

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 M / D 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 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 06 01 2012 through M M M / D D D / Y Y Y Y Y Y 06 30 2012

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 07 / 09 / 2012

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

Office Use Only										
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**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="2012"/>	<input type="text" value="45497.75"/>	<input type="text" value="45497.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="70331.53"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5298.19"/>	<input type="text" value="35131.97"/>
(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="75629.72"/>	<input type="text" value="80629.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="27225.00"/>	<input type="text" value="32225.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="48404.72"/>	<input type="text" value="48404.72"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	5068.31	21691.00
(ii) Unitemized	229.88	13440.97
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5298.19	35131.97
(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)	5298.19	35131.97
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))..... ▶	5298.19	35131.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5298.19	35131.97

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	5000.00
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	27225.00	27225.00
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)) ..	27225.00	32225.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27225.00	32225.00

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)	5298.19	35131.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5298.19	35131.97
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 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

Full Name (Last, First, Middle Initial)
A. Benita B. Adkins

Mailing Address P.O. Box 112

City State Zip Code
Sandy Hook KY 41171-0112

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 ▼
490.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : A9305ECF5DACB48508AE

Amount of Each Receipt this Period
105.12

Payroll Deduction: \$35.04/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. Barry C. Bell

Mailing Address 926 Garrett St.

City State Zip Code
Rainsville AL 35986

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

Name of Employer Occupation
Diversicare Management Services AL/TN Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2012
Transaction ID : AB948902E06C34C32AE9

Amount of Each Receipt this Period
85.08

Payroll Deduction: \$42.54/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. Edward W. Bell

Mailing Address 4201 17th St N

City State Zip Code
Texas City TX 77590-4038

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 ▼
527.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2012
Transaction ID : A0ECFE86384A347409EA

Amount of Each Receipt this Period
81.58

Payroll Deduction: \$40.79/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	271.78
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 7 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Lisa L. Benning
 Full Name (Last, First, Middle Initial)
 Mailing Address 4381 Hwy 7
 City Bismarck State AR Zip Code 71929
 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 **210.78**

Date of Receipt **06 / 29 / 2012**
Transaction ID : A35C7E97CF82F4207B34
 Amount of Each Receipt this Period **47.88**
 Payroll Deduction: \$15.96/Bi-Weekly

B. Michael V. Black
 Full Name (Last, First, Middle Initial)
 Mailing Address 2003 Crye Crest Cove
 City Spring Hill State TN Zip Code 37174-7428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Director, Business & FC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 27 / 2012**
Transaction ID : AF05610D5184544FB8C9
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction: \$20.00/Bi-Weekly

C. Kristi M. Blackwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 Waltzing Brook Ct
 City Weatherford State TX Zip Code 76085-3636
 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 **275.83**

Date of Receipt **06 / 27 / 2012**
Transaction ID : A24FE8308C3D14E18B5B
 Amount of Each Receipt this Period **42.74**
 Payroll Deduction: \$21.37/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	130.62
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 29
(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. Michael P. Bonner
 Mailing Address 1013 Steeplechase Drive
 City State Zip Code
 Brentwood TN 37027-7449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services VP Financial Reporting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 686.66

Date of Receipt
 06 / 27 / 2012
Transaction ID : AD92279DE3C564592A47
 Amount of Each Receipt this Period
 106.04
 Payroll Deduction: \$53.02/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. Ruth A. Brown
 Mailing Address P O Box 16
 City State Zip Code
 Bogata TX 75417-0016
 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 ▼
 475.02

Date of Receipt
 06 / 27 / 2012
Transaction ID : A1021A6F3793B4E92AD5
 Amount of Each Receipt this Period
 73.08
 Payroll Deduction: \$36.54/Bi-Weekly

Full Name (Last, First, Middle Initial)
c. Mark D. Carden
 Mailing Address 10723 Villager Road
 City State Zip Code
 Dallas TX 75230-3980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services Texas Rvp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 765.05

Date of Receipt
 06 / 27 / 2012
Transaction ID : AD2409FD41F3F45CDBA9
 Amount of Each Receipt this Period
 117.70
 Payroll Deduction: \$58.85/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 296.82
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 29
	<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. Sara Carr
Full Name (Last, First, Middle Initial)

Mailing Address 7959 State Park Road

City Lockhart State TX Zip Code 78644-4316

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

Name of Employer Diversicare Management Services Occupation Therapy Rehab Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **571.22**

Date of Receipt **06 / 27 / 2012**

Transaction ID : A757CEC93BC944AB7AB9

Amount of Each Receipt this Period **87.88**

Payroll Deduction: \$43.94/Bi-Weekly

B. Brian M. Cole
Full Name (Last, First, Middle Initial)

Mailing Address 1056 Windtree Trace

City Mount Juliet State TN Zip Code 37122-1333

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

Name of Employer Diversicare Management Services Occupation VP - IT Operations and In

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **644.42**

Date of Receipt **06 / 27 / 2012**

Transaction ID : A649AC41A1BE5491D851

Amount of Each Receipt this Period **104.38**

Payroll Deduction: \$52.19/Bi-Weekly

C. 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 ▼ **351.12**

Date of Receipt **06 / 11 / 2012**

Transaction ID : A0E975DB014574A4A9CB

Amount of Each Receipt this Period **29.26**

Payroll Deduction: \$29.26/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **221.52**

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 29
	<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. 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 ▼ **380.67**

Date of Receipt **06 / 27 / 2012**

Transaction ID : AD6059C5B72A04D38ADB

Amount of Each Receipt this Period **29.55**

Payroll Deduction: \$29.55/Bi-Weekly

B. Joseph A. 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 ▼ **665.36**

Date of Receipt **06 / 27 / 2012**

Transaction ID : A9EEF53AE06E04079F0

Amount of Each Receipt this Period **103.84**

Payroll Deduction: \$51.92/Bi-Weekly

C. Edana Y. Duff
Full Name (Last, First, Middle Initial)

Mailing Address 1948 Les Robinson Road

City Columbia State TN Zip Code 38401-1324

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

Name of Employer Diversicare Management Services Occupation DMS Clinical Support Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **424.97**

Date of Receipt **06 / 27 / 2012**

Transaction ID : A42B0AF3EB9004F20AF6

Amount of Each Receipt this Period **65.38**

Payroll Deduction: \$32.69/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **198.77**

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 29
<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. Kathi B. Duke
Full Name (Last, First, Middle Initial)

Mailing Address 35 Barlow Road

City Equality	State AL	Zip Code 36026
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FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services	Occupation Alabama CQI Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **495.85**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : A88FDBF43824A4A9B928

Amount of Each Receipt this Period

76.46

Payroll Deduction: \$38.23/Bi-Weekly

B. Dorcas K. Fannin
Full Name (Last, First, Middle Initial)

Mailing Address 8609 Savage Branch

City Catlettsburg	State KY	Zip Code 41129-8131
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FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services	Occupation Kentucky Marketing
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **381.13**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : AEE700632993D4AE6AC6

Amount of Each Receipt this Period

61.54

Payroll Deduction: \$30.77/Bi-Weekly

C. Deborah R. Farris
Full Name (Last, First, Middle Initial)

Mailing Address 1206 Chilton

City San Antonio	State TX	Zip Code 78251
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FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services	Occupation Texas Mds Specialist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.43**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : AB75ECABA4A604A829FC

Amount of Each Receipt this Period

52.54

Payroll Deduction: \$26.27/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	190.54
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 29
	<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. Anne M. Freeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 25059 Us Hwy 80
 City Opelika State AL Zip Code 36804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Al Mds Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **318.36**

Date of Receipt **06 / 11 / 2012**
Transaction ID : A53C28B98A19949159CE
 Amount of Each Receipt this Period **26.53**
 Payroll Deduction: \$26.53/Bi-Weekly

B. Anne M. Freeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 25059 Us Hwy 80
 City Opelika State AL Zip Code 36804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Al Mds Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **345.15**

Date of Receipt **06 / 27 / 2012**
Transaction ID : A059C1068323F47608C2
 Amount of Each Receipt this Period **26.79**
 Payroll Deduction: \$26.79/Bi-Weekly

C. Frances C. Fritz
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 96
 City Ponder State TX Zip Code 76259-0096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Texas Mds Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.25**

Date of Receipt **06 / 27 / 2012**
Transaction ID : A22AB37F97BC949D0A01
 Amount of Each Receipt this Period **38.50**
 Payroll Deduction: \$19.25/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	91.82
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 13 OF 29
(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

A. Danielle P. Galey
 Full Name (Last, First, Middle Initial)
 Mailing Address 377 Hutchens Road
 City State Zip Code
 Martin TN 38237-5377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Nursing Admin Don-exempt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 367.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : AA0893A7847274D168B6
 Amount of Each Receipt this Period
 79.23
 Payroll Deduction: \$26.41/Bi-Weekly

B. Steven W. Gardner
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Lakeview Drive
 City State Zip Code
 Nitro WV 25143-1756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exempt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 461.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : ACB3A946910514D74A94
 Amount of Each Receipt this Period
 99.06
 Payroll Deduction: \$33.02/Bi-Weekly

C. Kelly J. Gill
 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 Chief Operations Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2012
Transaction ID : A55F9D5AF634844D5904
 Amount of Each Receipt this Period
 384.62
 Payroll Deduction: \$192.31/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 562.91
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 14 OF 29
	<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. 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 ▼ **650.00**

Date of Receipt **06 / 27 / 2012**

Transaction ID : AD9B2163D65504AA19F9

Amount of Each Receipt this Period **100.00**

Payroll Deduction: \$50.00/Bi-Weekly

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

Mailing Address 1812 Highland Ave

City Portsmouth State OH Zip Code 45662-3613

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

Name of Employer Diversicare Management Services Occupation Therapy Rehab Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **524.55**

Date of Receipt **06 / 27 / 2012**

Transaction ID : A22D1F73DB63B4B63B9C

Amount of Each Receipt this Period **80.70**

Payroll Deduction: \$40.35/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 ▼ **386.23**

Date of Receipt **06 / 27 / 2012**

Transaction ID : A96FC260156D24354BA4

Amount of Each Receipt this Period **59.42**

Payroll Deduction: \$29.71/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	240.12
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 15 OF 29
	<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. Les Hogan
Full Name (Last, First, Middle Initial)
Mailing Address 503 Northside Drive

City Enterprise	State AL	Zip Code 36330
--------------------	-------------	-------------------

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 ▼
439.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2012

Transaction ID : A0FE66F5A41A24D7C851

Amount of Each Receipt this Period
36.63

Payroll Deduction: \$36.63/Bi-Weekly

B. Les Hogan
Full Name (Last, First, Middle Initial)
Mailing Address 503 Northside Drive

City Enterprise	State AL	Zip Code 36330
--------------------	-------------	-------------------

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 ▼
476.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : A07F47C78F6DB4FAAB03

Amount of Each Receipt this Period
37.00

Payroll Deduction: \$37.00/Bi-Weekly

C. Janice L. Horton
Full Name (Last, First, Middle Initial)
Mailing Address 4527 Se Hwy 70

City Arcadia	State FL	Zip Code 34266
-----------------	-------------	-------------------

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 ▼
395.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : A8952FD379CFB4A9B895

Amount of Each Receipt this Period
60.82

Payroll Deduction: \$30.41/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	134.45
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 16 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Vicki L. Hughes

Mailing Address 134 Polk 617

City	State	Zip Code
Mena	AR	71953-8855

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 ▼ **426.86**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : A860035CBF5C04C829F4

Amount of Each Receipt this Period

91.47

Payroll Deduction: \$30.49/Bi-Weekly

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

Mailing Address 4674 Riverbend Road

City	State	Zip Code
Trussville	AL	35173-3506

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

Name of Employer	Occupation
Diversicare Management Services	AI & Tn Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **884.44**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : AED377AEDDCF142F2BA6

Amount of Each Receipt this Period

138.46

Payroll Deduction: \$69.23/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. Rory L. Jones

Mailing Address 1515 Henderson Road

City	State	Zip Code
Malvern	AR	72104-7950

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

Name of Employer	Occupation
Diversicare Management Services	DIR. Property Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.04**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : A577179394F154E6495A

Amount of Each Receipt this Period

46.16

Payroll Deduction: \$23.08/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	276.09
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 17 OF 29
	<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. Thomas Killingsworth

Mailing Address 2667 Vista Del Arroyo

City	State	Zip Code
San Angelo	TX	76904-6212

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 ▼ **424.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : A2834FF4152004FFD837

Amount of Each Receipt this Period
65.38

Payroll Deduction: \$32.69/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. Randi M. Kiphen

Mailing Address 10880 Gallia Pike

City	State	Zip Code
Wheelersburg	OH	45694

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

Name of Employer	Occupation
Diversicare Leasing Corp	Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **532.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : A9BC13EE9FDA346D59D7

Amount of Each Receipt this Period
114.06

Payroll Deduction: \$38.02/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. Tammy J. Knipp

Mailing Address 667 Indian Hills

City	State	Zip Code
Grayson	KY	41143-8670

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

Name of Employer	Occupation
Diversicare Management Services	Kentucky MDS Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **314.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : AD936AEAE27014D9093D

Amount of Each Receipt this Period
48.96

Payroll Deduction: \$24.48/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	228.40
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 18 OF 29
	<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. Rebecca G. Lane
Full Name (Last, First, Middle Initial)

Mailing Address 153 Melton Road

City Cookeville	State TN	Zip Code 38506-9059
--------------------	-------------	------------------------

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 ▼ **459.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : A4A6F5800D64649F18B0

Amount of Each Receipt this Period
99.06

Payroll Deduction: \$33.02/Bi-Weekly

B. Lorey S. Lowe
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1813

City Olive Hill	State KY	Zip Code 41164-1813
--------------------	-------------	------------------------

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

Name of Employer Diversicare Management Services	Occupation Kentucky Cqi
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **469.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : AFF3D90A340E94DB0A42

Amount of Each Receipt this Period
73.12

Payroll Deduction: \$36.56/Bi-Weekly

C. Lisa A. Martens
Full Name (Last, First, Middle Initial)

Mailing Address 1339 Buckingham Circle

City Franklin	State TN	Zip Code 37064-5420
------------------	-------------	------------------------

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

Name of Employer Diversicare Management Services	Occupation VP Quality Management
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **838.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : A3E1F2062D05A4D1992A

Amount of Each Receipt this Period
131.48

Payroll Deduction: \$65.74/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	303.66
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 19 OF 29
	<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. Randy L. McChristian
Full Name (Last, First, Middle Initial)

Mailing Address 8000 Williamsburg

City Fort Smith State AR Zip Code 72903-5131

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 ▼ **278.39**

Date of Receipt **06 / 27 / 2012**

Transaction ID : AEA3B960E4305453882B

Amount of Each Receipt this Period **43.16**

Payroll Deduction: \$21.58/Bi-Weekly

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

Mailing Address 42 CR 2208

City Cleveland State TX Zip Code 77327-2305

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

Name of Employer Diversicare Management Services Occupation DMS Clinical Support Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **06 / 27 / 2012**

Transaction ID : AB9B29DFFE7D94D6FA27

Amount of Each Receipt this Period **38.46**

Payroll Deduction: \$19.23/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

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 ▼ **884.54**

Date of Receipt **06 / 27 / 2012**

Transaction ID : ACC1163DF0E6041A9A39

Amount of Each Receipt this Period **138.46**

Payroll Deduction: \$69.23/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **220.08**

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 20 OF 29
	<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. Kelli K. Montelongo
Full Name (Last, First, Middle Initial)

Mailing Address 421 Big Timber Drive

City Temple State TX Zip Code 76502

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

Name of Employer Diversicare Management Services Occupation Texas Reboc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **310.08**

Date of Receipt **06 / 11 / 2012**

Transaction ID : A026F5BF8BA4AB9AD/

Amount of Each Receipt this Period **25.84**

Payroll Deduction: \$25.84/Bi-Weekly

B. Kelli K. Montelongo
Full Name (Last, First, Middle Initial)

Mailing Address 421 Big Timber Drive

City Temple State TX Zip Code 76502

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

Name of Employer Diversicare Management Services Occupation Texas Reboc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.31**

Date of Receipt **06 / 27 / 2012**

Transaction ID : A11C0F9BCA4AC4B2B8F6

Amount of Each Receipt this Period **26.23**

Payroll Deduction: \$26.23/Bi-Weekly

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

Mailing Address 2600 Cole Ave #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 Texas CQI Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **263.43**

Date of Receipt **06 / 27 / 2012**

Transaction ID : A3F31C0C044E146EA817

Amount of Each Receipt this Period **41.34**

Payroll Deduction: \$20.67/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **93.41**

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 21 OF 29
	<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. Treieva Oakley
Full Name (Last, First, Middle Initial)
Mailing Address 901 Camellia Road

City Oneonta	State AL	Zip Code 35121
-----------------	-------------	-------------------

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 ▼ **400.94**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2012

Transaction ID : A3DF9ECAEA1694771A9F

Amount of Each Receipt this Period

62.16

Payroll Deduction: \$31.08/Bi-Weekly

B. Amenda M. Palacio
Full Name (Last, First, Middle Initial)
Mailing Address 300 Highland Ridge Dr.

City Wylie	State TX	Zip Code 75098
---------------	-------------	-------------------

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

Name of Employer Diversicare Management Services	Occupation Texas Case Manager
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **343.46**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2012

Transaction ID : A1268F54E25E84486BDE

Amount of Each Receipt this Period

53.04

Payroll Deduction: \$26.52/Bi-Weekly

C. Sharon V. Pruitt
Full Name (Last, First, Middle Initial)
Mailing Address 2617 River Oaks Drive

City Arlington	State TX	Zip Code 76006-3639
-------------------	-------------	------------------------

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

Name of Employer Diversicare Management Services	Occupation Texas Marketing Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.05**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2012

Transaction ID : AE151539F77004510B30

Amount of Each Receipt this Period

37.70

Payroll Deduction: \$18.85/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	152.90
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 22 OF 29
	<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. Lorri Pugh

Mailing Address P O Box 1857

City Huntsville State AL Zip Code 35807-0857

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 ▼
307.08

Date of Receipt
06 / 11 / 2012

Transaction ID : AA9C1492C46114A92A33

Amount of Each Receipt this Period
25.59

Payroll Deduction: \$25.59/Bi-Weekly

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

Mailing Address P O Box 1857

City Huntsville State AL Zip Code 35807-0857

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 ▼
332.93

Date of Receipt
06 / 27 / 2012

Transaction ID : AB73687439AD84D9F816

Amount of Each Receipt this Period
25.85

Payroll Deduction: \$25.85/Bi-Weekly

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

Mailing Address 7147 Riverfront Drive

City Nashville State TN Zip Code 37221-6585

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

Name of Employer Occupation
Diversicare Management Services VP of Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
618.92

Date of Receipt
06 / 27 / 2012

Transaction ID : A5B51F2E2E00E42BE86A

Amount of Each Receipt this Period
95.58

Payroll Deduction: \$47.79/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **147.02**

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 23 OF 29
	<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. Cindy R. Salyers
 Full Name (Last, First, Middle Initial)
 Mailing Address 391 Laurel Avenue
 City Ashland State KY Zip Code 41101-7250
 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 **391.58**

Date of Receipt **06 / 29 / 2012**
Transaction ID : A5D092DBE5CE9424CB93
 Amount of Each Receipt this Period **83.91**
 Payroll Deduction: \$27.97/Bi-Weekly

B. Laura A. Saxon
 Full Name (Last, First, Middle Initial)
 Mailing Address 3055 Michele Dr
 City Mobile State AL Zip Code 36605-4462
 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 **483.40**

Date of Receipt **06 / 27 / 2012**
Transaction ID : A457603AB5CB14ED4B6A
 Amount of Each Receipt this Period **74.54**
 Payroll Deduction: \$37.27/Bi-Weekly

C. Kenneth K. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 4909 Walnut Hills Drive
 City Louisville State KY Zip Code 40299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Regional Hr Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **581.87**

Date of Receipt **06 / 27 / 2012**
Transaction ID : A04393B1F8D564EBFA6C
 Amount of Each Receipt this Period **89.62**
 Payroll Deduction: \$44.81/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	248.07
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 24 OF 29
	<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. Trescha A. Snyder
Full Name (Last, First, Middle Initial)

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: Diversicare Management Services
Occupation: Director, Dietary Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.95**

Date of Receipt: **06 / 27 / 2012**
Transaction ID : ACC605391766A49A7B58

Amount of Each Receipt this Period: **86.30**

Payroll Deduction: \$43.15/Bi-Weekly

B. Rhonda K. Stout
Full Name (Last, First, Middle Initial)

Mailing Address 88 Brooke Drive

City Perryville State AR Zip Code 72126-8034

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 ▼ **425.54**

Date of Receipt: **06 / 29 / 2012**
Transaction ID : A1BE802E0524B40E4844

Amount of Each Receipt this Period: **91.83**

Payroll Deduction: \$30.61/Bi-Weekly

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

Mailing Address 2469 AR 115

City Smithville State AR Zip Code 72466

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

Name of Employer: Diversicare Management Services
Occupation: Arkansas Cqi Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **411.32**

Date of Receipt: **06 / 27 / 2012**
Transaction ID : A0ED536AFA5024D71A76

Amount of Each Receipt this Period: **63.28**

Payroll Deduction: \$31.64/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **241.41**

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 25 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A. Liese M. Thornton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2149 West Hwy 84

City Amity	State AR	Zip Code 71921-8640
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FEC ID number of contributing federal political committee. **C**

Name of Employer Diversicare Management Services	Occupation Arkansas Marketing
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : ABC38B81B52504F7CB5D

Amount of Each Receipt this Period
50.00

Payroll Deduction: \$25.00/Bi-Weekly

B. Grady Trew Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 Patton Cove

City Bastrop	State TX	Zip Code 78602-6641
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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 ▼ **400.01**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : A0E4B8D31F8B1448988C

Amount of Each Receipt this Period
61.54

Payroll Deduction: \$30.77/Bi-Weekly

C. Mark Tschudy
 Full Name (Last, First, Middle Initial)
 Mailing Address 28219 Madelin Manor Lane

City Spring	State TX	Zip Code 77386-3087
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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 ▼ **586.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : AF585A40AC2E64FD5BCA

Amount of Each Receipt this Period
90.16

Payroll Deduction: \$45.08/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	201.70
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:	PAGE 26 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Tina M. Ward

Mailing Address 575 3rd NE

City Bogata State TX Zip Code 75417-5209

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 ▼
414.05

Date of Receipt
06 / 27 / 2012
Transaction ID : A4C76C2BCFB7048528BD

Amount of Each Receipt this Period
63.70

Payroll Deduction: \$31.85/Bi-Weekly

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

Mailing Address 3118 Eagle Ridge Way

City Houston State TX Zip Code 77084-5500

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 ▼
476.19

Date of Receipt
06 / 27 / 2012
Transaction ID : ADB5266A782E84C1E9B8

Amount of Each Receipt this Period
73.26

Payroll Deduction: \$36.63/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. Matthew J. Weishaar

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

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 ▼
749.20

Date of Receipt
06 / 27 / 2012
Transaction ID : A2115DDA263CD4EC4AE8

Amount of Each Receipt this Period
115.70

Payroll Deduction: \$57.85/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.66

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 27 OF 29
	<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. Jerri L. West
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Westwood Lane
 City Winfield State TN Zip Code 37892-3451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Diversicare Management Services
 Occupation: Tennessee CQI Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **459.94**

Date of Receipt: 06 / 27 / 2012
Transaction ID : AECA6864345BB468FB23
 Amount of Each Receipt this Period: **70.76**
 Payroll Deduction: \$35.38/Bi-Weekly

B. Chyra D. Worthington
 Full Name (Last, First, Middle Initial)
 Mailing Address 1723 Royal Oaks
 City Malvern State AR Zip Code 72104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Diversicare Leasing Corp
 Occupation: Admin Administrator-exemp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **420.14**

Date of Receipt: 06 / 29 / 2012
Transaction ID : AAAABE0A42E314F0299D
 Amount of Each Receipt this Period: **90.03**
 Payroll Deduction: \$30.01/Bi-Weekly

C. Samuel R. Wright II
 Full Name (Last, First, Middle Initial)
 Mailing Address 7863 Hwy 828
 City Louisa State KY Zip Code 41230-5525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Diversicare Leasing Corp
 Occupation: Admin Administrator-exemp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **489.44**

Date of Receipt: 06 / 29 / 2012
Transaction ID : AA7CDB77F6CA047819DE
 Amount of Each Receipt this Period: **104.88**
 Payroll Deduction: \$34.96/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	265.67
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 28 OF 29
(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. Full Name (Last, First, Middle Initial)
Sarah J. Wright

Mailing Address 1193 Midway Road

City Hoxie State AR Zip Code 72433-9013

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 ▼ **453.62**

Date of Receipt **06 / 29 / 2012**

Transaction ID : AFA356C3DEBD246F3BC0

Amount of Each Receipt this Period **97.89**

Payroll Deduction: \$32.63/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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	97.89
TOTAL This Period (last page this line number only).....▶	5068.31

**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. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE ADMINISTRATIVE ACCOUNT

Mailing Address 1201 L Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Administrative Account

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 14 / 2012

Transaction ID : B3A1CAEFD6E0340F79B8

Amount of Each Disbursement this Period

27225.00

B.

Full Name (Last, First, Middle Initial)

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

C.

Full Name (Last, First, Middle Initial)

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)..... ▶

27225.00

27225.00