

**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="51201.41"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5811.72"/>	<input type="text" value="18152.96"/>
(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="57013.13"/>	<input type="text" value="57013.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19549.59"/>	<input type="text" value="19549.59"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="37463.54"/>	<input type="text" value="37463.54"/>
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).....	5415.79	11116.05
(ii) Unitemized	346.34	1987.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5762.13	13103.37
(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)	5762.13	13103.37
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).....	49.59	49.59
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	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))..... ▶	5811.72	18152.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5811.72	18152.96

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	49.59	49.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	49.59	49.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
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	-500.00	-500.00
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)) ..	19549.59	19549.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19549.59	19549.59

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)	5762.13	13103.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5762.13	13103.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	49.59	49.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	49.59	49.59
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: PAGE 6 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

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

Mailing Address 1017 Riverchase Rd SE

City State Zip Code
 Huntsville AL 35803-2327

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 ▼
 328.35

Date of Receipt
 05 / 22 / 2014
Transaction ID : A6941469D605B4136AA2

Amount of Each Receipt this Period
 119.40

Payroll Deduction: \$29.85/Bi-Weekly

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

Mailing Address 1017 Riverchase Rd SE

City State Zip Code
 Huntsville AL 35803-2327

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 ▼
 397.59

Date of Receipt
 06 / 19 / 2014
Transaction ID : A439A3BD4B4ED40AD80C

Amount of Each Receipt this Period
 69.24

Payroll Deduction: \$34.62/Bi-Weekly

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

Mailing Address 1030 Sunset Rd

City State Zip Code
 Brentwood TN 37027-8276

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 674.96

Date of Receipt
 06 / 20 / 2014
Transaction ID : AE6CCE5C8E9014FA0B65

Amount of Each Receipt this Period
 311.52

Payroll Deduction: \$51.92/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.16

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 7 OF 18
	(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

Full Name (Last, First, Middle Initial) A. Kathi B. Duke		Date of Receipt MM / DD / YYYY 04 / 25 / 2014 Transaction ID : A324CE348B77E497490B
Mailing Address 35 Barlow Rd		Amount of Each Receipt this Period 77.22
City Equality	State AL	Zip Code 36026-2765
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$38.61/Bi-Weekly
Name of Employer Diversicare Management Services	Occupation Alabama CQI Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 347.49	

Full Name (Last, First, Middle Initial) B. Kathi B. Duke		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : A7672E393D8DF4FD4A99
Mailing Address 35 Barlow Rd		Amount of Each Receipt this Period 155.96
City Equality	State AL	Zip Code 36026-2765
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$38.99/Bi-Weekly
Name of Employer Diversicare Management Services	Occupation Alabama CQI Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 503.45	

Full Name (Last, First, Middle Initial) C. Danielle P. Galey		Date of Receipt MM / DD / YYYY 06 / 26 / 2014 Transaction ID : A4356AD8339F140E2BDC
Mailing Address 377 Hutchens Rd		Amount of Each Receipt this Period 188.58
City Martin	State TN	Zip Code 38237-5377
FEC ID number of contributing federal political committee. C		Payroll Deduction: \$26.94/Bi-Weekly
Name of Employer Diversicare Leasing Corporation	Occupation Nursing Admin Don-exempt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.27	

SUBTOTAL of Receipts This Page (optional).....▶	421.76
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 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 **2500.03**

Date of Receipt **06 / 20 / 2014**
Transaction ID : A9ED74E59396A488B8A7
 Amount of Each Receipt this Period **1153.86**
 Payroll Deduction: \$192.31/Bi-Weekly

B. Joyce D. Griffith
 Full Name (Last, First, Middle Initial)
 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 Diversicare Management Services Occupation Kentucky Reboc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 20 / 2014**
Transaction ID : AA359C29FAB7F43698C5
 Amount of Each Receipt this Period **120.00**
 Payroll Deduction: \$20.00/Bi-Weekly

c. 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 **394.03**

Date of Receipt **06 / 19 / 2014**
Transaction ID : AE2CF106244ED4B81A7F
 Amount of Each Receipt this Period **181.86**
 Payroll Deduction: \$30.31/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1455.72
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: PAGE 9 OF 18
(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"/> 17

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

A. 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 ▼ 337.81

Date of Receipt 05 / 22 / 2014
Transaction ID : A2D64DDD063CA4117A18
Amount of Each Receipt this Period 122.84
Payroll Deduction: \$30.71/Bi-Weekly

B. 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 ▼ 399.85

Date of Receipt 06 / 19 / 2014
Transaction ID : AF8FEC0A6C44A4FB3BA9
Amount of Each Receipt this Period 62.04
Payroll Deduction: \$31.02/Bi-Weekly

C. Thomas Killingsworth
Full Name (Last, First, Middle Initial)
Mailing Address 2667 Vista Del Arroyo Dr
City San Angelo State TX Zip Code 76904-6212
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 ▼ 430.17

Date of Receipt 06 / 19 / 2014
Transaction ID : AB0B8E0E5F75944F181C
Amount of Each Receipt this Period 199.26
Payroll Deduction: \$33.21/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 384.14
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 18
(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. Randi M. Kiphen
 Full Name (Last, First, Middle Initial)
 Mailing Address 10880 Gallia Pike Rd
 City Wheelersburg State OH Zip Code 45694-8443
 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 ▼
 537.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2014
Transaction ID : A648943E756B54F56A33
 Amount of Each Receipt this Period
 268.80
 Payroll Deduction: \$38.40/Bi-Weekly

B. 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 Occupation
 Diversicare Management Services Arkansas Director Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 369.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : AA1EAED46F64D477E8F9
 Amount of Each Receipt this Period
 153.85
 Payroll Deduction: \$30.77/Bi-Weekly

C. 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 Occupation
 Diversicare Management Services Arkansas Director Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A9E51F0FC5CF040118A6
 Amount of Each Receipt this Period
 31.08
 Payroll Deduction: \$31.08/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 453.73
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 11 OF 18
	<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)
Advocat Inc. Political Action Committee

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

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 Advocat, Inc.	Occupation CFO
-----------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1278.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : AF3291D0D070B4250A36

Amount of Each Receipt this Period
634.62

Payroll Deduction: \$105.77/Bi-Weekly

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

Mailing Address 3728 State Route 3

City Catlettsburg	State KY	Zip Code 41129-9340
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FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services	Occupation Kentucky Rvp
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
623.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : A96E5C70EDF104691A28

Amount of Each Receipt this Period
138.46

Payroll Deduction: \$69.23/Bi-Weekly

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

Mailing Address 3728 State Route 3

City Catlettsburg	State KY	Zip Code 41129-9340
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FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services	Occupation Kentucky Rvp
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
902.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A03F7AADC0FD1420DB74

Amount of Each Receipt this Period
279.68

Payroll Deduction: \$69.92/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1052.76
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 12 OF 18
	<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	<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. Glenda Nelson

Mailing Address 2600 Cole Ave
Apt 112

City Dallas State TX Zip Code 75204-4040

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

Name of Employer Diversicare Management Services Occupation Texas CQI Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.55

Date of Receipt
06 / 20 / 2014
Transaction ID : A69BAFD43227747FAB2E

Amount of Each Receipt this Period
83.52

Payroll Deduction: \$20.88/Bi-Weekly

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

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 Diversicare Management Services Occupation DMS Training Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
279.72

Date of Receipt
04 / 25 / 2014
Transaction ID : AA8F1D2E862704B2F8FF

Amount of Each Receipt this Period
62.16

Payroll Deduction: \$31.08/Bi-Weekly

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

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 Diversicare Management Services Occupation DMS Training Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.28

Date of Receipt
06 / 20 / 2014
Transaction ID : AF22F7F29EACD4EB485A

Amount of Each Receipt this Period
125.56

Payroll Deduction: \$31.39/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 271.24

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 13 OF 18
	<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)
Advocat Inc. Political Action Committee

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

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 ▼
494.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : A5977D54DC37C437FB9F

Amount of Each Receipt this Period
228.12

Payroll Deduction: \$38.02/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. Trescha A. Snyder

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 ▼
392.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : ABEADD2C05B964B67B7A

Amount of Each Receipt this Period
87.18

Payroll Deduction: \$43.59/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. Trescha A. Snyder

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 ▼
568.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A71CBC8ADA26B4E9A85A

Amount of Each Receipt this Period
176.08

Payroll Deduction: \$44.02/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	491.38
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 14 OF 18
(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. 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 ▼
 555.21

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : AC1ABF14306764131B80
 Amount of Each Receipt this Period
 123.38
 Payroll Deduction: \$61.69/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 ▼
 816.73

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A4F374B2F9F074412A86
 Amount of Each Receipt this Period
 261.52
 Payroll Deduction: \$65.38/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
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	384.90
TOTAL This Period (last page this line number only).....▶	5415.79

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

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

FOR LINE NUMBER: PAGE 15 OF 18
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. Full Name (Last, First, Middle Initial)
Advocat, Inc.

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
49.59

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : A74BCBBBE04764EFC9DI

Amount of Each Receipt this Period
49.59

Offset to Operating Expenditure

B. 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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	49.59
TOTAL This Period (last page this line number only).....▶	49.59

**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"/> 24	<input type="checkbox"/> 25	<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)
Advocat Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harland Clarke

Mailing Address 10931 Laureate Drive

City San Antonio State TX Zip Code 78249-3312

Purpose of Disbursement
Check Stock Order

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 13 / 2014

Transaction ID : B437313C813E446BA983

Amount of Each Disbursement this Period

49.59

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

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

Amount of Each Disbursement this Period

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

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

Amount of Each Disbursement this Period

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

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

49.59

49.59

**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"/> 24	<input type="checkbox"/> 25	<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)
Advocat Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Boehner for Speaker Committee

Mailing Address 631-B Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) Other2014

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : B452F204851C04775824

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Cmte

Mailing Address 425 2nd St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) Other2014

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2014

Transaction ID : B4396E0073CE149C7872

Amount of Each Disbursement this Period

5000.00

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) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

20000.00

20000.00

**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"/> 24	<input type="checkbox"/> 25	<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)
Advocat Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve Riggs for State Representative

Mailing Address Post Office Box 24586

City State Zip Code
Louisville KY 40224-0586

Purpose of Disbursement
VOID - Political Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : B25FA1A4BCE5646DAB53

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

Amount of Each Disbursement this Period

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

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

-500.00

-500.00