Image# 12970750447					PAGE 1 / 9
	PORT OF R ND DISBURS Other Than An Autho	EMENT	S		
	E OR PRINT V	Example: If typir	ng, type	12FE4M5	Office Use Only
COMMITTEE (in full)		over the lines.	Ŀ	IZFE4M5	
Advocat Inc. Political Action	on Committee				
ADDRESS (number and street)	521 Galleria Blvd				
Check if different					
than previously Breported. (ACC)	rentwood			TN	37027
2. FEC IDENTIFICATION NUMB	ER V CITY	•	S		ZIP CODE
C C00421735	3. IS T REF		IEW N) OR	AMEI (A)	NDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 	b) Monthly Report Due On: Apr 20 (c) 12-Day PRE-Election) (M3)	May 20 (M5) Iun 20 (M6) Iul 20 (M7)	Aug 20 Sep 20 Oct 20 General (12	(M9) Dec 20 (M12) (M9) (M10) Jan 31 (YE)
Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	Report for the:	Convention (12C)	Special (12)	S) in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (300	à)	Runoff (30F	R) Special (30S)
Termination Report (TER)	Election	on		Y Y Y Y	in the State of
5. Covering Period 02	01 / Y Y Y Y 01 2012	through	M M 02	/ D D / 29	2012
I certify that I have examined this Re	-	y knowledge and b	pelief it is true	, correct and c	complete.
Type or Print Name of Treasurer Kelly J. Gi Signature of Treasurer Kelly J. Gi	elly J. Gill 11	[Electronically	<i>Filed]</i> Da	te 03	/ D D / Y Y Y Y 19 2012
NOTE: Submission of false, erroneous,	or incomplete information a	nav subject the nerg	son signing this	s Report to the	nenalties of 2 U.S.C. 8437a
Office Use Only					FEC FORM 3X Rev. 12/2004

FE6AN026

03/19/2012 14 : 05

6.

7.

8.

9.

10.

×

SUMMARY PAGE

OF F FEC Form 3X (Rev. 02/2003)	RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Advocat Inc. Political Action Committee	e	
Report Covering the Period: From: 02	/ 01 / Y Y Y Y 01 2012 To:	02 29 / Y Y Y Y 29 2012
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1, 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
. Total Disbursements (from Line 31)	5000.00	5000.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52416.22	52416.22
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0. 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

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Advocat Inc. Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Contributions (other than loans) From:	I				
(a) Individuals/Persons Other					
Than Political Committees	1000.04	4776.66			
(i) Itemized (use Schedule A)	1392.04	1776.66			
	1227 55	10141.81			
(ii) Unitemized (iii) TOTAL (add	4337.55				
Lines 11(a)(i) and (ii)	5729.59	11918.47			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(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			
. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
	0.00				
. All Loans Received	0.00	0.00			
. Loan Repayments Received	0.00	0.00			
. Offsets To Operating Expenditures					
(Refunds, Rebates, etc.)	0.00				
(Carry Totals to Line 37, page 5)	0.00	0.00			
. Refunds of Contributions Made					
to Federal Candidates and Other	0.00	0.00			
Political Committees	0.00	7 7			
. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00			
. Transfers from Non-Federal and Levin Funds	0.00				
(a) Non-Federal Account					
(from Schedule H3)	0.00	0.00			
		7 7 7 0.00			
(b) Levin Funds (from Schedule H5)	0.00	0.00			
		7 7 7			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
	<u></u>				
Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))►	5729.59	11918.47			
. Total Federal Receipts					
(subtract Line 18(c) from Line 19)▶	5729.59	11918.4			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4	
II. Disbursements	II. Disbursements COLUMN A Total This Period		
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
(i) Federal Share	0.00	0.0	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	0.00	0.0	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party	0.00	0.0	
Committees Contributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	5000.00	5000.00	
Independent Expenditures (use Schedule E)	0.00	0.0	
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
	0.00		
Loan Repayments Made		0.00	
Loans Made Refunds of Contributions To:	0.00	0.00	
(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	
Other Disbursements	0.00	0.00	
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	0.0	
(c) Total Federal Election Activity (add	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))►			
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5000.00	5000.0	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5000.00	5000.00	

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5729.59	11918.47	
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5729.59	11918.47	
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00	
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00	
. 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

X 11a 11b 12 11c **Detailed Summary Page** 14 13 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) Michael P. Bonner Α. Date of Receipt Mailing Address 1013 Steeplechase Drive M M / 2012 02 21 City Zip Code State Transaction ID : ACE72C8A6EA0A496E9C6 ΤN Brentwood 37027-7449 Amount of Each Receipt this Period FEC ID number of contributing С 105.00 federal political committee. Payroll Deduction: \$52.50/Bi-Weekly Name of Employer Occupation VP Financial Reporting **Diversicare Management Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stacie D. Bratcher Date of Receipt Mailing Address 106 Pennystone Circle M M 02 21 2012 City State Zip Code Transaction ID : A5D0F721781344FFC876 ΤN 37067-5766 Franklin Amount of Each Receipt this Period FEC ID number of contributing С 142.30 federal political committee. Payroll Deduction: \$71.15/Bi-Weekly Name of Employer Occupation **Diversicare Management Services** President of Therapy/SR V Receipt For: Aggregate Year-to-Date ▼ Primarv General 284.60 Other (specify) Full Name (Last, First, Middle Initial) c. Mark D. Carden Date of Receipt Mailing Address 10723 Villager Road M = M D 02 21 2012 City State Zip Code Transaction ID : A6C4CC9394CD84EDDA66 ТΧ Dallas 75230-3980 Amount of Each Receipt this Period FEC ID number of contributing 117.70 С federal political committee. Payroll Deduction: \$58.85/Bi-Weekly Name of Employer Occupation **Diversicare Management Services** Texas Rvp Receipt For: Aggregate Year-to-Date ▼ Primary General 235.40 Other (specify) 365.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

9

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using th		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Advocat Inc. Political Action Co	ommittee	
A. Full Name (Last, First, Middle Initial) Kelly J. Gill Mailing Address 1621 Galleria Blvd		Date of Receipt
City Brentwood	StateZip CodeTN37027-2926	Transaction ID : A8C0D596100C940A9A1F Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.62
Name of Employer Diversicare Management Services Receipt For: Primary General Other (specify) V	Occupation Chief Operations Officer Aggregate Year-to-Date ▼ 769.24	Payroll Deduction: \$192.31/Bi-Weekly
Full Name (Last, First, Middle Initial) B. David R. Hickman Mailing Address 801 Brownstone Court	·	Date of Receipt
City Nolensville FEC ID number of contributing	State Zip Code TN 37135-9720	02 21 2012 Transaction ID : AD71114D1F2E446B5A8B Amount of Each Receipt this Period
federal political committee. Name of Employer Diversicare Management Services Receipt For: Primary General Other (specify) ▼	C Occupation VP Human Resources Aggregate Year-to-Date ▼ 276.24	Payroll Deduction: \$69.06/Bi-Weekly
Full Name (Last, First, Middle Initial) C. Robin Jones		Date of Receipt
Mailing Address 4674 Riverbend Road City Trussville FEC ID number of contributing federal political committee. Name of Employer Diversicare Management Services Receipt For: Primary General Other (specify) ▼	State Zip Code AL 35173-3506 C Occupation Al & Tn Rvp Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 264.48	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).....

FEC Schedule A (Form 3X) Rev. 02/2003

10

7 7

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

9

ITEMIZED RECEIPTS		category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Advocat Inc. Political Action Co	mmittee		
Full Name (Last, First, Middle Initial) A. Lisa A. Martens Mailing Address 1339 Buckingham Circle City Franklin FEC ID number of contributing federal political committee. Name of Employer Diversicare Management Services Receipt For: Primary General Other (specify)	State Zip Cod TN 37064-5 C Occupation VP Quality Management Aggregate Year-to-Date	5420	Date of Receipt 02 21 2012 Transaction ID : AD876AE2007EB4304A7A Amount of Each Receipt this Period 125.22 Payroll Deduction: \$62.61/Bi-Weekly
Full Name (Last, First, Middle Initial) Wanda C. Meade Mailing Address 3728 State Route 3 City Catlettsburg FEC ID number of contributing federal political committee. Name of Employer Diversicare Management Services Receipt For: Primary General Other (specify) ▼	State Zip Cod KY 41129 C Occupation Kentucky Rvp Aggregate Year-to-Date		Date of Receipt 02 21 2012 Transaction ID : AB9C0E75F39F54A01A5F Amount of Each Receipt this Period 132.28 Payroll Deduction: \$66.14/Bi-Weekly
Full Name (Last, First, Middle Initial) Matthew J. Weishaar Mailing Address 376 Sandcastle Road City Franklin FEC ID number of contributing federal political committee. Name of Employer Diversicare Management Services Receipt For: Primary General Other (specify) ▼	State Zip Cod TN 37069-7 C Occupation VP Finance & Controller Aggregate Year-to-Date	/186	Date of Receipt 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)......

FEC Schedule A (Form 3X) Rev. 02/2003

1. AL.

- 7

.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NUMBER: PAGE 9 OF 9						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check)	1b	22 28a	· ·	23 28b	24 280		25 26 29 30	
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or use me and address of any politica	ed by any p al committe	erson e to s	for the solicit cor	purp htribu	ose c utions	of soliciti from su	ing con uch con	tributions nmittee.	
NAME OF COMMITTEE (In Full) Advocat Inc. Political Action Comr	nittee									
Full Name (Last, First, Middle Initial) A. AMERICAN HEALTH CARE ASSOCIATIO	N POLITICAL ACTION C	OMMITTE	E	Date of	[:] Disl	burse	_	YY	YY	
Mailing Address 1201 L STREET, NW				02		1;	3	201	2	
City WASHINGTON Purpose of Disbursement	State Zip Code DC 20005			Trans	actio	on ID	: B4993	6F8E20)F94453900	
Political Contribution Candidate Name				Amount	of E	Each	Disburs	ement t	his Period	
	ment For: 2012	Category/ Type		Ľ		,			5000.00	
Senate President	Primary General Other (specify)									
State: District: Full Name (Last, First, Middle Initial) B.	Other2012			Date of	Disl	burse	ment			
Mailing Address				M M	/	D	D /	YY	Y Y	
City	State Zip Code									
Purpose of Disbursement		Catagori]	Amount	of E	Each	Disburs	ement t	his Period	
	ment For:	Category/ Type		L.		,	7			
State: District:	Primary General Other (specify) ▼									
Full Name (Last, First, Middle Initial)				Date of	Disl	burse	ment			
Mailing Address				M M	/	D	D /	ΥΥ	YY	
City	State Zip Code									
Purpose of Disbursement			1	Amount	of E	Each	Disburs	ement t	his Period	
	ment For:	Category/ Type		<u> </u>		,	7			
Senate President	Primary General Other (specify) V									
State: District:				_		_				
SUBTOTAL of Disbursements This Page (optional).)		ļ.		7	7		5000.00	
TOTAL This Period (last page this line number only	/)					,	7	Į	5000.00	