

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
Diversicare Healthcare Inc. Political Action Committee

ADDRESS (number and street) 1621 Galleria Blvd
Check if different than previously reported. (ACC) Brentwood TN 37027

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00421735 3. IS THIS REPORT NEW OR AMENDED (A) [X] (N)

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

5. Covering Period 09 / 01 / 2018 through 09 / 30 / 2018

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

Signature of Treasurer McKnight, James, R., , [Electronically Filed] Date 10 / 18 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Diversicare Healthcare Inc. Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value=""/>	<input type="text" value="61453.10"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="70625.54"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1173.16"/>	<input type="text" value="12845.60"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="71798.70"/>	<input type="text" value="74298.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="500.00"/>	<input type="text" value="3000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="71298.70"/>	<input type="text" value="71298.70"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Diversicare Healthcare Inc. Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2018 To: M M / D D / Y Y Y Y 09 / 30 / 2018

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1064.04	12241.76
(ii) Unitemized .....	109.12	603.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1173.16	12845.60
(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) .....	1173.16	12845.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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)).....▶	1173.16	12845.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1173.16	12845.60

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	500.00
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).....	500.00	2500.00
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)) ..	500.00	3000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	3000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1173.16	12845.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1173.16	12845.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Diversicare Healthcare Inc. Political Action Committee**

**A. Campbell, Leslie, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3011 Hester Way  
 City Salado State TX Zip Code 76571-6096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) Chief Operations Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2414.06

Date of Receipt 09 / 21 / 2018  
**Transaction ID : A0367342D87CE4ED4AC1**  
 Amount of Each Receipt this Period 288.46  
 Memo Item  
 Payroll Deduction: \$144.23/Bi-Weekly

**B. Cox, Beverly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1017 Riverchase Rd SE  
 City Huntsville State AL Zip Code 35803-2327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Leasing Corporation Occupation (for Individual) Admin Administrator-exemp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 676.08

Date of Receipt 09 / 21 / 2018  
**Transaction ID : AD891444ED6334134B9B**  
 Amount of Each Receipt this Period 76.16  
 Memo Item  
 Payroll Deduction: \$38.08/Bi-Weekly

**C. McKnight, James, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2068 Goose Creek Dr  
 City Franklin State TN Zip Code 37064-5060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) CFO,EVP, Secretary  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2298.92

Date of Receipt 09 / 06 / 2018  
**Transaction ID : A5DB65465298641DF843**  
 Amount of Each Receipt this Period 173.08  
 Memo Item  
 Payroll Deduction: \$173.08/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	537.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Diversicare Healthcare Inc. Political Action Committee**

**A. Oakley, Treieva, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 Camellia Rd  
 City Oneonta State AL Zip Code 35121-1902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) DMS Training Coordinator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 687.42

Date of Receipt 09 / 21 / 2018  
**Transaction ID : A9E6EA86256084D198DF**  
 Amount of Each Receipt this Period 76.38  
 Memo Item  
 Payroll Deduction: \$38.19/Bi-Weekly

**B. Meade, Wanda, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3728 State Route 3  
 City Catlettsburg State KY Zip Code 41129-9340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) Division President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1461.60

Date of Receipt 09 / 21 / 2018  
**Transaction ID : AFA494D3F96A14748921**  
 Amount of Each Receipt this Period 146.16  
 Memo Item  
 Payroll Deduction: \$73.08/Bi-Weekly

**C. Griffith, Joyce, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 62  
 City Grayson State KY Zip Code 41143-0062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) REBOC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 21 / 2018  
**Transaction ID : AF6419332D57B4842AF6**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction: \$20.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	262.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Diversicare Healthcare Inc. Political Action Committee**

**A. Horton, Janice, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4527 SE Highway 70  
 City Arcadia State FL Zip Code 34266-7787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Leasing Corporation Occupation (for Individual) Admin Administrator-exemp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 569.52

Date of Receipt 09 / 21 / 2018  
**Transaction ID : A14A2D4CBA54C43ED8EF**  
 Amount of Each Receipt this Period 63.28  
 Memo Item  
 Payroll Deduction: \$31.64/Bi-Weekly

**B. Snyder, Trescha, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1124 Craig Rd  
 City Knoxville State TN Zip Code 37919-8238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) Director, Dietary Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 828.54

Date of Receipt 09 / 21 / 2018  
**Transaction ID : A18F6C5FBD4D84B29A0C**  
 Amount of Each Receipt this Period 92.52  
 Memo Item  
 Payroll Deduction: \$46.26/Bi-Weekly

**C. Weishaar, Matthew, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 376 Sandcastle Rd  
 City Franklin State TN Zip Code 37069-7186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) Sr VP Finance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 21 / 2018  
**Transaction ID : A17B8E777D33D45EF87E**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 Payroll Deduction: \$40.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.80
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 10  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Diversicare Healthcare Inc. Political Action Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 McKnight, James, R., ,

Mailing Address 2068 Goose Creek Dr

City Franklin    State TN    Zip Code 37064-5060

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

Name of Employer (for Individual) Diversicare Management Services    Occupation (for Individual) CFO,EVP, Secretary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2326.92

Date of Receipt  
 09 / 21 / 2018

**Transaction ID : ADF60D374238443749FC**

Amount of Each Receipt this Period  
 28.00

Memo Item  
 Payroll Deduction: \$28.00/Bi-Weekly

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City    State    Zip Code

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	28.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1064.04

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Diversicare Healthcare Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Russell Meyer for Kentucky Representative</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address 106 Lone Oak Drive		FEC Identification Number C <b>Transaction ID : BB52AFAE27</b> Amount of Each Disbursement this Period 500.00
City Nicholasville	State KY	
Zip Code 40356-9417		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution to State Committee		
Candidate Name		Category/Type <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		Memo Item <input type="checkbox"/>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00