

**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="2015"/>		43305.30
(b) Cash on Hand at Beginning of Reporting Period.....	43305.30	
(c) Total Receipts (from Line 19)	10535.13	10535.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53840.43	53840.43
7. Total Disbursements (from Line 31).....	7500.00	7500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	46340.43	46340.43
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: 01 / 01 / 2015 To: 06 / 30 / 2015

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).....	9960.13	9960.13
(ii) Unitemized	575.00	575.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10535.13	10535.13
(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)	10535.13	10535.13
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))..... ▶	10535.13	10535.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10535.13	10535.13

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.....	7500.00	7500.00
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)) ..	7500.00	7500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	7500.00

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)	10535.13	10535.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10535.13	10535.13
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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Beverly Cox
Full Name (Last, First, Middle Initial)

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: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.82**

Date of Receipt: 06 / 04 / 2015
Transaction ID : A8D944084A9BB4DB0930

Amount of Each Receipt this Period: **380.82**

Payroll Deduction: \$34.62/Bi-Weekly

B. Beverly Cox
Full Name (Last, First, Middle Initial)

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: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **415.78**

Date of Receipt: 06 / 18 / 2015
Transaction ID : AA27A0A305CD24BCF9BD

Amount of Each Receipt this Period: **34.96**

Payroll Deduction: \$34.96/Bi-Weekly

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

Mailing Address 1030 Sunset Road

City Brentwood State TN Zip Code 37027-8276

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

Name of Employer: Diversicare Management Services
Occupation: VP, Bd and Acquisition

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **311.52**

Date of Receipt: 03 / 13 / 2015
Transaction ID : A23B23E917D64431EA83

Amount of Each Receipt this Period: **311.52**

Payroll Deduction: \$51.92/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	727.30
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. Joseph Deans
Full Name (Last, First, Middle Initial)

Mailing Address 1030 Sunset Road

City Brentwood State TN Zip Code 37027-8276

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

Name of Employer Diversicare Management Services Occupation VP, Bd and Acquisition

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **689.52**

Date of Receipt **06 / 19 / 2015**

Transaction ID : AEA57291E62A48FDA79

Amount of Each Receipt this Period **378.00**

Payroll Deduction: \$54.00/Bi-Weekly

B. 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 ▼ **506.87**

Date of Receipt **06 / 19 / 2015**

Transaction ID : A7BDAE8FADCB74CBA89

Amount of Each Receipt this Period **506.87**

Payroll Deduction: \$38.99/Bi-Weekly

C. 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 ▼ **2500.03**

Date of Receipt **06 / 19 / 2015**

Transaction ID : A9F5ECC2AC44D4E4A8E5

Amount of Each Receipt this Period **2500.03**

Payroll Deduction: \$192.31/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **3384.90**

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: PAGE 8 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Joyce Griffith

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 Occupation
 Diversicare Management Services REBOC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015

Transaction ID : AF2D1492805F149E4BE6

Amount of Each Receipt this Period
 260.00

Payroll Deduction: \$20.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. Inga Handley

Mailing Address 6151 Us Highway 278 E

City Gadsden State AL Zip Code 35903-7001

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 ▼
 244.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : A93E652538193475F89A

Amount of Each Receipt this Period
 244.88

Payroll Deduction: \$30.61/Bi-Weekly

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

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 Occupation
 Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2015

Transaction ID : AF8233862832D4D53B1B

Amount of Each Receipt this Period
 375.96

Payroll Deduction: \$31.33/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 880.84

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: PAGE 9 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Thomas Killingsworth

Mailing Address 2667 Vista Del Arroyo

City San Angelo State TX Zip Code 76904-6212

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

Name of Employer Diversicare Leasing Corporation Occupation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **398.52**

Date of Receipt **06 / 18 / 2015**

Transaction ID : A7C3DE3A8B5DA4B1CA8/

Amount of Each Receipt this Period **398.52**

Payroll Deduction: \$33.21/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. James R. McKnight

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 Advocat, Inc. Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **528.85**

Date of Receipt **02 / 27 / 2015**

Transaction ID : ACE50775F3E3F48C38E1

Amount of Each Receipt this Period **528.85**

Payroll Deduction: \$105.77/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. James R. McKnight

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 Advocat, Inc. Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1459.65**

Date of Receipt **06 / 19 / 2015**

Transaction ID : A14468273E7404E7C96D

Amount of Each Receipt this Period **930.80**

Payroll Deduction: \$116.35/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **1858.17**

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

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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 **908.96**

Date of Receipt **06 / 19 / 2015**
Transaction ID : AEB6E9254CA584FD48B3
 Amount of Each Receipt this Period **908.96**
 Payroll Deduction: \$69.92/Bi-Weekly

B. Glenda Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Cole Ave #112 Apt 112
 City Dallas State TX Zip Code 75204-4040
 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 **271.44**

Date of Receipt **06 / 19 / 2015**
Transaction ID : AC88C4AE0F83449B8869
 Amount of Each Receipt this Period **271.44**
 Payroll Deduction: \$20.88/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 **450.06**

Date of Receipt **06 / 19 / 2015**
Transaction ID : A33B1E7ADF28C402B805
 Amount of Each Receipt this Period **450.06**
 Payroll Deduction: \$34.62/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1630.46
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"/> 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. Laura Saxon
Full Name (Last, First, Middle Initial)

Mailing Address 3055 Michele Dr

City State Zip Code
Mobile AL 36605-4462

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 ▼
384.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2015
Transaction ID : ADD66BA005E454E55BC0

Amount of Each Receipt this Period
384.00

Payroll Deduction: \$38.40/Bi-Weekly

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

Mailing Address 1124 Craig Road

City State Zip Code
Knoxville TN 37919-8238

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

Name of Employer Occupation
Diversicare Management Services Director, Dietary Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
352.16

Date of Receipt
MM / DD / YYYY
04 / 10 / 2015
Transaction ID : A0DBAF8E9643F4B5E87E

Amount of Each Receipt this Period
352.16

Payroll Deduction: \$44.02/Bi-Weekly

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

Mailing Address 1124 Craig Road

City State Zip Code
Knoxville TN 37919-8238

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

Name of Employer Occupation
Diversicare Management Services Director, Dietary Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
574.46

Date of Receipt
MM / DD / YYYY
06 / 19 / 2015
Transaction ID : A852F1AFAA4BB40FF8C2

Amount of Each Receipt this Period
222.30

Payroll Deduction: \$44.46/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	958.46
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: PAGE 12 OF 13
(check only one)

<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. 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 ▼ **520.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : A1A55B031B91648738E3

Amount of Each Receipt this Period
520.00

Payroll Deduction: \$40.00/Bi-Weekly

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	520.00
TOTAL This Period (last page this line number only).....▶	9960.13

**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. FRIENDS OF SCHUMER

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Political Contribution

Candidate Name
Sen. Charles E. Schumer

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : **B69291FA1BE844193A55**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Cmte

Mailing Address 425 2nd St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2015 Primary General Other (specify) ▼ Other2015
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : **B5B1021BCA25646DE9DE**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

7500.00

7500.00