. Riddle, Blair, , ,

Mailing Address 801 Brim St.

City
DeslogeState
MOZip Code
63601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5361

Amount of Each Receipt this Period

520.00

☐ Memo Item

Contribution

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

1182.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 46
(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

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

A. Sage, Kristen, , ,

Mailing Address 35 Sugar Maple Ln

City
St. CharlesState
MOZip Code
63303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Regional Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5427

Amount of Each Receipt this Period

260.00

☐ Memo Item

Contribution

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

B. Scott, Derrick, , ,

Mailing Address 1653 Mooresville Hwy.

City
LewisburgState
TNZip Code
37091FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.50

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5389

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

C. Sellars, Alex, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5369

Amount of Each Receipt this Period

494.00

☐ Memo Item

Contribution

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

1209.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 46
(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

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

A. Sellars, Gideon, , ,

Mailing Address 437 E. Cambridge Ave.

City
GreenwoodState
SCZip Code
29646FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5366

Amount of Each Receipt this Period

507.00

☐ Memo Item

Contribution

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

B. Sellars, Rick, , ,

Mailing Address 437 E. Cambridge Ave.

City
GreenwoodState
SCZip Code
29646FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
VP-AL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5399

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

C. Shearer, Jacob, , ,

Mailing Address 7601 Parklane Rd.

City
ColumbiaState
SCZip Code
29223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5357

Amount of Each Receipt this Period

550.00

☐ Memo Item

Contribution

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

1512.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 46
(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

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

A. Shearer, Rickie, , ,

Mailing Address 379 Pinehaven St.

City
LaurensState
SCZip Code
29360FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5363

Amount of Each Receipt this Period

520.00

☐ Memo Item

Contribution

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

B. Shelly, Tim, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
SVP-Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5413

Amount of Each Receipt this Period

390.00

☐ Memo Item

Contribution

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

C. Shuford, Brad, , ,

Mailing Address 809 E. Emerald Ave.

City
KnoxvilleState
TNZip Code
37917FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5370

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

1365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 46
(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

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

A. Smith, Shawn, , ,

Mailing Address 300 Laboratory Rd.

City
Oak RidgeState
TNZip Code
37830FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5384

Amount of Each Receipt this Period

455.00

☐ Memo Item
Contribution

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

B. Stallings, Keely, , ,

Mailing Address 2300 Coleman Rd.

City
AnnisonState
ALZip Code
36207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5339

Amount of Each Receipt this Period

1950.00

☐ Memo Item
Contribution

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

C. Stephens, Joan, , ,

Mailing Address 928 Old Smithville Rd.

City
McMinnvilleState
TNZip Code
37110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5358

Amount of Each Receipt this Period

520.00

☐ Memo Item
Contribution**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2925.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 46

(check only one)

<input checked="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

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

A. Stoner, Jeremy, , ,

Mailing Address 815 S. Walnut Ave.

City
CookevilleState
TNZip Code
38501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5360

Amount of Each Receipt this Period

520.00

☐ Memo Item

Contribution

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

B. Tappe, Debra, , ,

Mailing Address 5300 Executive Centre Parkway

City
St. PetersState
MOZip Code
63376FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5406

Amount of Each Receipt this Period

390.00

☐ Memo Item

Contribution

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

C. Taylor, Susan, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5388

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

1365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 46
(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

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

A. Tempest, Tyler, , ,

Mailing Address 3015 Fernbrook Ln.

City
NashvilleState
TNZip Code
37214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5378

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

B. Todd, Chandler, , ,

Mailing Address 7601 Parklane Rd.

City
ColumbiaState
SCZip Code
29223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Adminstrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5390

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

C. Tummins, Misty, , ,

Mailing Address 812 N. Charlotte St.

City
DicksonState
TNZip Code
37055FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5371

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

1365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 46
(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

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

A. UNITEMIZED, UNITEMIZED, , ,

Mailing Address UNITEMIZED

City
UNITEMIZEDState
TNZip Code
00000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNITEMIZEDOccupation (for Individual)
UNITEMIZED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1084.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5449

Amount of Each Receipt this Period

1084.00

☐ Memo ItemUnitemized contributions less than \$200 in period or
cumulative

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

B. Ussery, Marshall, , ,

Mailing Address 8353 Hwy. 100

City
NashvilleState
TNZip Code
37221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5352

Amount of Each Receipt this Period

650.00

☐ Memo Item

Contribution

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

C. Ussery, Mike, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5343

Amount of Each Receipt this Period

1300.00

☐ Memo Item

Contribution

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

3034.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 46
(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

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

A. Vaden, Ryan, , ,

Mailing Address 825 Fisher Ave.

City
SmithvilleState
TNZip Code
37166FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5412

Amount of Each Receipt this Period

390.00

☐ Memo Item

Contribution

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

B. Vincent, Brandon, , ,

Mailing Address 211 Cool Springs Blvd.

City
FranklinState
TNZip Code
37067FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Regionals Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5393

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

C. Wamble, Cory, , ,

Mailing Address 140 Thorne Blvd.

City
GallatinState
TNZip Code
37066FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5395

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 46
(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

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

A. Ward, Mary, , ,

Mailing Address 35 Sugar Maple Ln

City
St. CharlesState
MOZip Code
63303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Regional Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5426

Amount of Each Receipt this Period

260.00

☐ Memo Item

Contribution

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

B. West, Chris, , ,

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
VP-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5345

Amount of Each Receipt this Period

975.00

☐ Memo Item

Contribution

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

C. Whorley, Major, , ,

Mailing Address 245 North Street

City
BristolState
VAZip Code
24201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5397

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

1690.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 46
(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

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

A. Williams, Tyler, , ,

Mailing Address 3209 Bristol Hwy.

City
Johnson CityState
TNZip Code
37601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5398

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

B. Winfree, Buckley, , ,

Mailing Address 1927 Memorial Blvd.

City
MurfreesboroState
TNZip Code
37129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5372

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

C. Wrather, Tim, , ,

Mailing Address 2120 Highland Ave.

City
KnoxvilleState
TNZip Code
37916FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5380

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

1365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 46

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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

A. Wright, James, , ,

Mailing Address 1000 St. Luke Dr.

City
NashvilleState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHCOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA11AI.5401

Amount of Each Receipt this Period

455.00

☐ Memo Item

Contribution

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

455.00

48947.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 46

<input 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 checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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

A. TEAM HAGERTYMailing Address 4515 HARDING PIKE
STE 110City
NASHVILLEState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2025

Transaction ID : SA16.5313

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Refund of over limits

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 46
(check only one)

<input 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 checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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

A. Regions Bank

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC 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 ▼

293.66

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2025

Transaction ID : SA17.5315

Amount of Each Receipt this Period

293.66

☐ Memo Item

Interest

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

B. Regions Bank

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC 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 ▼

573.10

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025

Transaction ID : SA17.5316

Amount of Each Receipt this Period

279.44

☐ Memo Item

Interest

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

C. Regions Bank

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC 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 ▼

872.16

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2025

Transaction ID : SA17.5317

Amount of Each Receipt this Period

299.06

☐ Memo Item

Interest

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

872.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 46
(check only one)

<input 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 checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

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

A. Regions Bank

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC 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 ▼

1137.91

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2025

Transaction ID : SA17.5318

Amount of Each Receipt this Period

265.75

☐ Memo Item

Interest

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

B. Regions Bank

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC 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 ▼

1432.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2025

Transaction ID : SA17.5319

Amount of Each Receipt this Period

294.12

☐ Memo Item

Interest

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

C. Regions Bank

Mailing Address 100 E. Vine St.

City
MurfreesboroState
TNZip Code
37130FEC 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 ▼

1733.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA17.5320

Amount of Each Receipt this Period

301.31

☐ Memo Item

Interest

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

861.18

1733.34

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. US Dept. of Treasury

Mailing Address 1500 Pennsylvania Ave.

City
Washington DCState
DCZip Code
20002

Purpose of Disbursement

Taxes

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.5305

Amount of Each Disbursement this Period

2548.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2548.83

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

2548.83

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 46

<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

Mailing Address PO BOX 33079

City
WASHINGTONState
DCZip Code
20033

Purpose of Disbursement

Contribution

011

Candidate Name

AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2026

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB23.5298

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COLLINS VICTORY COMMITTEE

Mailing Address 901 N WASHINGTON ST, STE 700

City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

Contribution

011

Candidate Name

COLLINS VICTORY COMMITTEE

Category/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2026

☒ Primary☐ General☐ Other (specify) ▼

State: ME

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4		2	0	2	5		

FEC Identification Number

C C00692897

Transaction ID : SB23.5312

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DIANA FOR CONGRESS

Mailing Address PO BOX 7208

City
KINGSPORTState
TNZip Code
37664

Purpose of Disbursement

Contribution

011

Candidate Name

DIANA FOR CONGRESS

Category/
Type

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2026

☒ Primary☐ General☐ Other (specify) ▼

State: TN

District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB23.5295

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10000.00

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 PageFOR LINE NUMBER:
(check only one)

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<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. HEARTLAND VALUES PAC

Mailing Address PO BOX 505

City
SIOUX FALLSState
SDZip Code
57101

Purpose of Disbursement

Contribution

Candidate Name

HEARTLAND VALUES PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	2	5		

FEC Identification Number

C C00409003**Transaction ID : SB23.5300**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEFFRIES VICTORY FUNDMailing Address 430 S CAPITOL ST SE
2ND FLCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

Contribution

Candidate Name

JEFFRIES VICTORY FUND

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: NY

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	2	5		

FEC Identification Number

C C00768200**Transaction ID : SB23.5299**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KUSTOFF FOR CONGRESSMailing Address 1661 AARON BRENNER DR
STE 300City
MEMPHISState
TNZip Code
38120

Purpose of Disbursement

Contribution

Candidate Name

KUSTOFF FOR CONGRESS

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: TN

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	9			2	0	2	5		

FEC Identification Number

C C00614826**Transaction ID : SB23.5297**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1	1	0	0	0	0								

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. MILLER-MEEKS FOR CONGRESS

Mailing Address PO BOX 33

City
OTTUMWAState
IAZip Code
52501

Purpose of Disbursement

Contribution

Candidate Name

MILLER-MEEKS FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: IA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4			2	0	2	5		

FEC Identification Number

C C00558825**Transaction ID : SB23.5311**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NRCC

Mailing Address 320 FIRST STREET SE

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

Contribution

Candidate Name

NRCC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	3			2	0	2	5		

FEC Identification Number

C C00075820**Transaction ID : SB23.5296**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NRSC

Mailing Address 425 2ND STREET NE

City
WASHINGTONState
DCZip Code
20002

Purpose of Disbursement

Contribution

Candidate Name

NRSC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4			2	0	2	5		

FEC Identification Number

C C00027466**Transaction ID : SB23.5292**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7	0	0	0	0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. NRSC

Mailing Address 425 2ND STREET NE

City
WASHINGTONState
DCZip Code
20002

Purpose of Disbursement

Contribution

Candidate Name

NRSC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	2	5		

FEC Identification Number

C C00027466**Transaction ID : SB23.5301**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHERI BIGGS FOR CONGRESS

Mailing Address PO BOX 2685

City
ANDERSONState
SCZip Code
29622

Purpose of Disbursement

Contribution

Candidate Name

SHERI BIGGS FOR CONGRESS

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: SC

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	6			2	0	2	5		

FEC Identification Number

C C00866426**Transaction ID : SB23.5302**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TEAM HAGERTYMailing Address 4515 HARDING PIKE
STE 110City
NASHVILLEState
TNZip Code
37205

Purpose of Disbursement

Contribution

Candidate Name

TEAM HAGERTY

Office Sought:

<input type="checkbox"/>	House
<input checked="" type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: TN

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB23.5293**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 46

<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. TENNESSEE EAGLE PAC

Mailing Address PO BOX 50430

City
NASHVILLEState
TNZip Code
37205

Purpose of Disbursement

Contribution

Candidate Name

TENNESSEE EAGLE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	9			2	0	2	5		

FEC Identification Number

C C00795708**Transaction ID : SB23.5310**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

41500.00