

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
[x] (N) [] (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)
[x] 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 [] in the State of []
(d) 30-Day POST-Election Report for the:
[] General (30G) [] Runoff (30R) [] Special (30S)
Election on [] in the State of []

5. Covering Period 07 / 01 / 2021 through 12 / 31 / 2021

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 01 / 23 / 2022

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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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="2021"/>		36803.73
(b) Cash on Hand at Beginning of Reporting Period.....	39166.01	
(c) Total Receipts (from Line 19)	3441.58	9303.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	42607.59	46107.59
7. Total Disbursements (from Line 31).....	6500.00	10000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	36107.59	36107.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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).....	3371.58	7953.34
(ii) Unitemized	70.00	1350.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3441.58	9303.86
(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)	3441.58	9303.86
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)).....▶	3441.58	9303.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3441.58	9303.86

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.....	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).....	4000.00	7500.00
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)) ..	6500.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6500.00	10000.00

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)	3441.58	9303.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3441.58	9303.86
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. 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 ▼ 999.70

Date of Receipt 12 / 24 / 2021
Transaction ID : A4308F0D425104320BC1
 Amount of Each Receipt this Period 499.85
 Memo Item
 Payroll Deduction: \$38.45/Bi-Weekly

B. Cross, Alexandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 607 Wilson Blvd
 City Nashville State TN Zip Code 37215-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diversicare Healthcare Inc. Occupation (for Individual) SVP & Sr Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 24 / 2021
Transaction ID : A10BDFB2425DE417E9AA
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. 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
 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 ▼ 2210.00

Date of Receipt 12 / 24 / 2021
Transaction ID : A5148808D8A7A4B1BB02
 Amount of Each Receipt this Period 1105.00
 Memo Item
 Payroll Deduction: \$85.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1664.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 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 ▼ 2500.00

Date of Receipt 07 / 09 / 2021
Transaction ID : AE3BC0CB0AEC4E3FA0
 Amount of Each Receipt this Period 115.35
 Memo Item
 Payroll Deduction: \$115.35/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 ▼ 856.90

Date of Receipt 10 / 29 / 2021
Transaction ID : AF8D537D439494BB8839
 Amount of Each Receipt this Period 350.55
 Memo Item
 Payroll Deduction: \$38.95/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 ▼ 936.87

Date of Receipt 09 / 03 / 2021
Transaction ID : A707A7D3F10F14EDB9AB
 Amount of Each Receipt this Period 275.55
 Memo Item
 Payroll Deduction: \$55.11/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	741.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 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. 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 ▼ 1382.15

Date of Receipt 12 / 24 / 2021
Transaction ID : A64EEC3CB4966475193B
 Amount of Each Receipt this Period 445.28
 Memo Item
 Payroll Deduction: \$55.66/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 ▼ 1040.00

Date of Receipt 12 / 24 / 2021
Transaction ID : ACB1CB76C0AA841A195E
 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
 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

SUBTOTAL of Receipts This Page (optional).....	965.28
TOTAL This Period (last page this line number only).....	3371.58

**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

A. WASSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1075

City Nixa State MO Zip Code 65714-1075

Purpose of Disbursement
Contribution to Committee

Candidate Name
Wasson, Jay, , ,

Office Sought: House Senate President
State: MO District: 07

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
12 / 07 / 2021

FEC Identification Number
C C00790634
Transaction ID : B8D962037F

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

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)

A. Giovanni Capriglione Campaign

Mailing Address PO BOX 92007

City Southlake State TX Zip Code 76092-0101

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 03 / 2021

FEC Identification Number

C
Transaction ID : B9F24440609
Amount of Each Disbursement this Period
4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement
MM / DD / YYYY

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: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY

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).....▶

4000.00
4000.00