

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 OR AMENDED
[X] (N) [] (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
[X] 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 01 / 01 / 2016 through 03 / 31 / 2016

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 Gill

Signature of Treasurer Kelly Gill [Electronically Filed] Date 04 / 11 / 2016

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)

Page 2

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="2016"/>	<input type="text" value="37168.29"/>	<input type="text" value="37168.29"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="37168.29"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4917.49"/>	<input type="text" value="4917.49"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="42085.78"/>	<input type="text" value="42085.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9000.00"/>	<input type="text" value="9000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33085.78"/>	<input type="text" value="33085.78"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 / 2016 To: 03 / 31 / 2016

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).....	4197.75	4197.75
(ii) Unitemized	719.74	719.74
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4917.49	4917.49
(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)	4917.49	4917.49
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))..... ▶	4917.49	4917.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4917.49	4917.49

DETAILED SUMMARY PAGE

of Disbursements

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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.....	7000.00	7000.00
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	2000.00	2000.00
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)) ..	9000.00	9000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9000.00	9000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	4917.49	4917.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4917.49	4917.49
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 11
<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. James R. McKnight
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 CFO,EVP, Secretary
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
581.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	11	/	2016

Transaction ID : A81EBD0DF01504F9A9E5

Amount of Each Receipt this Period
581.75

Memo Item
Payroll Deduction: \$116.35/Bi-Weekly

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

Mailing Address 3011 Hester Way

City Salado	State TX	Zip Code 76571-4173
----------------	-------------	------------------------

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

Name of Employer Diversicare Management Services	Occupation Chief Operating Office
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
634.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	11	/	2016

Transaction ID : AE97EB20B1519436BAC8

Amount of Each Receipt this Period
634.60

Memo Item
Payroll Deduction: \$126.92/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 ▼
1153.86

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	24	/	2016

Transaction ID : A7FCEF2C86FC34C5EA27

Amount of Each Receipt this Period
1153.86

Memo Item
Payroll Deduction: \$192.31/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	2370.21
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 11
	<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

Full Name (Last, First, Middle Initial)
A. Wanda Meade

Mailing Address 3728 State Route 3

City	State	Zip Code
Catlettsburg	KY	41129-9340

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

Name of Employer	Occupation
Diversicare Management Services	RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
419.52

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	24	/	2016

Transaction ID : A1CD75C55E8D1426FA19

Amount of Each Receipt this Period
419.52

Memo Item
Payroll Deduction: \$69.92/Bi-Weekly

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

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 ▼
266.76

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	24	/	2016

Transaction ID : A00F6DE630E0246E89D6

Amount of Each Receipt this Period
266.76

Memo Item
Payroll Deduction: \$44.46/Bi-Weekly

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

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	CFO,EVP, Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
699.26

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	24	/	2016

Transaction ID : AB7B97EF45A544D3CA53

Amount of Each Receipt this Period
117.51

Memo Item
Payroll Deduction: \$117.51/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	803.79
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 11
	<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. 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 **209.76**

Date of Receipt **03 / 24 / 2016**
Transaction ID : AAC8E60FC182341F6971
 Amount of Each Receipt this Period **209.76**
 Memo Item
 Payroll Deduction: \$34.96/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 **233.94**

Date of Receipt **03 / 24 / 2016**
Transaction ID : AD11AA04833624FF3AB3
 Amount of Each Receipt this Period **233.94**
 Memo Item
 Payroll Deduction: \$38.99/Bi-Weekly

C. 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 **240.00**

Date of Receipt **03 / 24 / 2016**
Transaction ID : AF559FC66720A4457A54
 Amount of Each Receipt this Period **240.00**
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	683.70
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 11
	<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. 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 ▼ 211.86

Date of Receipt 03 / 24 / 2016
Transaction ID : A87C3136E83F34BF8A08
 Amount of Each Receipt this Period 211.86
 Memo Item
 Payroll Deduction: \$35.31/Bi-Weekly

B. Leslie Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3011 Hester Way
 City Salado State TX Zip Code 76571-4173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Chief Operating Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 762.79

Date of Receipt 03 / 24 / 2016
Transaction ID : A0DF368EE719442B696C
 Amount of Each Receipt this Period 128.19
 Memo Item
 Payroll Deduction: \$128.19/Bi-Weekly

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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	340.05
TOTAL This Period (last page this line number only).....▶	4197.75

**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. Democratic Congressional Campaign Cmte.

Mailing Address 430 South Capitol Street SE; 2nd F

City Washington State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) Other2016

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 12 / 2016

Transaction ID : B1ECBBF16AFB44D6B929

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Portman for Senate

Mailing Address P.O. Box 39

City Terrace Park State OH Zip Code 45174

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Rob Portman

Office Sought: House Senate President

State: OH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : B19233F14451443E792F

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ORRIN PAC

Mailing Address PO BOX 3986

City Washington State DC Zip Code 20027-0986

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : B2FF864A7856F4A19B7B

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

7000.00

**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"/> 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. Tony Quillen for State Representative

Mailing Address PO Box 612

City Greenup State KY Zip Code 41144-0612

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : B66F6ADAF666045D3966

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Steve Riley for State Representative

Mailing Address 189 Blue Sky Drive

City Glasgow State KY Zip Code 42141-7607

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : B7386B159D8F34AF2B04

Amount of Each Disbursement this Period

Memo Item

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

/ /

Amount of Each Disbursement this Period

Memo Item

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

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