

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:

- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

(d) 30-Day POST-Election Report for the:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period

/ / through / /

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

/ /

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

Office Use Only

**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="2019"/>		75128.64
(b) Cash on Hand at Beginning of Reporting Period.....	75150.49	
(c) Total Receipts (from Line 19)	5750.64	15829.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	80901.13	90957.88
7. Total Disbursements (from Line 31).....	20465.90	30522.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	60435.23	60435.23
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

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 07 / 01 / 2019 To: M M / D D / Y Y Y Y 12 / 31 / 2019

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).....	5660.64	15134.68
(ii) Unitemized	90.00	90.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5750.64	15224.68
(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)	5750.64	15224.68
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	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)).....▶	5750.64	15829.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5750.64	15829.24

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	465.90	10465.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	465.90	10465.90
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).....	20000.00	20056.75
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)) ..	20465.90	30522.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20465.90	30522.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	5750.64	15224.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5750.64	15224.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	465.90	10465.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	465.90	10465.90

**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 11
<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 ▼ 3605.75

Date of Receipt 12 / 27 / 2019
Transaction ID : A95AF3723D2B04313AAC
 Amount of Each Receipt this Period 1730.76
 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 ▼ 952.00

Date of Receipt 12 / 27 / 2019
Transaction ID : AD66EA97BD1F947C1B85
 Amount of Each Receipt this Period 456.96
 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 ▼ 500.00

Date of Receipt 12 / 27 / 2019
Transaction ID : A1A1CD885D7B146DEBCB
 Amount of Each Receipt this Period 240.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	2427.72
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 11
<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. 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 ▼ 2125.00

Date of Receipt 12 / 27 / 2019
Transaction ID : A853C87BE9BED40B5B5C
 Amount of Each Receipt this Period 1020.00
 Memo Item
 Payroll Deduction: \$85.00/Bi-Weekly

B. 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 ▼ 2423.12

Date of Receipt 07 / 12 / 2019
Transaction ID : A4DA7EE17EA0241CB99B
 Amount of Each Receipt this Period 173.08
 Memo Item
 Payroll Deduction: \$173.08/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
 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 / 26 / 2019
Transaction ID : A215A19B29C5A41F78E3
 Amount of Each Receipt this Period 76.88
 Memo Item
 Payroll Deduction: \$76.88/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1269.96
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 11
	<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 ▼ 1315.44

Date of Receipt 09 / 06 / 2019
Transaction ID : A918FA3B1621B4C98B08
 Amount of Each Receipt this Period 365.40
 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 ▼ 964.25

Date of Receipt 12 / 27 / 2019
Transaction ID : A93B3B1B0F6D047B9A45
 Amount of Each Receipt this Period 462.84
 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 ▼ 1364.00

Date of Receipt 12 / 27 / 2019
Transaction ID : A4552777AA84F47F6B5C
 Amount of Each Receipt this Period 654.72
 Memo Item
 Payroll Deduction: \$54.56/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1482.96
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: PAGE 9 OF 11
(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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weishaar, Matthew, J.,

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2019

Transaction ID : ACB7EC199959F4112ADB

Amount of Each Receipt this Period
480.00

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
------	-------	----------

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
-------	---	-------	---	-------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	480.00
TOTAL This Period (last page this line number only).....▶	5660.64

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Phipps CPA, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 146 S. Lowe Avenue

City Cookeville State TN Zip Code 38501-4701

Purpose of Disbursement Accounting Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 18 / 2019

FEC Identification Number: C

Transaction ID : B4CFC3F0E0

Amount of Each Disbursement this Period: 465.90

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).....▶	465.90
TOTAL This Period (last page this line number only).....▶	465.90

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. ONE NATION

Mailing Address 45 NORTH HILL DRIVE SUITE 100

City
Warrenton

State
VA

Zip Code
20186-2678

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) ▼
Other

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	9		

FEC Identification Number

C

Transaction ID : B57E4020C5!
Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

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

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

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

2	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

2	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---