

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 ▼** C C00421735 **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:

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

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

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

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2016 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
 Gill, Kelly, , ,
 Type or Print Name of Treasurer

Signature of Treasurer Gill, Kelly, , , *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2016

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="2016"/>		37168.29
(b) Cash on Hand at Beginning of Reporting Period.....	32961.99	
(c) Total Receipts (from Line 19)	5626.02	15419.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	38588.01	52588.01
7. Total Disbursements (from Line 31).....	0.00	14000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	38588.01	38588.01
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Advocat Inc. Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 09 / 30 / 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).....	5486.02	14439.98
(ii) Unitemized	140.00	979.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5626.02	15419.72
(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)	5626.02	15419.72
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)).....▶	5626.02	15419.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5626.02	15419.72

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	12000.00
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).....	0.00	2000.00
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)) ..	0.00	14000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	14000.00

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)	5626.02	15419.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5626.02	15419.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Campbell, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Diversicare Management Services Occupation (for Individual) Chief Operating Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2429.26

Date of Receipt 09 / 23 / 2016
Transaction ID : ADD337FB8A4E44D4781C
 Amount of Each Receipt this Period 897.33
 Memo Item
 Payroll Deduction: \$128.19/Bi-Weekly

B. McKnight, James, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Diversicare Management Services Occupation (for Individual) CFO,EVP, Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2226.89

Date of Receipt 09 / 23 / 2016
Transaction ID : AA26CDDA81F814DA2B22
 Amount of Each Receipt this Period 822.57
 Memo Item
 Payroll Deduction: \$117.51/Bi-Weekly

C. Griffith, Joyce, , ,
 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 ▼ 380.00

Date of Receipt 09 / 23 / 2016
Transaction ID : A4986BD5193F24290817
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	1859.90
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: (check only one)	PAGE 7 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Oakley, Treieva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Camellia Road
 City Oneonta State AL Zip Code 35121-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) DMS Training Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 635.58

Date of Receipt 09 / 09 / 2016
Transaction ID : A78ED1CD3655D4BA29B0
 Amount of Each Receipt this Period 211.86
 Memo Item
 Payroll Deduction: \$35.31/Bi-Weekly

B. Duke, Kathi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Diversicare Management Services Occupation (for Individual) Sr Dir, Clinical Operatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 740.81

Date of Receipt 09 / 23 / 2016
Transaction ID : A60E301290981402196B
 Amount of Each Receipt this Period 272.93
 Memo Item
 Payroll Deduction: \$38.99/Bi-Weekly

C. Snyder, Trescha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1124 Craig Road
 City Knoxville State TN Zip Code 37919-8238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diversicare Management Services Occupation (for Individual) Director, Dietary Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 849.69

Date of Receipt 09 / 23 / 2016
Transaction ID : A7A4646553F184F629CC
 Amount of Each Receipt this Period 314.37
 Memo Item
 Payroll Deduction: \$44.91/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	799.16
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 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Weishaar, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Diversicare Management Services Occupation (for Individual) VP Finance & Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 23 / 2016
Transaction ID : A8D9E9ABA22A5431E86C
 Amount of Each Receipt this Period 280.00
 Memo Item
 Payroll Deduction: \$40.00/Bi-Weekly

B. Meade, Wanda, , ,
 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) RVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 908.96

Date of Receipt 07 / 01 / 2016
Transaction ID : AAA94127EAC134A2D893
 Amount of Each Receipt this Period 69.92
 Memo Item
 Payroll Deduction: \$69.92/Bi-Weekly

C. Gill, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Diversicare Management Services Occupation (for Individual) CEO/President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt 09 / 23 / 2016
Transaction ID : A5B76A09E8B284FE4A76
 Amount of Each Receipt this Period 1346.17
 Memo Item
 Payroll Deduction: \$192.31/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	1696.09
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 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Galey, Danielle P., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 377 Hutchens Road

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
566.16

Date of Receipt
09 / 29 / 2016
Transaction ID : **AF6BFEFBED36D4A5CBF4**

Amount of Each Receipt this Period
199.92

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

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

Mailing Address 1017 Riverchase Road

City Huntsville	State AL	Zip Code 35803-2327
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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 ▼
664.24

Date of Receipt
09 / 22 / 2016
Transaction ID : **AF1964A4CAC634C8EB22**

Amount of Each Receipt this Period
209.76

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

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

Mailing Address 4527 Se Hwy 70

City Arcadia	State FL	Zip Code 34266-7787
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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 ▼
595.27

Date of Receipt
09 / 22 / 2016
Transaction ID : **AF9338A98F4814D4CA65**

Amount of Each Receipt this Period
187.98

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

SUBTOTAL of Receipts This Page (optional).....	597.66
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 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Meade, Wanda, , ,
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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Diversicare Management Services	Occupation (for Individual) RVP
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1405.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : A49AA6FFBDACB490B9AI

Amount of Each Receipt this Period
496.14

Memo Item
Payroll Deduction: \$82.69/Bi-Weekly

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

Mailing Address 901 Camellia Road

City Oneonta	State AL	Zip Code 35121-1902
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Diversicare Management Services	Occupation (for Individual) DMS Training Coordinator
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : AD7CB05EFCC064D2FB0E

Amount of Each Receipt this Period
37.07

Memo Item
Payroll Deduction: \$37.07/Bi-Weekly

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)
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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).....	533.21
TOTAL This Period (last page this line number only).....	5486.02