

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

[X]

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)
[X] 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)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

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

- Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on

MM/DD/YYYY

in the State of

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

- General (30G)
Runoff (30R)
Special (30S)

Election on

MM/DD/YYYY

in the State of

5. Covering Period

MM/DD/YYYY 07/01/2015 through MM/DD/YYYY 12/31/2015

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

MM/DD/YYYY 01/22/2016

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**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="2015"/>		43305.30
(b) Cash on Hand at Beginning of Reporting Period.....	46340.43	
(c) Total Receipts (from Line 19) .....	16327.86	26862.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	62668.29	70168.29
7. Total Disbursements (from Line 31).....	25500.00	33000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37168.29	37168.29
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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. 06/2004)

Page 3

Write or Type Committee Name

**Advocat Inc. Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11327.86	21287.99
(ii) Unitemized .....	0.00	575.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11327.86	21862.99
(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) .....	11327.86	21862.99
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.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16327.86	26862.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16327.86	26862.99

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	27500.00
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 .....	5500.00	5500.00
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)) ..	25500.00	33000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25500.00	33000.00

**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) .....	11327.86	21862.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11327.86	21862.99
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 15
	<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**

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

Mailing Address 2667 Vista Del Arroyo

City San Angelo State TX Zip Code 76904-6212

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

Name of Employer Occupation  
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
664.57

Date of Receipt  
08 / 27 / 2015  
**Transaction ID : A1209CD975FD746EDA12**

Amount of Each Receipt this Period  
166.05

Payroll Deduction: \$33.21/Bi-Weekly

Full Name (Last, First, Middle Initial)  
**B. Treieva Oakley**

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 Occupation  
Diversicare Management Services DMS Training Coordinator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
623.16

Date of Receipt  
08 / 28 / 2015  
**Transaction ID : A98215E8A64424E1A8DA**

Amount of Each Receipt this Period  
173.10

Payroll Deduction: \$34.62/Bi-Weekly

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

Mailing Address 1621 Galleria Blvd

City Brentwood State TN Zip Code 37027-2926

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

Name of Employer Occupation  
Diversicare Management Services CFO,EVP, Secretary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2390.45

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : A6A2A3A9E77DF4370BEA**

Amount of Each Receipt this Period  
930.80

Payroll Deduction: \$116.35/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1269.95
<b>TOTAL</b> 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 15
	<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. 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 ▼ 2500.00

Date of Receipt 10 / 23 / 2015  
**Transaction ID : A7D59F6863EED41CCAFA**

Amount of Each Receipt this Period 109.55

Payroll Deduction: \$109.55/Bi-Weekly

**B. 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 ▼ 4807.75

Date of Receipt 12 / 04 / 2015  
**Transaction ID : A6B427C2A3AC84C5E9AE**

Amount of Each Receipt this Period 2307.72

Payroll Deduction: \$192.31/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 ▼ 5000.00

Date of Receipt 12 / 18 / 2015  
**Transaction ID : AF48320868A174D66842**

Amount of Each Receipt this Period 192.25

Payroll Deduction: \$192.25/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2609.52
<b>TOTAL</b> 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 15
	<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. Danielle P. Galey**  
Full Name (Last, First, Middle Initial)

Mailing Address 377 Hutchens Road

City Martin State TN Zip Code 38237-5377

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 ▼ **504.00**

Date of Receipt **12 / 24 / 2015**

**Transaction ID : AB7C5305E8C1F444998D**

Amount of Each Receipt this Period **364.00**

Payroll Deduction: \$28.00/Bi-Weekly

**B. Joyce 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 REBOC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt **12 / 31 / 2015**

**Transaction ID : ACEFAC559663B43F4A18**

Amount of Each Receipt this Period **280.00**

Payroll Deduction: \$20.00/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 ▼ **1080.00**

Date of Receipt **12 / 31 / 2015**

**Transaction ID : A6AEF5ACD538F4D0A968**

Amount of Each Receipt this Period **560.00**

Payroll Deduction: \$40.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... **1204.00**

**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 15
	<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. Joseph Deans**  
Full Name (Last, First, Middle Initial)

Mailing Address 1030 Sunset Road

City State Zip Code  
Brentwood TN 37027-8276

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1445.52

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : A8E1618A3CE0541F488E**

Amount of Each Receipt this Period  
756.00

Payroll Deduction: \$54.00/Bi-Weekly

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

Mailing Address P O Box 174

City State Zip Code  
Equality AL 36026-2765

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

Name of Employer Occupation  
Diversicare Management Services Sr Dir, Clinical Operatio

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1052.73

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : AD8B96104817447FA94F**

Amount of Each Receipt this Period  
545.86

Payroll Deduction: \$38.99/Bi-Weekly

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

Mailing Address 4527 Se Hwy 70

City State Zip Code  
Arcadia FL 34266-7787

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

Name of Employer Occupation  
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
814.58

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : A9B58C039E4EE45A8A12**

Amount of Each Receipt this Period  
438.62

Payroll Deduction: \$31.33/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1740.48
<b>TOTAL</b> 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 15
	<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 ▼ 905.22

Date of Receipt 12 / 31 / 2015  
**Transaction ID : A882FE519DA98421083E**  
 Amount of Each Receipt this Period 489.44  
 Payroll Deduction: \$34.96/Bi-Weekly

**B. Trescha 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 ▼ 1196.90

Date of Receipt 12 / 31 / 2015  
**Transaction ID : AD08612B64C4F4A1A8FF**  
 Amount of Each Receipt this Period 622.44  
 Payroll Deduction: \$44.46/Bi-Weekly

**C. Wanda Meade**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3728 State Route 3  
 City Catlettsburg State KY Zip Code 41129-9340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Diversicare Management Services Occupation RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1887.84

Date of Receipt 12 / 31 / 2015  
**Transaction ID : A3718337E5DFE47DDA42**  
 Amount of Each Receipt this Period 978.88  
 Payroll Deduction: \$69.92/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2090.76
<b>TOTAL</b> 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 15
	<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. Glenda Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 Cole Ave #112  
 Apt 112  
 City Dallas State TX Zip Code 75204-4040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Diversicare Management Services Occupation Sr Dir, Clinical Operatio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 563.76

Date of Receipt 12 / 31 / 2015  
**Transaction ID : AD52BDC8AFA7A4D3882E**  
 Amount of Each Receipt this Period 292.32  
 Payroll Deduction: \$20.88/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 ▼ 1523.04

Date of Receipt 12 / 31 / 2015  
**Transaction ID : A3A07327C34A94E63A5C**  
 Amount of Each Receipt this Period 1523.04  
 Payroll Deduction: \$126.92/Bi-Weekly

**C. Treieva Oakley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 Camellia Road  
 City Oneonta State AL Zip Code 35121-1902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Diversicare Management Services Occupation DMS Training Coordinator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 940.95

Date of Receipt 12 / 31 / 2015  
**Transaction ID : A8AED02E20D034724AFC**  
 Amount of Each Receipt this Period 317.79  
 Payroll Deduction: \$35.31/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2133.15
<b>TOTAL</b> 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 15
	<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. Robin Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 7030 Fountain Lilly Drive

City Humble	State TX	Zip Code 77346-3355
----------------	-------------	------------------------

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

Name of Employer Diversicare Management Services	Occupation Director, Case Management
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : A86F5B6D51B4A4E9BBC9**

Amount of Each Receipt this Period  
140.00

Payroll Deduction: \$10.00/Bi-Weekly

**B. Brenda Wimsatt**  
Full Name (Last, First, Middle Initial)

Mailing Address 6216 Palomar Court

City Nashville	State TN	Zip Code 37211-7482
-------------------	-------------	------------------------

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

Name of Employer Diversicare Management Services	Occupation Director of Corp Affairs
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : A458D306A2A66462EB0C**

Amount of Each Receipt this Period  
140.00

Payroll Deduction: \$10.00/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  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11327.86

**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 15  
(check only one)

<input 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 checked="" 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. Friends of John Boehner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 E Broad St Ste 2330  
City Columbus State OH Zip Code 43215-3638  
FEC ID number of contributing federal political committee. **C** C00237198  
Name of Employer Occupation  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015  
**Transaction ID : A3AC9229B6DD943EB836**  
Amount of Each Receipt this Period  
5000.00  
Refund of Contribution Made

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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 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. BOEHNER FOR SPEAKER**

Mailing Address 320 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Other2015

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2015

Transaction ID : B2D36F4D600DC4871877

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. PROSPERITY ACTION INC.**

Mailing Address 320 1ST STREET SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Other2015

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2015

Transaction ID : B26B8E6580E144EF1916

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

20000.00

20000.00

**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. ASCP Speak Up For Senior Care Advocacy**

Mailing Address 1321 Duke Street

City Alexandria State VA Zip Code 22314-3507

Purpose of Disbursement  
Charity Donation

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) Other2015

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2015

Transaction ID : B522E79C53DEC4AD9975

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. House Republican Caucus Campaign Committee**

Mailing Address PO Box 1068

City Frankfort State KY Zip Code 40602-1068

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) Other2015

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2015

Transaction ID : B1676FFA5BE2247DCA14

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Republican Party of Kentucky - State Account**

Mailing Address PO Box 1068

City Frankfort State KY Zip Code 40602-1068

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) Other2015

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2015

Transaction ID : B001BB1DA5D2D4D619D1

Amount of Each Disbursement this Period

2500.00

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

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

5500.00

5500.00