

# 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)
- 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:
- |                                      |                                      |   |   |
|--------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input checked="" type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)            | <input type="checkbox"/> Dec 20 (M12)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10)           | <input type="checkbox"/> Jan 31 (YE)                              |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period

07 / 01 / 2018 through 07 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gill, Kelly, J., ,

Type or Print Name of Treasurer

Signature of Treasurer

Gill, Kelly, J., ,

[Electronically Filed]

Date

08 / 17 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		61453.10
(b) Cash on Hand at Beginning of Reporting Period.....	69918.06	
(c) Total Receipts (from Line 19) .....	1498.36	10463.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	71416.42	71916.42
7. Total Disbursements (from Line 31).....	1000.00	1500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	70416.42	70416.42
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	1498.36	9968.60
(ii) Unitemized .....	0.00	494.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1498.36	10463.32
(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) .....	1498.36	10463.32
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)).....▶	1498.36	10463.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1498.36	10463.32

**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.....	0.00	500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	1000.00	1000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	1000.00	1500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	1500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1498.36	10463.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1498.36	10463.32
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 10
<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. Horton, Janice, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4527 Se Hwy 70  
 City Arcadia State FL Zip Code 34266-7787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Diversicare Leasing Corporation Admin Administrator-exemp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.96

Date of Receipt 07 / 26 / 2018  
**Transaction ID : A8A40F06050D148058DD**  
 Amount of Each Receipt this Period 63.28  
 Memo Item  
 Payroll Deduction: \$31.64/Bi-Weekly

**B. Cox, Beverly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1017 Riverchase Road  
 City Huntsville State AL Zip Code 35803-2327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Diversicare Leasing Corporation Admin Administrator-exemp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 523.76

Date of Receipt 07 / 26 / 2018  
**Transaction ID : A3781AA0BC5AF44EBAE0**  
 Amount of Each Receipt this Period 76.16  
 Memo Item  
 Payroll Deduction: \$38.08/Bi-Weekly

**C. Snyder, Trescha, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Occupation (for Individual)  
 Diversicare Management Services Director, Dietary Service  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 643.50

Date of Receipt 07 / 27 / 2018  
**Transaction ID : A2C138B1B4C254726B56**  
 Amount of Each Receipt this Period 92.52  
 Memo Item  
 Payroll Deduction: \$46.26/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	231.96
<b>TOTAL</b> 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 10
	<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. Oakley, Treieva, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Diversicare Management Services Occupation (for Individual) DMS Training Coordinator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 534.66

Date of Receipt 07 / 27 / 2018  
**Transaction ID : AD45169B4C3784650906**  
 Amount of Each Receipt this Period 76.38  
 Memo Item  
 Payroll Deduction: \$38.19/Bi-Weekly

**B. Campbell, Leslie, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3011 Hester Way  
 City Salado State TX Zip Code 76571-6096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) Chief Operations Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1837.14

Date of Receipt 07 / 27 / 2018  
**Transaction ID : A7AEB84B9D1874279A73**  
 Amount of Each Receipt this Period 264.12  
 Memo Item  
 Payroll Deduction: \$132.06/Bi-Weekly

**C. Griffith, Joyce, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Diversicare Management Services Occupation (for Individual) REBOC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : AB755614C5ED043DFB29**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction: \$20.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	380.50
<b>TOTAL</b> 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 10
	<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. Weishaar, Matthew, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 376 Sandcastle Rd  
 City Franklin State TN Zip Code 37069-7186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) Sr VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : A7A6E4D0304804212AA2**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 Payroll Deduction: \$40.00/Bi-Weekly

**B. Gill, Kelly, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9516 Edenbrook Ct  
 City Brentwood State TN Zip Code 37027-1114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) CEO/President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt 07 / 26 / 2018  
**Transaction ID : A67F49573B18B4431859**  
 Amount of Each Receipt this Period 384.62  
 Memo Item  
 Payroll Deduction: \$192.31/Bi-Weekly

**C. Meade, Wanda, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Diversicare Management Services Occupation (for Individual) Division President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1169.28

Date of Receipt 07 / 27 / 2018  
**Transaction ID : AC8426C9412FA42FF92B**  
 Amount of Each Receipt this Period 167.04  
 Memo Item  
 Payroll Deduction: \$83.52/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	631.66
<b>TOTAL</b> 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 10
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
McKnight, James, R., ,

Mailing Address 2068 Goose Creek Dr

City Franklin	State TN	Zip Code 37064-5060
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Diversicare Management Services	Occupation (for Individual) CFO,EVP, Secretary
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1779.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

**Transaction ID : A1C9894B8AB3A4893A91**

Amount of Each Receipt this Period  
254.24

Memo Item  
Payroll Deduction: \$127.12/Bi-Weekly

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	254.24
<b>TOTAL</b> This Period (last page this line number only).....	1498.36

# 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"/> 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 Riley for State Representative

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2018

Mailing Address 189 Blue Sky Drive

City Glasgow	State KY	Zip Code 42141-7607
-----------------	-------------	------------------------

FEC Identification Number

**C**

**Transaction ID : B3EC2EB079**

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution to State Committee

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

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

Mailing Address

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

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

Mailing Address

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

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

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

1000.00
---------

1000.00
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