

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
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** 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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 05 20 2010 through 06 30 2010

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 William R. Council III

Signature of Treasurer Electronically Filed by William R. Council III Date 07 13 2010

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**

Write or Type Committee Name  
Advocat Inc. Political Action Committee

Report Covering the Period: From: 

M	M
0	5

D	D
2	0

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		4772.71
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	9551.56									
(c) Total Receipts (from Line 19) .....	5260.20	25039.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	14811.76	29811.76								
7. Total Disbursements (from Line 31) .....	9500.00	24500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5311.76	5311.76								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Advocat Inc. Political Action Committee

Report Covering the Period: From: 

M	M
0	5

D	D
2	0

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	4095.32	15217.12
(ii) Unitemized .....	1164.88	9821.93
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5260.20	25039.05
(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) .....	5260.20	25039.05
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 Transfer (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)) .....	5260.20	25039.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5260.20	25039.05

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	8500.00	23500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	9500.00	24500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9500.00	24500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	5260.20	25039.05
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5260.20	25039.05
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: PAGE 6 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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.** Full Name (Last, First, Middle Initial)  
Barry C. Bell

Mailing Address 6107 Co Rd 122

City Pisgah State AL Zip Code 35765

FEC ID number of contributing federal political committee. C

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 445.50

Date of Receipt: 06 / 02 / 2010  
**Transaction ID:** AF5FD49B08C54441DAF1  
 Amount of Each Receipt this Period: 40.50

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

Mailing Address 6107 Co Rd 122

City Pisgah State AL Zip Code 35765

FEC ID number of contributing federal political committee. C

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 486.00

Date of Receipt: 06 / 14 / 2010  
**Transaction ID:** A75461F595D43455887C  
 Amount of Each Receipt this Period: 40.50

**C.** Full Name (Last, First, Middle Initial)  
Bobbie Bice

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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 ▼ 323.62

Date of Receipt: 06 / 02 / 2010  
**Transaction ID:** AD67F6C4FD8EE4D4FAE0  
 Amount of Each Receipt this Period: 29.42

**SUBTOTAL** of Receipts This Page (optional) ..... 110.42

**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 7 / 38  
(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)  
Bobbie Bice

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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 ▼ 353.34

Date of Receipt: 06 / 14 / 2010  
**Transaction ID: A702D5203782945C1A1B**  
Amount of Each Receipt this Period: 29.72

**B.**

Full Name (Last, First, Middle Initial)  
Michael P. Bonner

Mailing Address 1013 Steeplechase Drive

City Brentwood State TN Zip Code 37027-7449

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

Name of Employer: Diversicare Management Services  
Occupation: VP Financial Reporting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.65

Date of Receipt: 06 / 02 / 2010  
**Transaction ID: A8C2C0172F0924EFFA9C**  
Amount of Each Receipt this Period: 46.15

**C.**

Full Name (Last, First, Middle Initial)  
Michael P. Bonner

Mailing Address 1013 Steeplechase Drive

City Brentwood State TN Zip Code 37027-7449

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

Name of Employer: Diversicare Management Services  
Occupation: VP Financial Reporting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 557.65

Date of Receipt: 06 / 14 / 2010  
**Transaction ID: A23D5A60882FC471AA3E**  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.87**

**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 / 38

(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)  
Elizabeth A. Carroll

Mailing Address 103 Connors Place

City State Zip Code  
Oak Ridge TN 37830-7635

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 ▼ 345.29

Date of Receipt MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** A7EAE0AAC37714162A7E

Amount of Each Receipt this Period 31.39

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth A. Carroll

Mailing Address 103 Connors Place

City State Zip Code  
Oak Ridge TN 37830-7635

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 ▼ 376.68

Date of Receipt MM / DD / YYYY  
06 / 07 / 2010

**Transaction ID:** A9259213BD3AB4DB89B5

Amount of Each Receipt this Period 31.39

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth A. Carroll

Mailing Address 103 Connors Place

City State Zip Code  
Oak Ridge TN 37830-7635

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 ▼ 408.07

Date of Receipt MM / DD / YYYY  
06 / 23 / 2010

**Transaction ID:** A080FF89E509F42179E1

Amount of Each Receipt this Period 31.39

**SUBTOTAL** of Receipts This Page (optional) ..... 94.17

**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 / 38
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William R. Council III	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 9533 Thoroughbred Way	<b>Transaction ID:</b> A8C3F9C72CE01496F986
	City State Zip Code Brentwood TN 37027-8922	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30

<b>B.</b>	Full Name (Last, First, Middle Initial) William R. Council III	Date of Receipt MM / DD / YYYY 06 / 14 / 2010
	Mailing Address 9533 Thoroughbred Way	<b>Transaction ID:</b> AE51CDCB6F31C4F51BFA
	City State Zip Code Brentwood TN 37027-8922	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.60

<b>C.</b>	Full Name (Last, First, Middle Initial) Deborah R. Farris	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 1206 Chilton	<b>Transaction ID:</b> AF9F9C921C1984047A11
	City State Zip Code San Antonio TX 78251	Amount of Each Receipt this Period 25.76
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas Mds Specialist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.76

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>410.36</b>
<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 / 38
	<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)  
 Deborah R. Farris  
 Mailing Address 1206 Chilton  
 City San Antonio State TX Zip Code 78251  
 Date of Receipt 06 / 14 / 2010  
 Transaction ID: A601D5205402E4303AC7  
 Amount of Each Receipt this Period 25.76  
 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 301.52

**B.** Full Name (Last, First, Middle Initial)  
 Kelly J. Gill  
 Mailing Address 9480 Ashford Place  
 City Brentwood State TN Zip Code 37027-8717  
 Date of Receipt 06 / 02 / 2010  
 Transaction ID: AC935A29E7F7A44B0A48  
 Amount of Each Receipt this Period 115.38  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Diversicare Management Services Occupation Chief Operations Officer  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 230.76

**C.** Full Name (Last, First, Middle Initial)  
 Kelly J. Gill  
 Mailing Address 9480 Ashford Place  
 City Brentwood State TN Zip Code 37027-8717  
 Date of Receipt 06 / 14 / 2010  
 Transaction ID: A64EB4970F719463BBFF  
 Amount of Each Receipt this Period 115.38  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Diversicare Management Services Occupation Chief Operations Officer  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date 346.14

**SUBTOTAL** of Receipts This Page (optional) ..... **256.52**  
**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: PAGE 11 / 38  
(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)  
Jennie J. Goss

Mailing Address 1037 Leonard Street

City State Zip Code  
Camden AR 71701

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 ▼ 296.12

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** A0BA10BB6EAE24F6D817

Amount of Each Receipt this Period  
26.92

**B.**

Full Name (Last, First, Middle Initial)  
Jennie J. Goss

Mailing Address 1037 Leonard Street

City State Zip Code  
Camden AR 71701

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 ▼ 331.43

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2010

**Transaction ID:** A030E930D903B472B964

Amount of Each Receipt this Period  
35.31

**C.**

Full Name (Last, First, Middle Initial)  
Jennie J. Goss

Mailing Address 1037 Leonard Street

City State Zip Code  
Camden AR 71701

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 ▼ 366.74

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2010

**Transaction ID:** AC45A847E33A4458798F

Amount of Each Receipt this Period  
35.31

**SUBTOTAL** of Receipts This Page (optional) ..... ► **97.54**

**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: PAGE 12 / 38  
(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.** Full Name (Last, First, Middle Initial)  
Vicki L. Hampton

Mailing Address Po Box 123

City State Zip Code  
Delaplaine AR 72425-0123

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

Name of Employer Occupation  
Diversicare Leasing Corp Nursing Admin Don-exempt

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 296.12

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	1	0

**Transaction ID:** AD37C16089E8647308DB

Amount of Each Receipt this Period  
26.92

**B.** Full Name (Last, First, Middle Initial)  
Vicki L. Hampton

Mailing Address Po Box 123

City State Zip Code  
Delaplaine AR 72425-0123

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

Name of Employer Occupation  
Diversicare Leasing Corp Nursing Admin Don-exempt

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 323.04

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	1	0

**Transaction ID:** A3ED0C93C7DC843D492E

Amount of Each Receipt this Period  
26.92

**C.** Full Name (Last, First, Middle Initial)  
Vicki L. Hampton

Mailing Address Po Box 123

City State Zip Code  
Delaplaine AR 72425-0123

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

Name of Employer Occupation  
Diversicare Leasing Corp Nursing Admin Don-exempt

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 349.96

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	1	0

**Transaction ID:** A18DF0D7E62C6479E88B

Amount of Each Receipt this Period  
26.92

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.76**

**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 / 38  
(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)  
David R. Hickman

Mailing Address 801 Brownstone Court

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer Diversicare Management Services Occupation VP Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.51

Date of Receipt 06 / 02 / 2010  
**Transaction ID: A61145C73449C49CC977**

Amount of Each Receipt this Period 66.41

**B.**

Full Name (Last, First, Middle Initial)  
David R. Hickman

Mailing Address 801 Brownstone Court

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer Diversicare Management Services Occupation VP Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 796.92

Date of Receipt 06 / 14 / 2010  
**Transaction ID: A201579FE02D14726A59**

Amount of Each Receipt this Period 66.41

**C.**

Full Name (Last, First, Middle Initial)  
Danielle Higdon

Mailing Address 377 Hutchens Rd

City Martin State TN Zip Code 38237-5377

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

Name of Employer Diversicare Leasing Corp Occupation Nursing Admin Don-exempt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.93

Date of Receipt 06 / 02 / 2010  
**Transaction ID: A0A4DDE9B6FB4409FB8E**

Amount of Each Receipt this Period 25.63

**SUBTOTAL** of Receipts This Page (optional) ..... ► 158.45

**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: (check only one)	PAGE 14 / 38
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Danielle Higdon		Date of Receipt MM / DD / YYYY 06 / 07 / 2010		
	Mailing Address 377 Hutchens Rd		<b>Transaction ID:</b> A3B9A325B92C845C49F7		
	City Martin	State TN	Zip Code 38237-5377	Amount of Each Receipt this Period 25.63	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Leasing Corp	Occupation Nursing Admin Don-exempt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 307.56			

<b>B.</b>	Full Name (Last, First, Middle Initial) Danielle Higdon		Date of Receipt MM / DD / YYYY 06 / 23 / 2010		
	Mailing Address 377 Hutchens Rd		<b>Transaction ID:</b> A1FC6C05D0CD14AAA8CC		
	City Martin	State TN	Zip Code 38237-5377	Amount of Each Receipt this Period 25.63	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Leasing Corp	Occupation Nursing Admin Don-exempt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.19			

<b>C.</b>	Full Name (Last, First, Middle Initial) Janice L. Horton		Date of Receipt MM / DD / YYYY 06 / 02 / 2010		
	Mailing Address 4527 Se Hwy 70		<b>Transaction ID:</b> A7569E9BE85BF4548A03		
	City Arcadia	State FL	Zip Code 34266	Amount of Each Receipt this Period 30.10	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.30			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	81.36
<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 15 / 38
	<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) Janice L. Horton		Date of Receipt MM / DD / YYYY 06 / 14 / 2010
Mailing Address 4527 Se Hwy 70		<b>Transaction ID:</b> AE0CC83E607474003809
City Arcadia	State Zip Code FL 34266	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.10
Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.40	

**B.**

Full Name (Last, First, Middle Initial) Karen L. Johnson		Date of Receipt MM / DD / YYYY 06 / 02 / 2010
Mailing Address 6437 Wexley Lane		<b>Transaction ID:</b> AE24DD0412F24431BB48
City The Colony	State Zip Code TX 75056-7121	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 59.71
Name of Employer Diversicare Management Services	Occupation Texas Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 636.61	

**C.**

Full Name (Last, First, Middle Initial) Karen L. Johnson		Date of Receipt MM / DD / YYYY 06 / 14 / 2010
Mailing Address 6437 Wexley Lane		<b>Transaction ID:</b> AF59656BB0A0847F5BCB
City The Colony	State Zip Code TX 75056-7121	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 59.71
Name of Employer Diversicare Management Services	Occupation Texas Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>149.52</b>
<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 16 / 38
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robin Jones		Date of Receipt
	Mailing Address 4674 Riverbend Road		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Trussville	AL	35173-3506
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A164D244C20E444D5984
Name of Employer Diversicare Management Services		Occupation AI & Tn Rvp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="62.38"/>
			<input type="text" value="662.08"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Robin Jones		Date of Receipt
	Mailing Address 4674 Riverbend Road		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Trussville	AL	35173-3506
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A0E3902C4F4434EF6B22
Name of Employer Diversicare Management Services		Occupation AI & Tn Rvp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="62.38"/>
			<input type="text" value="724.46"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Randi M. Kiphen		Date of Receipt
	Mailing Address 10880 Gallia Pike		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wheelersburg	OH	45694
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A55DA6EFD6DFE46B7BD1
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="36.54"/>
			<input type="text" value="401.94"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="161.30"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**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 / 38
	<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.** Full Name (Last, First, Middle Initial)  
 Randi M. Kiphen  
 Mailing Address 10880 Gallia Pike  
 City State Zip Code  
 Wheelersburg OH 45694  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 07 / 2010  
**Transaction ID:** AD2D0D87184744D0BA81  
 Amount of Each Receipt this Period  
 37.54  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Diversicare Leasing Corp Admin Administrator-exemp  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 439.48

**B.** Full Name (Last, First, Middle Initial)  
 Randi M. Kiphen  
 Mailing Address 10880 Gallia Pike  
 City State Zip Code  
 Wheelersburg OH 45694  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2010  
**Transaction ID:** AFC253B7DACD14954BD  
 Amount of Each Receipt this Period  
 37.54  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Diversicare Leasing Corp Admin Administrator-exemp  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 477.02

**C.** Full Name (Last, First, Middle Initial)  
 Steven F. Levato  
 Mailing Address 306 Cliftwood Loop  
 City State Zip Code  
 Hot Springs AR 71901  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2010  
**Transaction ID:** A4639949D5A464CE9BDF  
 Amount of Each Receipt this Period  
 34.81  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Diversicare Leasing Corp Admin Administrator-exemp  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 382.91

**SUBTOTAL** of Receipts This Page (optional) ..... ► 109.89  
**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 / 38
	<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) Steven F. Levato		Date of Receipt MM / DD / YYYY 06 / 07 / 2010
Mailing Address 306 Cliftwood Loop		<b>Transaction ID:</b> AAE106FE9233040C0AF9
City Hot Springs	State Zip Code AR 71901	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.50
Name of Employer Diversicare Leasing Corp	Occupation Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.41	

**B.**

Full Name (Last, First, Middle Initial) Steven F. Levato		Date of Receipt MM / DD / YYYY 06 / 23 / 2010
Mailing Address 306 Cliftwood Loop		<b>Transaction ID:</b> A8CDAA834011C40C1AC3
City Hot Springs	State Zip Code AR 71901	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.50
Name of Employer Diversicare Leasing Corp	Occupation Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 453.91	

**C.**

Full Name (Last, First, Middle Initial) Lorey S. Lowe		Date of Receipt MM / DD / YYYY 06 / 02 / 2010
Mailing Address P O Box 1813		<b>Transaction ID:</b> AB44DEAE8CEF144159C5
City Olive Hill	State Zip Code KY 41164-1813	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.53
Name of Employer Diversicare Management Services	Occupation Kentucky Cqi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 383.43	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	106.53
<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 19 / 38
	<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.**

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

Mailing Address P O Box 1813

City State Zip Code  
Olive Hill KY 41164-1813

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

Name of Employer Occupation  
Diversicare Management Services Kentucky Cqi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 418.57

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2010

**Transaction ID:** A109BF091D3994175A06

Amount of Each Receipt this Period  
35.14

**B.**

Full Name (Last, First, Middle Initial)  
Jimmie D. Manning

Mailing Address 149 Riverwood Drive

City State Zip Code  
Franklin TN 37069

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

Name of Employer Occupation  
Diversicare Management Services VP Purchasing & Property

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 634.59

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** A485E69417A924FAF862

Amount of Each Receipt this Period  
57.69

**C.**

Full Name (Last, First, Middle Initial)  
Jimmie D. Manning

Mailing Address 149 Riverwood Drive

City State Zip Code  
Franklin TN 37069

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

Name of Employer Occupation  
Diversicare Management Services VP Purchasing & Property

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 692.28

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2010

**Transaction ID:** A7361ECB2E2DF49CA9A2

Amount of Each Receipt this Period  
57.69

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.52**

**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:	PAGE 20 / 38
	(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) Lisa A. Martens		Date of Receipt MM / DD / YYYY 06 / 02 / 2010
Mailing Address 1339 Buckingham Circle		<b>Transaction ID:</b> A126E9034EE804296862
City Franklin	State TN	
Zip Code 37064-5420		Amount of Each Receipt this Period 56.92
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Diversicare Management Services	Occupation VP Quality Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 626.12	

**B.**

Full Name (Last, First, Middle Initial) Lisa A. Martens		Date of Receipt MM / DD / YYYY 06 / 14 / 2010
Mailing Address 1339 Buckingham Circle		<b>Transaction ID:</b> ADD59BA838F564C09A4B
City Franklin	State TN	
Zip Code 37064-5420		Amount of Each Receipt this Period 56.92
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Diversicare Management Services	Occupation VP Quality Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 683.04	

**C.**

Full Name (Last, First, Middle Initial) Wanda C. Meade		Date of Receipt MM / DD / YYYY 06 / 02 / 2010
Mailing Address 3728 State Route 3		<b>Transaction ID:</b> A502463AF4E4E4757870
City Catlettsburg	State KY	
Zip Code 41129		Amount of Each Receipt this Period 62.40
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Diversicare Management Services	Occupation Kentucky Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 662.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	176.24
<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: PAGE 21 / 38  
(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)  
Wanda C. Meade

Mailing Address 3728 State Route 3

City State Zip Code  
Catlettsburg KY 41129

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

Name of Employer Occupation  
Diversicare Management Services Kentucky Rvp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 724.80

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2010

**Transaction ID:** AB199404C93D14BE0B8B

Amount of Each Receipt this Period  
62.40

**B.**

Full Name (Last, First, Middle Initial)  
Jeffery A. Merry

Mailing Address 1152 Rock Creek Dr

City State Zip Code  
Garland TX 75040-6941

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 ▼ 393.82

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** AB9AE23968BCF4451BA3

Amount of Each Receipt this Period  
36.12

**C.**

Full Name (Last, First, Middle Initial)  
Jeffery A. Merry

Mailing Address 1152 Rock Creek Dr

City State Zip Code  
Garland TX 75040-6941

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 ▼ 429.95

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2010

**Transaction ID:** A64C5F73DC9FD4C219B8

Amount of Each Receipt this Period  
36.13

**SUBTOTAL** of Receipts This Page (optional) ..... ► **134.65**

**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 / 38
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 421 Big Timber Drive	<b>Transaction ID:</b> A6D6756E00EC741E8A8E
	City State Zip Code Temple TX 76502	Amount of Each Receipt this Period 25.20
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.80	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 06 / 14 / 2010
	Mailing Address 421 Big Timber Drive	<b>Transaction ID:</b> A52B15CB8BF684BC4950
	City State Zip Code Temple TX 76502	Amount of Each Receipt this Period 25.21
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.01	

<b>C.</b>	Full Name (Last, First, Middle Initial) Nita M. Morris	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address P O Box 275	<b>Transaction ID:</b> A463CD815C3FD4A6B8D2
	City State Zip Code Norman AR 71960	Amount of Each Receipt this Period 34.16
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Arkansas Cqi Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 370.66	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	84.57
<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 23 / 38
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Nita M. Morris		Date of Receipt MM / DD / YYYY 06 / 14 / 2010
	Mailing Address P O Box 275		<b>Transaction ID:</b> AF8061C36E20C41A3ACC
	City Norman	State AR	Zip Code 71960
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.16
	Name of Employer Diversicare Management Services	Occupation Arkansas Cqi Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 404.82	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brenda K. Mosbey		Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 1045 Rayburn Street Apt 102		<b>Transaction ID:</b> AE343DB6957B14A7AB24
	City Olive Hill	State KY	Zip Code 41164-6438
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.62
	Name of Employer Diversicare Leasing Corp	Occupation NursAdmin Asst DON-Exempt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.82	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brenda K. Mosbey		Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 1045 Rayburn Street Apt 102		<b>Transaction ID:</b> A79D7F892E15F4A95AC4
	City Olive Hill	State KY	Zip Code 41164-6438
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.84
	Name of Employer Diversicare Leasing Corp	Occupation NursAdmin Asst DON-Exempt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 295.66	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	83.62
<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: <span style="float: right;">PAGE 24 / 38</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brenda K. Mosbey	Date of Receipt MM / DD / YYYY 06 / 23 / 2010
	Mailing Address 1045 Rayburn Street Apt 102	<b>Transaction ID:</b> AAAC3E54998E94A3A915
	City State Zip Code Olive Hill KY 41164-6438	Amount of Each Receipt this Period 24.84
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Diversicare Leasing Corp NursAdmin Asst DON-Exempt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) Treieva Oakley	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 901 Camellia Road	<b>Transaction ID:</b> AD8EB30E89A824A1DB22
	City State Zip Code Oneonta AL 35121	Amount of Each Receipt this Period 27.58
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Diversicare Management Services DMS Training Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.38	

<b>C.</b>	Full Name (Last, First, Middle Initial) Treieva Oakley	Date of Receipt MM / DD / YYYY 06 / 14 / 2010
	Mailing Address 901 Camellia Road	<b>Transaction ID:</b> A0BAB5EEAF18448CE9EA
	City State Zip Code Oneonta AL 35121	Amount of Each Receipt this Period 27.58
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Diversicare Management Services DMS Training Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.96	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>80.00</b>
<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: <span style="float: right;">PAGE 25 / 38</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Terena M. Raidt</p> <p>Mailing Address 7233 Althorp Way #S10</p> <p>City Nashville State TN Zip Code 37211</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: Diversicare Management Services Occupation: VP of Marketing</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 503.36</p>	<p>Date of Receipt 06 / 02 / 2010</p> <p><b>Transaction ID:</b> A64203A627BCF4E18AC6</p> <p>Amount of Each Receipt this Period 45.76</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Terena M. Raidt</p> <p>Mailing Address 7233 Althorp Way #S10</p> <p>City Nashville State TN Zip Code 37211</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: Diversicare Management Services Occupation: VP of Marketing</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 549.12</p>	<p>Date of Receipt 06 / 14 / 2010</p> <p><b>Transaction ID:</b> A024D7D6231804C5B94F</p> <p>Amount of Each Receipt this Period 45.76</p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Robert Rice</p> <p>Mailing Address 7147 Riverfront Drive</p> <p>City Nashville State TN Zip Code 37221-6585</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: Diversicare Management Services Occupation: VP of Risk Management</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 495.66</p>	<p>Date of Receipt 06 / 02 / 2010</p> <p><b>Transaction ID:</b> A2F377C0651A74FDFB2D</p> <p>Amount of Each Receipt this Period 45.06</p>
--	--

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>136.58</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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 26 / 38
	<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)  
 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 Diversicare Management Services Occupation VP of Risk Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.72

Date of Receipt 06 / 14 / 2010

**Transaction ID:** A8922A693993442C58CB

Amount of Each Receipt this Period 45.06

**B.**

Full Name (Last, First, Middle Initial)  
 Louis G. Riddle

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

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 ▼ 2115.30

Date of Receipt 06 / 02 / 2010

**Transaction ID:** AAD99759D3B634DA2BE6

Amount of Each Receipt this Period 192.30

**C.**

Full Name (Last, First, Middle Initial)  
 Louis G. Riddle

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

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 ▼ 2307.60

Date of Receipt 06 / 14 / 2010

**Transaction ID:** A29CD6E3D4D5E4D5EABF

Amount of Each Receipt this Period 192.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► **429.66**

**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: PAGE 27 / 38  
(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)  
Larry Roberson

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644

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 ▼ 332.31

Date of Receipt: 06 / 02 / 2010  
Transaction ID: AF45107427BAE4DABA86  
Amount of Each Receipt this Period: 30.21

**B.**

Full Name (Last, First, Middle Initial)  
Larry Roberson

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644

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 ▼ 362.82

Date of Receipt: 06 / 14 / 2010  
Transaction ID: A8057673BCAC344E7946  
Amount of Each Receipt this Period: 30.51

**C.**

Full Name (Last, First, Middle Initial)  
Vicki C. Root

Mailing Address 134 Robinhood Dr

City Kennedy State TX Zip Code 78119

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 ▼ 310.86

Date of Receipt: 06 / 02 / 2010  
Transaction ID: AA64126F1E47B4F98B13  
Amount of Each Receipt this Period: 28.26

**SUBTOTAL** of Receipts This Page (optional) ..... ► 88.98

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 38
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Vicki C. Root		Date of Receipt
	Mailing Address 134 Robinhood Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Kennedy	TX	78119
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> AED094EE444D8446BAC0
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 28.26
		<input type="text"/> 339.12	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kenneth K. Smith		Date of Receipt
	Mailing Address 4909 Walnut Hills Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Louisville	KY	40299
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> ADD254E1B420548019FD
Name of Employer Diversicare Management Services		Occupation Regional Hr Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 43.49
		<input type="text"/> 469.89	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenneth K. Smith		Date of Receipt
	Mailing Address 4909 Walnut Hills Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Louisville	KY	40299
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A7310DA124E894EB4B63
Name of Employer Diversicare Management Services		Occupation Regional Hr Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 43.50
		<input type="text"/> 513.39	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 115.25
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 29 / 38</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary K. Snyder		Date of Receipt
	Mailing Address PO Box 30		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Martin	TN	38237-0030
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A8A61FCCA1B1549DDA76
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="338.25"/>	<input type="text" value="30.75"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary K. Snyder		Date of Receipt
	Mailing Address PO Box 30		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Martin	TN	38237-0030
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A814F8DAD75204DE1B5D
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="369.00"/>	<input type="text" value="30.75"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary K. Snyder		Date of Receipt
	Mailing Address PO Box 30		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Martin	TN	38237-0030
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A33124213332345FABE1
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="399.75"/>	<input type="text" value="30.75"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="92.25"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 38  
(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)  
Kathie Sullivan

Mailing Address 2469 AR 115

City State Zip Code  
Smithville AR 72466

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

Name of Employer Occupation  
Diversicare Management Services Arkansas Cqi Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.62

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** A8EA4417C8DCA4F1CACC

Amount of Each Receipt this Period  
31.02

**B.**

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

Mailing Address 2469 AR 115

City State Zip Code  
Smithville AR 72466

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

Name of Employer Occupation  
Diversicare Management Services Arkansas Cqi Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 367.64

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2010

**Transaction ID:** ABE287733A9134F33814

Amount of Each Receipt this Period  
31.02

**C.**

Full Name (Last, First, Middle Initial)  
E Kim Tirronen

Mailing Address 16701 Richloam Lane

City State Zip Code  
Spring Hill FL 34610

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

Name of Employer Occupation  
Advocat Rai Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 423.49

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** AB6165A852DEB47D6AE3

Amount of Each Receipt this Period  
39.19

**SUBTOTAL** of Receipts This Page (optional) ..... ► **101.23**

**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 31 / 38  
(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)  
E Kim Tirronen

Mailing Address 16701 Richloam Lane

City State Zip Code  
Spring Hill FL 34610

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

Name of Employer: Advocat Occupation: Rai Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.69

Date of Receipt: MM / DD / YYYY  
06 / 14 / 2010

**Transaction ID:** AF6B0625E7B794316835

Amount of Each Receipt this Period: 39.20

**B.**

Full Name (Last, First, Middle Initial)  
Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code  
Spring TX 77386-3087

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 ▼ 482.23

Date of Receipt: MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** AC3AE8D4F42E448CF931

Amount of Each Receipt this Period: 44.63

**C.**

Full Name (Last, First, Middle Initial)  
Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code  
Spring TX 77386-3087

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 ▼ 526.86

Date of Receipt: MM / DD / YYYY  
06 / 14 / 2010

**Transaction ID:** AB8ED057D97564E55BC9

Amount of Each Receipt this Period: 44.63

**SUBTOTAL** of Receipts This Page (optional) ..... ► **128.46**

**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 32 / 38  
(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)  
Molly K. Walker

Mailing Address 16 Buttercup Coved

City Cabot State AR Zip Code 72023

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

Name of Employer Diversicare Management Services Occupation Director, AR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 296.12

Date of Receipt 06 / 02 / 2010

Transaction ID: A0340FE12607C4745B44

Amount of Each Receipt this Period 26.92

**B.**

Full Name (Last, First, Middle Initial)  
Molly K. Walker

Mailing Address 16 Buttercup Coved

City Cabot State AR Zip Code 72023

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

Name of Employer Diversicare Management Services Occupation Director, AR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt 06 / 14 / 2010

Transaction ID: AA7D83CC6666E4E0EB24

Amount of Each Receipt this Period 26.92

**C.**

Full Name (Last, First, Middle Initial)  
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 Diversicare Management Services Occupation VP Finance & Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.05

Date of Receipt 06 / 02 / 2010

Transaction ID: ADF8BD02450564FFCAAC

Amount of Each Receipt this Period 54.55

**SUBTOTAL** of Receipts This Page (optional) ..... ► 108.39

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 38  
(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)  
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 Diversicare Management Services Occupation VP Finance & Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 654.60

Date of Receipt 06 / 14 / 2010

Transaction ID: ACE1DA38E43BB4532A79

Amount of Each Receipt this Period 54.55

**B.**

Full Name (Last, First, Middle Initial)  
Chyra D. Worthington

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 ▼ 317.35

Date of Receipt 06 / 02 / 2010

Transaction ID: A7D11E691FBC04F50AFE

Amount of Each Receipt this Period 28.85

**C.**

Full Name (Last, First, Middle Initial)  
Chyra D. Worthington

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 ▼ 346.20

Date of Receipt 06 / 07 / 2010

Transaction ID: ABE992680DEFB47B39D3

Amount of Each Receipt this Period 28.85

**SUBTOTAL** of Receipts This Page (optional) ..... ► 112.25

**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 34 / 38  
(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)  
Chyra D. Worthington

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 ▼ 375.05

Date of Receipt 06 / 23 / 2010  
Transaction ID: A38079D25D839412085B  
Amount of Each Receipt this Period 28.85

**B.**

Full Name (Last, First, Middle Initial)  
Samuel R. Wright II

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 ▼ 365.97

Date of Receipt 06 / 02 / 2010  
Transaction ID: A07CF7F132EF24BAB8F7  
Amount of Each Receipt this Period 33.27

**C.**

Full Name (Last, First, Middle Initial)  
Samuel R. Wright II

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 ▼ 399.90

Date of Receipt 06 / 07 / 2010  
Transaction ID: AE947CBAA07494B3AA40  
Amount of Each Receipt this Period 33.93

**SUBTOTAL** of Receipts This Page (optional) ..... ► 96.05

**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 35 / 38	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Samuel R. Wright II		Date of Receipt																						
	Mailing Address 7863 Hwy 828		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	0	
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	6		2	3		2	0	1	0															
	City	State	Zip Code		<b>Transaction ID:</b> AE05304C89A7145BF8CA																				
	Louisa	KY	41230-5525																						
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		C										Amount of Each Receipt this Period											
C																									
Name of Employer Diversicare Leasing Corp		Occupation Admin Administrator-exemp		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>33.93</td> </tr> </table>																					33.93
									33.93																
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>433.83</td> </tr> </table>																					433.83
									433.83																

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"> <tr> <td>33.93</td> </tr> </table>	33.93
33.93			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"> <tr> <td>4095.32</td> </tr> </table>	4095.32
4095.32			

**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)

PAGE 36 / 38

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charlie Crist for U.S. Senate</p> <p>Mailing Address 403 East Park Ave</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement FL US Senate</p> <p>Candidate Name Hon. Charlie Crist</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B3D127D5EEADC43DD94D</p> <p>Date of Disbursement 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Ave, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2010</p>	<p><b>Transaction ID:</b> B634778C2315F40EDA99</p> <p>Date of Disbursement 06 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Roy Blunt</p> <p>Mailing Address 209 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement MO US Senate</p> <p>Candidate Name Rep. Roy Blunt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B120A36BE070C4FE8B39</p> <p>Date of Disbursement 06 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

PAGE 37 / 38

<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

**A.** Full Name (Last, First, Middle Initial)  
National Republican Congressional Cmte

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Other2010

**Transaction ID:** B8FA1E9122CC546E3A30

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
National Republican Senatorial Cmte

Mailing Address 425 2nd St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Other2010

**Transaction ID:** BB15DD451D5604501914

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2010

Amount of Each Disbursement this Period

2000.00

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

3000.00

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

8500.00

**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)

PAGE 38 / 38

<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

A.

Full Name (Last, First, Middle Initial)  
Beshear-Abramson 2011

Transaction ID: B712626DBDA9A43F6BF2

Date of Disbursement

Mailing Address c/o Ruby Lubarsky  
9403 Mill Brook Road

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

City Louisville State KY Zip Code 40223

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
KY Governor Political Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: District:

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

1000.00

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

1000.00