

**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="2012"/>		45497.75
(b) Cash on Hand at Beginning of Reporting Period.....	51686.63	
(c) Total Receipts (from Line 19)	5729.59	11918.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	57416.22	57416.22
7. Total Disbursements (from Line 31).....	5000.00	5000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	52416.22	52416.22
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. 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).....	1392.04	1776.66
(ii) Unitemized	4337.55	10141.81
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5729.59	11918.47
(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)	5729.59	11918.47
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))..... ▶	5729.59	11918.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5729.59	11918.47

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

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)	5729.59	11918.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5729.59	11918.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Michael P. Bonner
Full Name (Last, First, Middle Initial)

Mailing Address 1013 Steeplechase Drive

City Brentwood State TN Zip Code 37027-7449

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

Name of Employer Diversicare Management Services Occupation VP Financial Reporting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 21 / 2012
Transaction ID : ACE72C8A6EA0A496E9C6

Amount of Each Receipt this Period 105.00

Payroll Deduction: \$52.50/Bi-Weekly

B. Stacie D. Bratcher
Full Name (Last, First, Middle Initial)

Mailing Address 106 Pennystone Circle

City Franklin State TN Zip Code 37067-5766

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

Name of Employer Diversicare Management Services Occupation President of Therapy/SR V

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 284.60

Date of Receipt 02 / 21 / 2012
Transaction ID : A5D0F721781344FFC876

Amount of Each Receipt this Period 142.30

Payroll Deduction: \$71.15/Bi-Weekly

c. Mark D. Carden
Full Name (Last, First, Middle Initial)

Mailing Address 10723 Villager Road

City Dallas State TX Zip Code 75230-3980

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

Name of Employer Diversicare Management Services Occupation Texas Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.40

Date of Receipt 02 / 21 / 2012
Transaction ID : A6C4CC9394CD84EDDA66

Amount of Each Receipt this Period 117.70

Payroll Deduction: \$58.85/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶ 365.00

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 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. 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 Chief Operations Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt 02 / 21 / 2012
Transaction ID : A8C0D596100C940A9A1F
 Amount of Each Receipt this Period 384.62
 Payroll Deduction: \$192.31/Bi-Weekly

B. David R. Hickman
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 Brownstone Court
 City Nolensville State TN Zip Code 37135-9720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation VP Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.24

Date of Receipt 02 / 21 / 2012
Transaction ID : AD71114D1F2E446B5A8B
 Amount of Each Receipt this Period 138.12
 Payroll Deduction: \$69.06/Bi-Weekly

C. Robin Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 4674 Riverbend Road
 City Trussville State AL Zip Code 35173-3506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Al & Tn Rvp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.48

Date of Receipt 02 / 21 / 2012
Transaction ID : ADC36EC791B204CC4BE4
 Amount of Each Receipt this Period 132.24
 Payroll Deduction: \$66.12/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	654.98
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 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Lisa A. Martens
Full Name (Last, First, Middle Initial)

Mailing Address 1339 Buckingham Circle

City	State	Zip Code
Franklin	TN	37064-5420

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

Name of Employer	Occupation
Diversicare Management Services	VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.44**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	21	/	2012

Transaction ID : AD876AE2007EB4304A7A

Amount of Each Receipt this Period

125.22

Payroll Deduction: \$62.61/Bi-Weekly

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

Mailing Address 3728 State Route 3

City	State	Zip Code
Catlettsburg	KY	41129

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 ▼ **264.56**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	21	/	2012

Transaction ID : AB9C0E75F39F54A01A5F

Amount of Each Receipt this Period

132.28

Payroll Deduction: \$66.14/Bi-Weekly

C. Matthew J. Weishaar
Full Name (Last, First, Middle Initial)

Mailing Address 376 Sandcastle Road

City	State	Zip Code
Franklin	TN	37069-7186

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 ▼ **229.12**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	21	/	2012

Transaction ID : ABA71E3DF6E6B4091982

Amount of Each Receipt this Period

114.56

Payroll Deduction: \$57.28/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	372.06
TOTAL This Period (last page this line number only).....▶	1392.04

**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

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. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2012

Mailing Address 1201 L STREET, NW

Transaction ID : B49936F8E20F94453900

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Political Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Other2012

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

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

5000.00

5000.00
