

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:
 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 M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2017 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2017

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 Gill, Kelly, J., ,

Signature of Treasurer Gill, Kelly, J., , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 29 / 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.

**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="2017"/>		43725.57
(b) Cash on Hand at Beginning of Reporting Period.....	54072.48	
(c) Total Receipts (from Line 19)	9380.62	19727.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	63453.10	63453.10
7. Total Disbursements (from Line 31).....	2000.00	2000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	61453.10	61453.10
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

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).....	9380.62	19134.31
(ii) Unitemized	0.00	593.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9380.62	19727.53
(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)	9380.62	19727.53
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)).....▶	9380.62	19727.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9380.62	19727.53

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.....	500.00	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).....	1500.00	1500.00
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)) ..	2000.00	2000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	2000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	9380.62	19727.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9380.62	19727.53
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 13
<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. Galey, Danielle, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 377 Hutchens Rd

City Martin	State TN	Zip Code 38237-5377
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Diversicare Leasing Corporation	Occupation (for Individual) Nursing Admin Don-exempt
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
742.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2017

Transaction ID : A29AB4B2457FE4A72B5E

Amount of Each Receipt this Period
371.28

Memo Item
Payroll Deduction: \$28.56/Bi-Weekly

B. Horton, Janice, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4527 SE Highway 70

City Arcadia	State FL	Zip Code 34266-7787
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Diversicare Leasing Corporation	Occupation (for Individual) Admin Administrator-exemp
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2017

Transaction ID : AD057C72ABF6A4FFC82D

Amount of Each Receipt this Period
313.30

Memo Item
Payroll Deduction: \$31.33/Bi-Weekly

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

Mailing Address 1017 Riverchase Rd SE

City Huntsville	State AL	Zip Code 35803-2327
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Diversicare Leasing Corporation	Occupation (for Individual) Admin Administrator-exemp
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
908.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

Transaction ID : A0FA79B8B08544947A8C

Amount of Each Receipt this Period
454.48

Memo Item
Payroll Deduction: \$34.96/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1139.06
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 7 OF 13
	<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. Snyder, Trescha, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1124 Craig Rd
 City Knoxville State TN Zip Code 37919-8238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) Director, Dietary Service
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1183.68**

Date of Receipt **12 / 29 / 2017**
Transaction ID : A7042E58BD6204E0EB82
 Amount of Each Receipt this Period **595.40**
 Memo Item
 Payroll Deduction: \$45.80/Bi-Weekly

B. McKnight, James, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2068 Goose Creek Dr
 City Franklin State TN Zip Code 37064-5060
 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 **2376.84**

Date of Receipt **09 / 22 / 2017**
Transaction ID : AE8E9DC0D363A4F758B1
 Amount of Each Receipt this Period **762.72**
 Memo Item
 Payroll Deduction: \$127.12/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 **2160.73**

Date of Receipt **12 / 29 / 2017**
Transaction ID : ABF796110662746528D7
 Amount of Each Receipt this Period **1085.76**
 Memo Item
 Payroll Deduction: \$83.52/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	2443.88
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 13
	<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. 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 ▼ 1040.00

Date of Receipt 12 / 29 / 2017
Transaction ID : A1ED9AEF2F60442D8959
 Amount of Each Receipt this Period 520.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

B. Oakley, Treieva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Diversicare Management Services Occupation (for Individual) DMS Training Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 704.33

Date of Receipt 09 / 22 / 2017
Transaction ID : AB02526EA9D4548988EB
 Amount of Each Receipt this Period 222.42
 Memo Item
 Payroll Deduction: \$37.07/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 ▼ 520.00

Date of Receipt 12 / 29 / 2017
Transaction ID : AA9A11B3EA4F049DB906
 Amount of Each Receipt this Period 260.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1002.42
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 13
	<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. 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 ▼ 4807.75

Date of Receipt 12 / 15 / 2017
Transaction ID : A62B9D0E266714014A28
 Amount of Each Receipt this Period 2307.72
 Memo Item
 Payroll Deduction: \$192.31/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 ▼ 3389.48

Date of Receipt 12 / 29 / 2017
Transaction ID : A7314AF3B2B53471BBFC
 Amount of Each Receipt this Period 1699.88
 Memo Item
 Payroll Deduction: \$130.76/Bi-Weekly

C. McKnight, James, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2068 Goose Creek Dr
 City Franklin State TN Zip Code 37064-5060
 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 ▼ 2500.00

Date of Receipt 10 / 06 / 2017
Transaction ID : AD3E65B179CB8468F9E7
 Amount of Each Receipt this Period 123.16
 Memo Item
 Payroll Deduction: \$123.16/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	4130.76
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 10 OF 13
	<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. Oakley, Treieva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Diversicare Management Services Occupation (for Individual) DMS Training Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 971.66

Date of Receipt 12 / 29 / 2017
Transaction ID : A6C22F5F4BC5547E58E8
 Amount of Each Receipt this Period 267.33
 Memo Item
 Payroll Deduction: \$38.19/Bi-Weekly

B. Wimsatt, Brenda, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6216 Palomar Ct
 City Nashville State TN Zip Code 37211-7482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) Director of Corp Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 01 / 2017
Transaction ID : AF34893EABC4F49EF900
 Amount of Each Receipt this Period 110.00
 Memo Item
 Payroll Deduction: \$10.00/Bi-Weekly

C. Horton, Janice, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Diversicare Leasing Corporation Occupation (for Individual) Admin Administrator-exemp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 815.51

Date of Receipt 12 / 28 / 2017
Transaction ID : A3DAEFF8492FA48B2B8C
 Amount of Each Receipt this Period 94.92
 Memo Item
 Payroll Deduction: \$31.64/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	472.25
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 13
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gill, Kelly, J., ,

Mailing Address 9516 Edenbrook Ct

City Brentwood	State TN	Zip Code 37027-1114
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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 ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : A052EDD5E2BBE48E090F

Amount of Each Receipt this Period
192.25

Memo Item
Payroll Deduction: \$192.25/Bi-Weekly

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

Mailing Address

City	State	Zip Code
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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
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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

SUBTOTAL of Receipts This Page (optional).....	192.25
TOTAL This Period (last page this line number only).....	9380.62

**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"/> 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. MICHAEL BURGESS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

Mailing Address PO BOX 2334

FEC Identification Number

C C00372532

City DENTON State TX Zip Code 76202

Transaction ID : B26059DB9C
Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution to Committee

Category/Type

500.00

Candidate Name

Burgess, Michael, C, Rep.,

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2018
 Primary General
 Other (specify) ▼

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

FEC Identification Number

C

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Memo Item

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

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

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Memo Item

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

500.00

500.00

**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"/> 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

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. Julie Raque Adams for State Senate

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 213 South Lyndon Lane

M M M	/	D D D	/	Y Y Y Y Y
11		16		2017

City Louisville State KY Zip Code 40222-5546

FEC Identification Number

Purpose of Disbursement
Contribution to State Committee

C

Candidate Name

Transaction ID : BE7565F06DI
Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

1000.00

State: District:

Memo Item

B. Steven Rudy for State Representative

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 350 Peppers Mill Drive

M M M	/	D D D	/	Y Y Y Y Y
12		01		2017

City Paducah State KY Zip Code 42001-8903

FEC Identification Number

Purpose of Disbursement
Contribution to State Committee

C

Candidate Name

Transaction ID : B4C059234C7
Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

500.00

State: District:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Amount of Each Disbursement this Period

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)..... ▶

1500.00

1500.00
