

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.
Advocat Inc. Political Action Committee

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Gill

Signature of Treasurer Kelly Gill [Electronically Filed] Date / /

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="2016"/> | | <input type="text" value="37168.29"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="33085.78"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="4876.21"/> | <input type="text" value="9793.70"/> |
| (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="37961.99"/> | <input type="text" value="46961.99"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="5000.00"/> | <input type="text" value="14000.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="32961.99"/> | <input type="text" value="32961.99"/> |
| 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)

Page 3

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)..... | 4756.21 | 8953.96 |
| (ii) Unitemized | 120.00 | 839.74 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 4876.21 | 9793.70 |
| (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) | 4876.21 | 9793.70 |
| 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))..... ▶ | 4876.21 | 9793.70 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 4876.21 | 9793.70 |

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..... | 5000.00 | 12000.00 |
| 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 | 2000.00 |
| 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)) .. | 5000.00 | 14000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 5000.00 | 14000.00 |

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) | 4876.21 | 9793.70 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4876.21 | 9793.70 |
| 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 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)
Advocat Inc. Political Action Committee

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

Mailing Address 1124 Craig Road

City Knoxville State TN Zip Code 37919-8238

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

Name of Employer: Diversicare Management Services
Occupation: Director, Dietary Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **355.68**

Date of Receipt: **04 / 22 / 2016**

Transaction ID : A1BFC7C1082FB41E6AA2

Amount of Each Receipt this Period: **88.92**

Memo Item
Payroll Deduction: \$44.46/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. Danielle P. Galey

Mailing Address 377 Hutchens Road

City Martin State TN Zip Code 38237-5377

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 ▼ **280.00**

Date of Receipt: **05 / 12 / 2016**

Transaction ID : A8D2CE4E666814221AE0

Amount of Each Receipt this Period: **84.00**

Memo Item
Payroll Deduction: \$28.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
c. Danielle P. Galey

Mailing Address 377 Hutchens Road

City Martin State TN Zip Code 38237-5377

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 ▼ **337.68**

Date of Receipt: **06 / 09 / 2016**

Transaction ID : AF551824E125743ACBDD

Amount of Each Receipt this Period: **29.12**

Memo Item
Payroll Deduction: \$29.12/Bi-Weekly

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 202.04 |
| 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"/> 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

A. Kelly 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 **2307.72**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A615CD48A81B64EE7959
Amount of Each Receipt this Period **1153.86**
 Memo Item
Payroll Deduction: \$192.31/Bi-Weekly

B. James R. McKnight
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 CFO,EVP, Secretary
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1404.32**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2399BE859B0F4D75BCE
Amount of Each Receipt this Period **705.06**
 Memo Item
Payroll Deduction: \$117.51/Bi-Weekly

C. Leslie Campbell
Full Name (Last, First, Middle Initial)
Mailing Address 3011 Hester Way
City Salado State TX Zip Code 76571-4173
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Management Services Occupation Chief Operating Office
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1531.93**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A8B6B55B568C74221B5A
Amount of Each Receipt this Period **769.14**
 Memo Item
Payroll Deduction: \$128.19/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **2628.06**
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 | <input type="checkbox"/> 17 |

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

A. Kathi Duke
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 174
City Equality State AL Zip Code 36026-2765
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Management Services Occupation Sr Dir, Clinical Operatio
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **467.88**

Date of Receipt **06 / 17 / 2016**
Transaction ID : AA1BC713D5EC6451C961
Amount of Each Receipt this Period **233.94**
 Memo Item
Payroll Deduction: \$38.99/Bi-Weekly

B. Matthew Weishaar
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 VP Finance & Controller
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **480.00**

Date of Receipt **06 / 17 / 2016**
Transaction ID : AFA9699B0E1134183B2E
Amount of Each Receipt this Period **240.00**
 Memo Item
Payroll Deduction: \$40.00/Bi-Weekly

C. Treieva Oakley
Full Name (Last, First, Middle Initial)
Mailing Address 901 Camellia Road
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 **423.72**

Date of Receipt **06 / 17 / 2016**
Transaction ID : AFAC462138EAD4FD8A4F
Amount of Each Receipt this Period **211.86**
 Memo Item
Payroll Deduction: \$35.31/Bi-Weekly

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 685.80 |
| 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 9 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 | <input type="checkbox"/> 17 |

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

A. Wanda Meade
Full Name (Last, First, Middle Initial)
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 Diversicare Management Services Occupation RVP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **839.04**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A05EE96FA7E744CDCA5B
Amount of Each Receipt this Period **419.52**
 Memo Item
Payroll Deduction: \$69.92/Bi-Weekly

B. Trescha Snyder
Full Name (Last, First, Middle Initial)
Mailing Address 1124 Craig Road
City Knoxville State TN Zip Code 37919-8238
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Management Services Occupation Director, Dietary Service
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **535.32**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A036610FF45D44498B63
Amount of Each Receipt this Period **179.64**
 Memo Item
Payroll Deduction: \$44.91/Bi-Weekly

C. Joyce 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 REBOC
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **06 / 17 / 2016**
Transaction ID : ABC6C959FC67A49F5B20
Amount of Each Receipt this Period **120.00**
 Memo Item
Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **719.16**
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: (check only one) | PAGE 10 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)
Advocat Inc. Political Action Committee

A. Danielle P. Galey
 Full Name (Last, First, Middle Initial)
 Mailing Address 377 Hutchens Road
 City State Zip Code
 Martin TN 38237-5377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Nursing Admin Don-exempt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 366.24

Date of Receipt
 06 / 23 / 2016
Transaction ID : A69A3721162CA410098B
 Amount of Each Receipt this Period
 57.12
 Memo Item
 Payroll Deduction: \$28.56/Bi-Weekly

B. Janice Horton
 Full Name (Last, First, Middle Initial)
 Mailing Address 4527 Se Hwy 70
 City State Zip Code
 Arcadia FL 34266-7787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exempt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 407.29

Date of Receipt
 06 / 30 / 2016
Transaction ID : A48EE6C065A6A4D7484E
 Amount of Each Receipt this Period
 219.31
 Memo Item
 Payroll Deduction: \$31.33/Bi-Weekly

C. Beverly Cox
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 Riverchase Road
 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 ▼
 454.48

Date of Receipt
 06 / 30 / 2016
Transaction ID : A9F0EB9A04F0841DAAE2
 Amount of Each Receipt this Period
 244.72
 Memo Item
 Payroll Deduction: \$34.96/Bi-Weekly

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 521.15 |
| TOTAL This Period (last page this line number only)..... | 4756.21 |

**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. Republican Party of Kentucky - Federal Account

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 10 | | 2016 |

Mailing Address 6939 Wythe Hill Circle

Transaction ID : BCADA4FD59E53406188F

City Prospect State KY Zip Code 40059-8408

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement
Political Contribution

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Memo Item

Office Sought: House Senate President
 Disbursement For: 2016
 Primary General
 Other (specify) Other

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

City State Zip Code

Purpose of Disbursement

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Memo Item

Office Sought: House Senate President
 Disbursement For:
 Primary General
 Other (specify) Other

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

City State Zip Code

Purpose of Disbursement

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Memo Item

Office Sought: House Senate President
 Disbursement For:
 Primary General
 Other (specify) Other

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

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

| |
|---------|
| 5000.00 |
|---------|

| |
|---------|
| 5000.00 |
|---------|