

# 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 (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)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [07] / [01] / [2020] through [09] / [30] / [2020]

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 McKnight, James, R., ,

Signature of Treasurer McKnight, James, R., , [Electronically Filed] Date [10] / [12] / [2020]

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="2020"/>		60435.23
(b) Cash on Hand at Beginning of Reporting Period.....	56417.01	
(c) Total Receipts (from Line 19) .....	2494.78	8476.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	58911.79	68911.79
7. Total Disbursements (from Line 31).....	2500.00	12500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	56411.79	56411.79
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Diversicare Healthcare Inc. Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2020 To: M M / D D / Y Y Y Y 09 / 30 / 2020

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).....	2424.78	6942.34
(ii) Unitemized .....	70.00	1534.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2494.78	8476.56
(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) .....	2494.78	8476.56
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)).....▶	2494.78	8476.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2494.78	8476.56

**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	10000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	10000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
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)) ..	2500.00	12500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	12500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<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) .....	2494.78	8476.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2494.78	8476.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	10000.00
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	10000.00

**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 ▼ 1153.84

Date of Receipt 07 / 01 / 2020  
**Transaction ID : ABB80042BAA0443898F8**  
 Amount of Each Receipt this Period 144.23  
 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 ▼ 609.28

Date of Receipt 08 / 21 / 2020  
**Transaction ID : A9DABC7E6F9594905A7D**  
 Amount of Each Receipt this Period 190.40  
 Memo Item  
 Payroll Deduction: \$38.08/Bi-Weekly

**C. 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 ▼ 686.18

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A4DA8FB21455B4634A13**  
 Amount of Each Receipt this Period 76.90  
 Memo Item  
 Payroll Deduction: \$38.45/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	411.53
<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. 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
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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 ▼  
280.00

Date of Receipt  
08 / 07 / 2020  
**Transaction ID : A2FC6831207CE4064A53**

Amount of Each Receipt this Period  
60.00

Memo Item  
Payroll Deduction: \$20.00/Bi-Weekly

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

Mailing Address 2667 Sporting Hill Bridge Rd

City Thompsons Station	State TN	Zip Code 37179-5386
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Diversicare Healthcare Inc.	Occupation (for Individual) CFO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1530.00

Date of Receipt  
09 / 18 / 2020  
**Transaction ID : A864668E8A366420CBDC**

Amount of Each Receipt this Period  
595.00

Memo Item  
Payroll Deduction: \$85.00/Bi-Weekly

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

Mailing Address 6512 Brandon Park Way

City Franklin	State TN	Zip Code 37064-7627
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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 ▼  
2250.04

Date of Receipt  
07 / 10 / 2020  
**Transaction ID : AC444B44B7B554264A5F**

Amount of Each Receipt this Period  
346.16

Memo Item  
Payroll Deduction: \$173.08/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1001.16
<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. McKnight, James, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6512 Brandon Park Way  
 City Franklin State TN Zip Code 37064-7627  
 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 07 / 24 / 2020  
**Transaction ID : AB9EE7AC21A494D5F809**  
 Amount of Each Receipt this Period 76.88  
 Memo Item  
 Payroll Deduction: \$76.88/Bi-Weekly

**B. 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 ▼ 694.26

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A01C14E0D8AF04D7EB47**  
 Amount of Each Receipt this Period 269.99  
 Memo Item  
 Payroll Deduction: \$38.57/Bi-Weekly

**C. Rice, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7147 Riverfront Dr  
 City Nashville State TN Zip Code 37221-6585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) VP of Risk Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 654.72

Date of Receipt 07 / 01 / 2020  
**Transaction ID : AD34C3B00DB4D4C33A98**  
 Amount of Each Receipt this Period 54.56  
 Memo Item  
 Payroll Deduction: \$54.56/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	401.43
<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. Rice, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7147 Riverfront Dr  
 City Nashville State TN Zip Code 37221-6585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) VP of Risk Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 985.38

Date of Receipt 09 / 18 / 2020  
**Transaction ID : A8EBE022F40EE4507851**  
 Amount of Each Receipt this Period 330.66  
 Memo Item  
 Payroll Deduction: \$55.11/Bi-Weekly

**B. 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 / 18 / 2020  
**Transaction ID : AA789560B800E4C79A46**  
 Amount of Each Receipt this Period 280.00  
 Memo Item  
 Payroll Deduction: \$40.00/Bi-Weekly

**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).....▶	610.66
<b>TOTAL</b> This Period (last page this line number only).....▶	2424.78

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CORNYN MAJORITY TEXAS**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**CORNYN MAJORITY TEXAS**

Office Sought:  House  Senate  President  
State: District: Disbursement For: 2020  
 Primary  General  
 Other (specify) Other

Date of Disbursement  
MM / DD / YYYY  
07 / 29 / 2020

FEC Identification Number  
**C** C00697730  
**Transaction ID : B2CADE170E**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
**C**  
Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
**C**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... 2500.00

**TOTAL** This Period (last page this line number only)..... 2500.00