

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 (selected), July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 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 07 / 01 / 2023 through 12 / 31 / 2023

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 Weishaar, Matthew, J.,

Signature of Treasurer Weishaar, Matthew, J., Date 01 / 27 / 2024

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="2023"/>	<input type="text" value="28537.49"/>	<input type="text" value="28537.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="30618.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1695.18"/>	<input type="text" value="3775.90"/>
(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="32313.39"/>	<input type="text" value="32313.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25000.00"/>	<input type="text" value="25000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7313.39"/>	<input type="text" value="7313.39"/>
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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Diversicare Healthcare Inc. Political Action Committee

Report Covering the Period: From: 07 / 01 / 2023 To: 12 / 31 / 2023

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).....	1625.18	3004.01
(ii) Unitemized .....	70.00	771.89
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1695.18	3775.90
(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) .....	1695.18	3775.90
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)).....▶	1695.18	3775.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1695.18	3775.90

**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.....	25000.00	25000.00
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)) ..	25000.00	25000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25000.00	25000.00

**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) .....	1695.18	3775.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1695.18	3775.90
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 9
	<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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 908.36

Date of Receipt 12 / 22 / 2023  
**Transaction ID : AA4CBB013FEEA4522901**  
 Amount of Each Receipt this Period 507.65  
 Memo Item  
 Payroll Deduction: \$46.15/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 / 22 / 2023  
**Transaction ID : A2505B9AE002541CA8DA**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction: \$10.00/Bi-Weekly

**C. McLaren, Derek, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1621 Galleria Blvd  
 City Brentwood State TN Zip Code 37027-2926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Healthcare Inc. Occupation (for Individual) Sr. VP Strategic Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1516.17

Date of Receipt 09 / 29 / 2023  
**Transaction ID : A24A5F8E4F2334E29BCE**  
 Amount of Each Receipt this Period 537.53  
 Memo Item  
 Payroll Deduction: \$76.79/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1105.18
<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 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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  
Weishaar, Matthew, J., ,

Mailing Address 1621 Galleria Blvd

City Brentwood	State TN	Zip Code 37027-2926
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Diversicare Management	Occupation (for Individual) Sr VP Finance
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2023

**Transaction ID : AE3074274202F4108B09**

Amount of Each Receipt this Period  
520.00

Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

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

Name of Employer (for Individual)	Occupation (for Individual)
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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).....	520.00
<b>TOTAL</b> This Period (last page this line number only).....	1625.18

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)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

Diversicare Healthcare Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement Contribution to Committee

Candidate Name Cathy, Mcmorris, Rodgers, Rep.,

Office Sought: [X] House [ ] Senate [ ] President Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) ▼

State: WA District: 05

Date of Disbursement

Date of Disbursement: 11 / 29 / 2023

FEC Identification Number

C00390476

Transaction ID : B2D71F142C

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave, NE

City Washington State DC Zip Code 20002-5610

Purpose of Disbursement Contribution to Party Committee

Candidate Name Democratic Senatorial Campaign Committee

Office Sought: [ ] House [ ] Senate [ ] President Disbursement For: 2023 [ ] Primary [ ] General [X] Other (specify) Other

State: District:

Date of Disbursement

Date of Disbursement: 11 / 07 / 2023

FEC Identification Number

C00042366

Transaction ID : B7569BCC66

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 5000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. KATHERINE CLARK FOR CONGRESS

Mailing Address 600 PENNSYLVANIA AVE SE #15180

City Washington State DC Zip Code 20003-7508

Purpose of Disbursement Contribution to Committee

Candidate Name Clark, Katherine, , ,

Office Sought: [X] House [ ] Senate [ ] President Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) ▼

State: MA District: 05

Date of Disbursement

Date of Disbursement: 11 / 07 / 2023

FEC Identification Number

C00541888

Transaction ID : B752D898A0

Amount of Each Disbursement this Period

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)..... ▶

Subtotal amount: 12500.00

Total amount: 12500.00



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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

Diversicare Healthcare Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City Helena

State MT

Zip Code 59624-1135

Purpose of Disbursement

Contribution to Committee

Candidate Name

Tester, R, Jon, Sen.,

Office Sought:

Office Sought checkboxes: House, Senate (checked), President

Disbursement For: 2024

Disbursement For checkboxes: Primary (checked), General, Other

State: MT

District:

Date of Disbursement

Date of Disbursement grid: 11 / 08 / 2023

FEC Identification Number

C00412304

Transaction ID : B5242BEFAD

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Cmte

Mailing Address 425 2nd St NE

City Washington

State DC

Zip Code 20002-4914

Purpose of Disbursement

Contribution to Party Committee

Candidate Name

National Republican Senatorial Cmte

Office Sought:

Office Sought checkboxes: House, Senate, President

Disbursement For: 2023

Disbursement For checkboxes: Primary, General, Other (checked)

State:

District:

Other

Date of Disbursement

Date of Disbursement grid: 11 / 07 / 2023

FEC Identification Number

C00027466

Transaction ID : B4AE00DD4C

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pallone for Congress

Mailing Address PO Box 3176

City Long Branch

State NJ

Zip Code 07740-3176

Purpose of Disbursement

Contribution to Committee

Candidate Name

Pallone, Frank, , Rep., Jr.

Office Sought:

Office Sought checkboxes: House (checked), Senate, President

Disbursement For: 2024

Disbursement For checkboxes: Primary (checked), General, Other

State: NJ

District: 06

Date of Disbursement

Date of Disbursement grid: 11 / 29 / 2023

FEC Identification Number

C00226928

Transaction ID : BC6B2CF6E

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

12500.00

25000.00