

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
Advocat 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) [X]
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2014 through 03 / 31 / 2014

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 Kelly J. Gill

Signature of Treasurer Kelly J. Gill [Electronically Filed] Date 04 / 11 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Advocat 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="2014"/>	<input type="text" value="38860.17"/>	<input type="text" value="38860.17"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="38860.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12341.24"/>	<input type="text" value="12341.24"/>
(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="51201.41"/>	<input type="text" value="51201.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="51201.41"/>	<input type="text" value="51201.41"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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:

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. 06/2004)

Write or Type Committee Name

Advocat 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).....	5700.26	5700.26
(ii) Unitemized	1640.98	1640.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7341.24	7341.24
(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)	7341.24	7341.24
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.....	5000.00	5000.00
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))..... ▶	12341.24	12341.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12341.24	12341.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	7341.24	7341.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7341.24	7341.24
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 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	

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)
Advocat Inc. Political Action Committee

A. Beverly Cox
Full Name (Last, First, Middle Initial)

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 Diversicare Leasing Corporation Occupation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.95

Date of Receipt 03 / 27 / 2014
Transaction ID : A38900742589D4EAAB6C

Amount of Each Receipt this Period 208.95

Payroll Deduction: \$29.85/Bi-Weekly

B. Joseph A. Deans
Full Name (Last, First, Middle Initial)

Mailing Address 1030 Sunset Rd

City Brentwood State TN Zip Code 37027-8276

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

Name of Employer Diversicare Management Services Occupation VP, Bd and Acquisition

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 363.44

Date of Receipt 03 / 28 / 2014
Transaction ID : AF9D4164AF2CC4F64BEB

Amount of Each Receipt this Period 363.44

Payroll Deduction: \$51.92/Bi-Weekly

C. Kathi B. Duke
Full Name (Last, First, Middle Initial)

Mailing Address 35 Barlow Rd

City Equality State AL Zip Code 36026-2765

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

Name of Employer Diversicare Management Services Occupation Alabama CQI Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.27

Date of Receipt 03 / 28 / 2014
Transaction ID : A0C1431ADEEAA49538FA

Amount of Each Receipt this Period 270.27

Payroll Deduction: \$38.61/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 842.66

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 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)
Advocat Inc. Political Action Committee

A. Kelly J. Gill
 Full Name (Last, First, Middle Initial)
 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 Diversicare Management Services Occupation CEO/President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt 03 / 28 / 2014
Transaction ID : A9C19094501854288861
 Amount of Each Receipt this Period 1346.17
 Payroll Deduction: \$192.31/Bi-Weekly

B. Inga F. Handley
 Full Name (Last, First, Middle Initial)
 Mailing Address 6151 US Highway 278 E
 City Gadsden State AL Zip Code 35903-7001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Leasing Corporation Occupation Nursing Admin Don-exempt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.17

Date of Receipt 03 / 27 / 2014
Transaction ID : A09CB58C8B9D447ABB88
 Amount of Each Receipt this Period 212.17
 Payroll Deduction: \$30.31/Bi-Weekly

C. Janice L. Horton
 Full Name (Last, First, Middle Initial)
 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 Diversicare Leasing Corporation Occupation Admin Administrator-exemp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.97

Date of Receipt 03 / 27 / 2014
Transaction ID : A04B94E31785049EFBFF
 Amount of Each Receipt this Period 214.97
 Payroll Deduction: \$30.71/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1773.31
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 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)
Advocat Inc. Political Action Committee

A. Thomas Killingsworth
Full Name (Last, First, Middle Initial)

Mailing Address 2667 Vista Del Arroyo Dr

City San Angelo	State TX	Zip Code 76904-6212
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FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : A6628CAC7A8974DE5A75

Amount of Each Receipt this Period
132.84

Payroll Deduction: \$33.21/Bi-Weekly

B. Randi M. Kiphen
Full Name (Last, First, Middle Initial)

Mailing Address 10880 Gallia Pike Rd

City Wheelersburg	State OH	Zip Code 45694-8443
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FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : A50362B4D4EF14E139E1

Amount of Each Receipt this Period
268.80

Payroll Deduction: \$38.40/Bi-Weekly

C. Lorey S. Lowe
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1813

City Olive Hill	State KY	Zip Code 41164-1813
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FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services	Occupation Kentucky Cqi
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : A5BF1B67DA82A47C5958

Amount of Each Receipt this Period
117.75

Payroll Deduction: \$39.25/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	519.39
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 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
Advocat Inc. Political Action Committee

A. Randy L. McChristian
Full Name (Last, First, Middle Initial)

Mailing Address 921 Charmont Dr

City Charleston State AR Zip Code 72933-9083

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

Name of Employer: Diversicare Management Services
Occupation: Arkansas Director Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.39**

Date of Receipt: **03 / 28 / 2014**
Transaction ID : **AC16AA0A4678549DA9C9**

Amount of Each Receipt this Period: **215.39**

Payroll Deduction: \$30.77/Bi-Weekly

B. James R. McKnight Jr.
Full Name (Last, First, Middle Initial)

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: Advocat, Inc.
Occupation: CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.70**

Date of Receipt: **02 / 28 / 2014**
Transaction ID : **A8E85E76624294439ABA**

Amount of Each Receipt this Period: **432.70**

Payroll Deduction: \$86.54/Bi-Weekly

C. James R. McKnight Jr.
Full Name (Last, First, Middle Initial)

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: Advocat, Inc.
Occupation: CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **644.24**

Date of Receipt: **03 / 28 / 2014**
Transaction ID : **AE0D0BCD04A844EDB8CE**

Amount of Each Receipt this Period: **211.54**

Payroll Deduction: \$105.77/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	859.63
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 10 OF 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
Advocat Inc. Political Action Committee

A. Wanda C. Meade
Full Name (Last, First, Middle Initial)

Mailing Address 3728 State Route 3

City	State	Zip Code
Catlettsburg	KY	41129-9340

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

Name of Employer	Occupation
Diversicare Management Services	Kentucky Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
484.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : A242A335916784F24A1D

Amount of Each Receipt this Period
484.61

Payroll Deduction: \$69.23/Bi-Weekly

B. Treieva Oakley
Full Name (Last, First, Middle Initial)

Mailing Address 901 Camellia Rd

City	State	Zip Code
Oneonta	AL	35121-1902

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

Name of Employer	Occupation
Diversicare Management Services	DMS Training Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : A08E751970671477B989

Amount of Each Receipt this Period
217.56

Payroll Deduction: \$31.08/Bi-Weekly

c. Laura A. Saxon
Full Name (Last, First, Middle Initial)

Mailing Address 3055 Michele Dr

City	State	Zip Code
Mobile	AL	36605-4462

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

Name of Employer	Occupation
Diversicare Leasing Corporation	Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : A8944941E969D41E9A03

Amount of Each Receipt this Period
266.14

Payroll Deduction: \$38.02/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	968.31
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 11 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Trescha A. Snyder
 Full Name (Last, First, Middle Initial)
 Mailing Address 1124 Craig Rd
 City State Zip Code
 Knoxville TN 37919-8238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services Director, Dietary Service
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 305.13

Date of Receipt
 03 / 28 / 2014
Transaction ID : A17FD564413FF45FC983
 Amount of Each Receipt this Period
 305.13
 Payroll Deduction: \$43.59/Bi-Weekly

B. Matthew J. Weishaar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1621 Galleria Blvd
 City State Zip Code
 Brentwood TN 37027-2926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services VP Finance & Controller
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 431.83

Date of Receipt
 03 / 28 / 2014
Transaction ID : A856E63A64BE940FE91A
 Amount of Each Receipt this Period
 431.83
 Payroll Deduction: \$61.69/Bi-Weekly

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 / /
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	736.96
TOTAL This Period (last page this line number only).....▶	5700.26

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

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

FOR LINE NUMBER: PAGE 12 OF 12
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" 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)
Advocat Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City	State	Zip Code
Richmond	VA	23219

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2014

Transaction ID : AE5FC85AB5CCF44E09BE

Amount of Each Receipt this Period
5000.00

Refund of Contribution Made

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

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

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

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

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00