



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2019"/>		75128.64
(b) Cash on Hand at Beginning of Reporting Period.....	75128.64	
(c) Total Receipts (from Line 19) .....	10078.60	10078.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	85207.24	85207.24
7. Total Disbursements (from Line 31).....	10056.75	10056.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	75150.49	75150.49
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

Write or Type Committee Name

**Diversicare Healthcare Inc. Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9474.04	9474.04
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9474.04	9474.04
(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) .....	9474.04	9474.04
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.).....	604.56	604.56
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)).....▶	10078.60	10078.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10078.60	10078.60

**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 .....	10000.00	10000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10000.00	10000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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).....	56.75	56.75
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)) ..	10056.75	10056.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10056.75	10056.75

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	9474.04	9474.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9474.04	9474.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	10000.00	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) .....	10000.00	10000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

The line 17 cash adjustment is a 7/27/2018 payroll in the amount of \$604.56 inadvertently not reported on the M08 2018 report during the 2017-2018 election cycle. The contributions are itemized and can be found on schedule A of the M08 2018 report at fec.gov.

Form/Schedule:  
Transaction ID:

**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 12
<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 ▼ 1874.99

Date of Receipt 06 / 28 / 2019  
**Transaction ID : AF0A4D80FE9E94A62AB9**  
 Amount of Each Receipt this Period 1874.99  
 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 ▼ 495.04

Date of Receipt 06 / 28 / 2019  
**Transaction ID : A5D7AB8542BCD4BBBA04**  
 Amount of Each Receipt this Period 495.04  
 Memo Item  
 Payroll Deduction: \$38.08/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 ▼ 260.00

Date of Receipt 06 / 28 / 2019  
**Transaction ID : A6B97439745394D9B864**  
 Amount of Each Receipt this Period 260.00  
 Memo Item  
 Payroll Deduction: \$20.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2630.03
<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 12
	<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 ▼ 253.12

Date of Receipt 04 / 19 / 2019  
**Transaction ID : AD2521BB2C0D64CE6B6C**  
 Amount of Each Receipt this Period 253.12  
 Memo Item  
 Payroll Deduction: \$31.64/Bi-Weekly

**B. Massey, Kerry, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2667 Sporting Hill Bridge Road  
 City Thompsons Station State TN Zip Code 37179-5386  
 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 ▼ 1105.00

Date of Receipt 06 / 28 / 2019  
**Transaction ID : AE3560A66FD85428283C**  
 Amount of Each Receipt this Period 1105.00  
 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 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 ▼ 2250.04

Date of Receipt 06 / 28 / 2019  
**Transaction ID : A2A3FB129F62646B2AB7**  
 Amount of Each Receipt this Period 2250.04  
 Memo Item  
 Payroll Deduction: \$173.08/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3608.16
<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 9 OF 12
	<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. 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 ▼ 950.04

Date of Receipt 06 / 28 / 2019  
**Transaction ID : A44B33C23D52F4A6BA6A**  
 Amount of Each Receipt this Period 950.04  
 Memo Item  
 Payroll Deduction: \$73.08/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 ▼ 501.41

Date of Receipt 06 / 28 / 2019  
**Transaction ID : AD3D3C40546474845A6D**  
 Amount of Each Receipt this Period 501.41  
 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 ▼ 709.28

Date of Receipt 06 / 28 / 2019  
**Transaction ID : A02121B9DE8414FA8843**  
 Amount of Each Receipt this Period 709.28  
 Memo Item  
 Payroll Deduction: \$54.56/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2160.73
<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 10 OF 12  
(check only one)

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

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

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

Name of Employer (for Individual) Diversicare Management Services	Occupation (for Individual) Director, Dietary Service
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
555.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2019

**Transaction ID : A278E744218944CAB841**

Amount of Each Receipt this Period  
555.12

Memo Item  
Payroll Deduction: \$46.26/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
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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 ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2019

**Transaction ID : A77988C55B67B4AC2B9A**

Amount of Each Receipt this Period  
520.00

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1075.12
<b>TOTAL</b> This Period (last page this line number only).....	9474.04

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

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

FOR LINE NUMBER: PAGE 11 OF 12  
(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. Cash Adjustment, Unitemized, , ,**  
 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)  
 Information Requested Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 604.56

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2019  
**Transaction ID : A10F609075C2D4EBE8D8**  
 Amount of Each Receipt this Period  
 604.56  
 Memo Item  
 Cash adjustment of inadvertent non disclosure of 7/27/2018 payroll in previous election cycle

**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)  
 Information Requested Information Requested  
 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

**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)  
 Information Requested Information Requested  
 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	604.56
<b>TOTAL</b> This Period (last page this line number only).....▶	604.56

