

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.
Advocat Inc. Political Action Committee

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Kelly J. Gill

Signature of Treasurer *Kelly J. Gill* [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2014"/>		38860.17
(b) Cash on Hand at Beginning of Reporting Period.....	37463.54	
(c) Total Receipts (from Line 19)	6547.92	24700.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	44011.46	63561.05
7. Total Disbursements (from Line 31).....	5250.00	24799.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	38761.46	38761.46
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).....	6407.92	17523.97
(ii) Unitemized	140.00	2127.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6547.92	19651.29
(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)	6547.92	19651.29
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	49.59
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
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))..... ▶	6547.92	24700.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6547.92	24700.88

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	49.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	49.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	20000.00
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	5250.00	4750.00
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)) ..	5250.00	24799.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5250.00	24799.59

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)	6547.92	19651.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6547.92	19651.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	49.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	49.59
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

Inga Handley and Treieva Oakley, who itemizes twice on this report, changed their payroll deduction amount which is indicated below.

Form/Schedule:
Transaction ID:

**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 14
	<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

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 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 Diversicare Leasing Corporation	Occupation Admin Administrator-exemp
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **639.93**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2014

Transaction ID : A3A2D6F0A5F2042A7B6F

Amount of Each Receipt this Period
242.34

Payroll Deduction: \$34.62/Bi-Weekly

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

Mailing Address 607 N Brookhaven

City Wichita	State KS	Zip Code 67230-6603
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FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corporation	Occupation RVP
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : AFAF2235273F34BDEAE4

Amount of Each Receipt this Period
245.00

Payroll Deduction: \$35.00/Bi-Weekly

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

Mailing Address 1030 Sunset Rd

City Brentwood	State TN	Zip Code 37027-8276
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FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services	Occupation VP, Bd and Acquisition
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1038.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : AF67952B2E37B4BE6AEC

Amount of Each Receipt this Period
363.44

Payroll Deduction: \$51.92/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	850.78
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 14
	<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

Full Name (Last, First, Middle Initial) A. Kathi B. Duke			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : AA3CEDA6136ED42DE961
Mailing Address 35 Barlow Rd			Amount of Each Receipt this Period 272.93
City Equality	State AL	Zip Code 36026-2765	Payroll Deduction: \$38.99/Bi-Weekly
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 776.38	
Name of Employer Diversicare Management Services	Occupation Alabama CQI Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Danielle P. Galey			Date of Receipt MM / DD / YYYY 07 / 24 / 2014 Transaction ID : A5AF52928B9CD47749ED
Mailing Address 377 Hutchens Rd			Amount of Each Receipt this Period 53.88
City Martin	State TN	Zip Code 38237-5377	Payroll Deduction: \$26.94/Bi-Weekly
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 429.15	
Name of Employer Diversicare Leasing Corporation	Occupation Nursing Admin Don-exempt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kelly J. Gill			Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : AC4934523C5194F9F942
Mailing Address 1621 Galleria Blvd			Amount of Each Receipt this Period 1346.17
City Brentwood	State TN	Zip Code 37027-2926	Payroll Deduction: \$192.31/Bi-Weekly
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 3846.20	
Name of Employer Diversicare Management Services	Occupation CEO/President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1672.98
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 9 OF 14
	<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. Joyce D. Griffith
 Full Name (Last, First, Middle Initial)
 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 Diversicare Management Services Occupation Kentucky Rebock
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 26 / 2014**
Transaction ID : AA2936ACB96014ED78CB
 Amount of Each Receipt this Period **140.00**
 Payroll Deduction: \$20.00/Bi-Weekly

B. Inga F. Handley
 Full Name (Last, First, Middle Initial)
 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 Diversicare Leasing Corporation Occupation Nursing Admin Don-exempt
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **575.89**

Date of Receipt **09 / 11 / 2014**
Transaction ID : AC40537675238448E861
 Amount of Each Receipt this Period **181.86**
 Payroll Deduction: \$30.31/Bi-Weekly

c. Inga F. Handley
 Full Name (Last, First, Middle Initial)
 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 Diversicare Leasing Corporation Occupation Nursing Admin Don-exempt
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **606.50**

Date of Receipt **09 / 25 / 2014**
Transaction ID : A6BB085D096EE49BD903
 Amount of Each Receipt this Period **30.61**
 Payroll Deduction: \$30.61/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	352.47
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 14
	<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	

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

A. Janice L. Horton
Full Name (Last, First, Middle Initial)
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 Diversicare Leasing Corporation	Occupation Admin Administrator-exemp
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **616.99**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2014

Transaction ID : A88489588A07E4358BEE

Amount of Each Receipt this Period
217.14

Payroll Deduction: \$31.02/Bi-Weekly

B. Thomas Killingsworth
Full Name (Last, First, Middle Initial)
Mailing Address 2667 Vista Del Arroyo Dr

City San Angelo	State TX	Zip Code 76904-6212
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FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **662.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2014

Transaction ID : A29715C10F0CF453A9F3

Amount of Each Receipt this Period
232.47

Payroll Deduction: \$33.21/Bi-Weekly

C. Randi M. Kiphen
Full Name (Last, First, Middle Initial)
Mailing Address 10880 Gallia Pike Rd

City Wheelersburg	State OH	Zip Code 45694-8443
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FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **768.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2014

Transaction ID : AA4154391814F4529959

Amount of Each Receipt this Period
230.40

Payroll Deduction: \$38.40/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	680.01
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 14
	<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"/>	<input type="checkbox"/> 17

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

A. Randy L. McChristian
 Full Name (Last, First, Middle Initial)
 Mailing Address 921 Charmont Dr
 City Charleston State AR Zip Code 72933-9083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Arkansas Director Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **617.88**

Date of Receipt **09 / 26 / 2014**
Transaction ID : A787A624CC9CC4CE6928
 Amount of Each Receipt this Period **217.56**
 Payroll Deduction: \$31.08/Bi-Weekly

B. James R. McKnight Jr.
 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 Advocat, Inc. Occupation CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2019.25**

Date of Receipt **09 / 26 / 2014**
Transaction ID : A3BA60DD3FFBB4821B63
 Amount of Each Receipt this Period **740.39**
 Payroll Deduction: \$105.77/Bi-Weekly

C. Wanda C. 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 Kentucky Rvp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1392.19**

Date of Receipt **09 / 26 / 2014**
Transaction ID : A79ED6EBB51214E15AB2
 Amount of Each Receipt this Period **489.44**
 Payroll Deduction: \$69.92/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1447.39
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 12 OF 14
	<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

Full Name (Last, First, Middle Initial) A. Glenda Nelson		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : AF39FDCFABEF64114AB0
Mailing Address 2600 Cole Ave Apt 112		Amount of Each Receipt this Period 146.16
City Dallas State TX Zip Code 75204-4040	Payroll Deduction: \$20.88/Bi-Weekly	
FEC ID number of contributing federal political committee. C	Name of Employer: Diversicare Management Services Occupation: Texas CQI Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.71	

Full Name (Last, First, Middle Initial) B. Treieva Oakley		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : A275BD49999474976B57
Mailing Address 901 Camellia Rd		Amount of Each Receipt this Period 156.95
City Oneonta State AL Zip Code 35121-1902	Payroll Deduction: \$31.39/Bi-Weekly	
FEC ID number of contributing federal political committee. C	Name of Employer: Diversicare Management Services Occupation: DMS Training Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.23	

Full Name (Last, First, Middle Initial) C. Treieva Oakley		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : A215603AADFA745E293C
Mailing Address 901 Camellia Rd		Amount of Each Receipt this Period 69.24
City Oneonta State AL Zip Code 35121-1902	Payroll Deduction: \$34.62/Bi-Weekly	
FEC ID number of contributing federal political committee. C	Name of Employer: Diversicare Management Services Occupation: DMS Training Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 631.47	

SUBTOTAL of Receipts This Page (optional).....▶	372.35
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 13 OF 14
	<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. Laura A. 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 ▼
 760.40

Date of Receipt
 09 / 25 / 2014
Transaction ID : AD8A0E5EBAE244503944
 Amount of Each Receipt this Period
 266.14
 Payroll Deduction: \$38.02/Bi-Weekly

B. Trescha A. Snyder
 Full Name (Last, First, Middle Initial)
 Mailing Address 1124 Craig Rd
 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 ▼
 876.53

Date of Receipt
 09 / 26 / 2014
Transaction ID : AD7FEB8AC4F36454481C
 Amount of Each Receipt this Period
 308.14
 Payroll Deduction: \$44.02/Bi-Weekly

C. Matthew J. Weishaar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1621 Galleria Blvd
 City State Zip Code
 Brentwood TN 37027-2926
 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 ▼
 1274.39

Date of Receipt
 09 / 26 / 2014
Transaction ID : A9BCA8D953F044835B56
 Amount of Each Receipt this Period
 457.66
 Payroll Deduction: \$65.38/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1031.94
TOTAL This Period (last page this line number only).....▶	6407.92

**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"/> 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 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. Gene Suellentrop Campaign

Mailing Address 6813 W. Northwind Circle

City State Zip Code
Wichita KS 67205-2583

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 06 / 2014

Transaction ID : **BB6290FCCCE924C8EA05**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Texans for Greg Abbott

Mailing Address PO Box 308

City State Zip Code
Austin TX 78767-0308

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2014

Transaction ID : **B19F5987370414211A9D**

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

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)..... ▶

5250.00

5250.00