

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 11 02 2010 in the State of TN

5. Covering Period 10 14 2010 through 11 22 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 11 30 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
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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	691.13									
(c) Total Receipts (from Line 19)	7600.96	57519.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8292.09	62292.09								
7. Total Disbursements (from Line 31)	4000.00	58000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4292.09	4292.09								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
 Advocat Inc. Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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)	7418.12	43290.88
(ii) Unitemized	182.84	14228.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7600.96	57519.38
(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)	7600.96	57519.38
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))	7600.96	57519.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7600.96	57519.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	4000.00	57000.00
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.....	0.00	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))..	4000.00	58000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	58000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	7600.96	57519.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7600.96	57519.38
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 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial) Barry C. Bell		Date of Receipt
Mailing Address 6107 Co Rd 122		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
Pisgah	AL	35765
FEC ID number of contributing federal political committee.		Transaction ID: AE4A27DD4D6FB4E449F7
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="40.50"/>
Name of Employer Diversicare Management Services	Occupation AL/TN Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="850.50"/>	

B.

Full Name (Last, First, Middle Initial) Barry C. Bell		Date of Receipt
Mailing Address 6107 Co Rd 122		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
City	State	Zip Code
Pisgah	AL	35765
FEC ID number of contributing federal political committee.		Transaction ID: AE90451D647444C8AB8F
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="40.50"/>
Name of Employer Diversicare Management Services	Occupation AL/TN Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="891.00"/>	

C.

Full Name (Last, First, Middle Initial) Barry C. Bell		Date of Receipt
Mailing Address 6107 Co Rd 122		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
City	State	Zip Code
Pisgah	AL	35765
FEC ID number of contributing federal political committee.		Transaction ID: A9E9E6F7CC91A474B84D
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="40.50"/>
Name of Employer Diversicare Management Services	Occupation AL/TN Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="931.50"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="121.50"/>
TOTAL 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 7 / 66
(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 ▼ 620.82

Date of Receipt: 10 / 15 / 2010
Transaction ID: A4B429071222B433A871
Amount of Each Receipt this Period: 29.72

B.

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 ▼ 650.54

Date of Receipt: 10 / 29 / 2010
Transaction ID: A68BAC97B63364544BF7
Amount of Each Receipt this Period: 29.72

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 ▼ 680.26

Date of Receipt: 11 / 10 / 2010
Transaction ID: A717D95EBE75A48458D1
Amount of Each Receipt this Period: 29.72

SUBTOTAL of Receipts This Page (optional) ► **89.16**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 66
	<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)
 Belinda C. Boggess

Mailing Address PO Box 462

City State Zip Code
 Erin TN 37061-0462

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 ▼ 235.35

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 0 / 2 0 1 0

Transaction ID: A26EBE70F419946319C4

Amount of Each Receipt this Period
 26.15

B. Full Name (Last, First, Middle Initial)
 Belinda C. Boggess

Mailing Address PO Box 462

City State Zip Code
 Erin TN 37061-0462

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 ▼ 261.50

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 4 / 2 0 1 0

Transaction ID: A2091D442AA034F0B8A8

Amount of Each Receipt this Period
 26.15

C. Full Name (Last, First, Middle Initial)
 Belinda C. Boggess

Mailing Address PO Box 462

City State Zip Code
 Erin TN 37061-0462

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 ▼ 287.65

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 1 0

Transaction ID: AD03311D1E4274E46848

Amount of Each Receipt this Period
 26.15

SUBTOTAL of Receipts This Page (optional) ► 78.45

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 9 / 66
	<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) Michael P. Bonner	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 1013 Steeplechase Drive	Transaction ID: AEF8938C7F53440F4B29
	City State Zip Code Brentwood TN 37027-7449	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP Financial Reporting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1007.65	

B.	Full Name (Last, First, Middle Initial) Michael P. Bonner	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1013 Steeplechase Drive	Transaction ID: A27C71DEF402A425A99B
	City State Zip Code Brentwood TN 37027-7449	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP Financial Reporting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1057.65	

C.	Full Name (Last, First, Middle Initial) Michael P. Bonner	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1013 Steeplechase Drive	Transaction ID: AE09959D0EB48442784B
	City State Zip Code Brentwood TN 37027-7449	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP Financial Reporting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1107.65	

SUBTOTAL of Receipts This Page (optional)	150.00
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 10 / 66
	<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) Judy A. Collins		Date of Receipt
	Mailing Address 118 Harness Lane		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Georgetown	TX	78633
	FEC ID number of contributing federal political committee. C		Transaction ID: ADC0B23B730084C48A24
Name of Employer Diversicare Management Services		Occupation Texas CQI 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" value="37.09"/>
		<input type="text" value="367.94"/>	

B.	Full Name (Last, First, Middle Initial) Judy A. Collins		Date of Receipt
	Mailing Address 118 Harness Lane		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Georgetown	TX	78633
	FEC ID number of contributing federal political committee. C		Transaction ID: ACC64952C7AE449A99F3
Name of Employer Diversicare Management Services		Occupation Texas CQI 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" value="37.09"/>
		<input type="text" value="405.03"/>	

C.	Full Name (Last, First, Middle Initial) Judy A. Collins		Date of Receipt
	Mailing Address 118 Harness Lane		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Georgetown	TX	78633
	FEC ID number of contributing federal political committee. C		Transaction ID: AEC1019469B1642A4875
Name of Employer Diversicare Management Services		Occupation Texas CQI 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" value="37.09"/>
		<input type="text" value="442.12"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="111.27"/>
TOTAL 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 11 / 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Beverly Cox		Date of Receipt
	Mailing Address 1017 Riverchase Road		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Huntsville	AL	35803-2327
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Transaction ID: A2CDC7A980FA248D0B17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="260.15"/>	
		Amount of Each Receipt this Period	<input type="text" value="28.97"/>

B.	Full Name (Last, First, Middle Initial) Beverly Cox		Date of Receipt
	Mailing Address 1017 Riverchase Road		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Huntsville	AL	35803-2327
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Transaction ID: AE84939F1F0F14523969
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="289.12"/>	
		Amount of Each Receipt this Period	<input type="text" value="28.97"/>

C.	Full Name (Last, First, Middle Initial) Beverly Cox		Date of Receipt
	Mailing Address 1017 Riverchase Road		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Huntsville	AL	35803-2327
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Transaction ID: AA2116B8F4963453EB7D
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="318.09"/>	
		Amount of Each Receipt this Period	<input type="text" value="28.97"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="86.91"/>
TOTAL 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 12 / 66
(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)
Kathi B. Duke

Mailing Address 35 Barlow Road

City State Zip Code
Equality AL 36026

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

Name of Employer: Diversicare Management Services
Occupation: Alabama CQI Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.70

Date of Receipt: 10 / 15 / 2010
Transaction ID: A4F8790EEEAB545AAB6A
Amount of Each Receipt this Period: 37.47

B.

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

Mailing Address 35 Barlow Road

City State Zip Code
Equality AL 36026

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

Name of Employer: Diversicare Management Services
Occupation: Alabama CQI Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
412.17

Date of Receipt: 10 / 29 / 2010
Transaction ID: A286E109067A4471BBC4
Amount of Each Receipt this Period: 37.47

C.

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

Mailing Address 35 Barlow Road

City State Zip Code
Equality AL 36026

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

Name of Employer: Diversicare Management Services
Occupation: Alabama CQI Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
449.64

Date of Receipt: 11 / 10 / 2010
Transaction ID: A1B5077AA7C85428C8F6
Amount of Each Receipt this Period: 37.47

SUBTOTAL of Receipts This Page (optional) ► **112.41**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 66
(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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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)
Deborah R. Farris

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251

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 ▼ 533.36

Date of Receipt 10 / 15 / 2010

Transaction ID: A8D6D512EEBA04E8AA9E

Amount of Each Receipt this Period 25.76

B.

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

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251

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 ▼ 559.12

Date of Receipt 10 / 29 / 2010

Transaction ID: AFBEEED532A19B4E148EB

Amount of Each Receipt this Period 25.76

C.

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

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251

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 ▼ 584.88

Date of Receipt 11 / 10 / 2010

Transaction ID: AB9AB33300E9847EDBE8

Amount of Each Receipt this Period 25.76

SUBTOTAL of Receipts This Page (optional) ► 77.28

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 / 66
	<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)
Anne M. Freeman

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804

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

Name of Employer: Diversicare Management Services
Occupation: AI Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
409.82

Date of Receipt: 10 / 15 / 2010
Transaction ID: AEF873BDA9E4B4026B65
Amount of Each Receipt this Period: 25.76

B.

Full Name (Last, First, Middle Initial)
Anne M. Freeman

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804

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

Name of Employer: Diversicare Management Services
Occupation: AI Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
435.58

Date of Receipt: 10 / 29 / 2010
Transaction ID: A4D8865E896C24433883
Amount of Each Receipt this Period: 25.76

C.

Full Name (Last, First, Middle Initial)
Anne M. Freeman

Mailing Address 25059 Us Hwy 80

City State Zip Code
Opelika AL 36804

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

Name of Employer: Diversicare Management Services
Occupation: AI Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.34

Date of Receipt: 11 / 10 / 2010
Transaction ID: AD9C8EF38D85F4A8A903
Amount of Each Receipt this Period: 25.76

SUBTOTAL of Receipts This Page (optional) ► **77.28**

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 15 / 66
(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)
Frances C. Fritz

Mailing Address PO Box 96

City Ponder State TX Zip Code 76259-0096

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

Name of Employer Diversicare Management Services Occupation Texas Mds Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.75

Date of Receipt 10 / 29 / 2010

Transaction ID: A7D58B32D981F43DBB4B

Amount of Each Receipt this Period 19.25

B.

Full Name (Last, First, Middle Initial)
Frances C. Fritz

Mailing Address PO Box 96

City Ponder State TX Zip Code 76259-0096

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

Name of Employer Diversicare Management Services Occupation Texas Mds Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt 11 / 10 / 2010

Transaction ID: AF6840F31DDF6463BB3A

Amount of Each Receipt this Period 19.25

C.

Full Name (Last, First, Middle Initial)
Kelly J. Gill

Mailing Address 9480 Ashford Place

City Brentwood State TN Zip Code 37027-8717

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 ▼ 1384.56

Date of Receipt 10 / 15 / 2010

Transaction ID: ABCAC0659F08D4786B0A

Amount of Each Receipt this Period 115.38

SUBTOTAL of Receipts This Page (optional) ► 153.88

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 66
(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)
Kelly J. Gill

Mailing Address 9480 Ashford Place

City State Zip Code
Brentwood TN 37027-8717

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

Name of Employer Occupation
Diversicare Management Services Chief Operations Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1499.94

Date of Receipt
MM / DD / YYYY
10 / 29 / 2010

Transaction ID: A277D653E21914035A94

Amount of Each Receipt this Period
115.38

B.

Full Name (Last, First, Middle Initial)
Kelly J. Gill

Mailing Address 9480 Ashford Place

City State Zip Code
Brentwood TN 37027-8717

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

Name of Employer Occupation
Diversicare Management Services Chief Operations Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt
MM / DD / YYYY
11 / 10 / 2010

Transaction ID: ADA8608773FB34086AB3

Amount of Each Receipt this Period
115.38

C.

Full Name (Last, First, Middle Initial)
Barbara Gilmore

Mailing Address 554 Stevenson Rd

City State Zip Code
Gurdon AR 71743-8847

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 ▼ 285.30

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: A38E6AB0145AB48F697F

Amount of Each Receipt this Period
31.70

SUBTOTAL of Receipts This Page (optional) ► **262.46**

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: (check only one)	PAGE 17 / 66
	<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) Barbara Gilmore		Date of Receipt
	Mailing Address 554 Stevenson Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Gurdon	AR	71743-8847
	FEC ID number of contributing federal political committee. C		Transaction ID: A2369D9D44D734636B4A
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"/> 31.70

B.	Full Name (Last, First, Middle Initial) Barbara Gilmore		Date of Receipt
	Mailing Address 554 Stevenson Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Gurdon	AR	71743-8847
	FEC ID number of contributing federal political committee. C		Transaction ID: A7F135BA362854857A26
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"/> 31.70

C.	Full Name (Last, First, Middle Initial) Joyce D. Griffith		Date of Receipt
	Mailing Address PO Box 62		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Grayson	KY	41143-0062
	FEC ID number of contributing federal political committee. C		Transaction ID: A7ACD437D3785424E836
Name of Employer Diversicare Management Services		Occupation Kentucky Reboc	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"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 113.40
TOTAL 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 18 / 66
(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)
 Joyce D. Griffith
 Mailing Address PO Box 62
 City Grayson State KY Zip Code 41143-0062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Kentucky Reboc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00
 Date of Receipt 10 / 29 / 2010
Transaction ID: A8889FF11B8E146D0A62
 Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
 Joyce D. Griffith
 Mailing Address PO Box 62
 City Grayson State KY Zip Code 41143-0062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Kentucky Reboc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00
 Date of Receipt 11 / 10 / 2010
Transaction ID: AFE1582A2321D4DE9A12
 Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
 Inga F. Handley
 Mailing Address 6151 Us Highway 278 E
 City Gadsden State AL Zip Code 35903-7001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Leasing Corporation Occupation Nursing Admin Don-exempt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 263.33
 Date of Receipt 10 / 15 / 2010
Transaction ID: AB44042770E1044BF82F
 Amount of Each Receipt this Period 29.42

SUBTOTAL of Receipts This Page (optional) ► 129.42
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: (check only one)	PAGE 19 / 66		
	<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

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

A.	Full Name (Last, First, Middle Initial) Inga F. Handley		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 6151 Us Highway 278 E		Transaction ID: AB990225B92FA459C83D		
	City Gadsden	State AL	Zip Code 35903-7001	Amount of Each Receipt this Period 29.42	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Leasing Corporation	Occupation Nursing Admin Don-exempt	Aggregate Year-to-Date 292.75		

B.	Full Name (Last, First, Middle Initial) Inga F. Handley		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 6151 Us Highway 278 E		Transaction ID: ACE29E295180E4B2C802		
	City Gadsden	State AL	Zip Code 35903-7001	Amount of Each Receipt this Period 29.42	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Leasing Corporation	Occupation Nursing Admin Don-exempt	Aggregate Year-to-Date 322.17		

C.	Full Name (Last, First, Middle Initial) Jennie J. Hassan		Date of Receipt MM / DD / YYYY 10 / 20 / 2010		
	Mailing Address 1037 Leonard Street		Transaction ID: A123801A79A264223B01		
	City Camden	State AR	Zip Code 71701	Amount of Each Receipt this Period 35.31	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Leasing Corp	Occupation Admin Administrator-exemp	Aggregate Year-to-Date 684.53		

SUBTOTAL of Receipts This Page (optional)	▶	94.15
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 / 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

A.

Full Name (Last, First, Middle Initial) Jennie J. Hassan		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address 1037 Leonard Street		Transaction ID: AA21D14560D364428923
City Camden	State AR	Zip Code 71701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.31
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 ▼ 719.84	

B.

Full Name (Last, First, Middle Initial) Jennie J. Hassan		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 1037 Leonard Street		Transaction ID: A6C5608567CC448F5865
City Camden	State AR	Zip Code 71701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.31
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 ▼ 755.15	

C.

Full Name (Last, First, Middle Initial) Angela S. Hepler		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 3903 S E Military Dr		Transaction ID: A00DEDC76FA9E4E58BB2
City San Antonio	State TX	Zip Code 78223-4085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.38
Name of Employer Diversicare Leasing Corporation	Occupation Nursing Admin Don-exempt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 363.42	

SUBTOTAL of Receipts This Page (optional)	111.00
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: PAGE 21 / 66
(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)
Angela S. Hepler

Mailing Address 3903 S E Military Dr

City San Antonio State TX Zip Code 78223-4085

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 ▼ 403.80

Date of Receipt 10 / 29 / 2010
Transaction ID: A84B89759785A4ED5973
Amount of Each Receipt this Period 40.38

B.

Full Name (Last, First, Middle Initial)
Angela S. Hepler

Mailing Address 3903 S E Military Dr

City San Antonio State TX Zip Code 78223-4085

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 ▼ 444.18

Date of Receipt 11 / 10 / 2010
Transaction ID: A24BE4CD819B643AC862
Amount of Each Receipt this Period 40.38

C.

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 ▼ 1394.61

Date of Receipt 10 / 15 / 2010
Transaction ID: AEAE2703D0987411AA0C
Amount of Each Receipt this Period 66.41

SUBTOTAL of Receipts This Page (optional) ► 147.17

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: PAGE 22 / 66
(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 ▼ 1461.02

Date of Receipt 10 / 29 / 2010

Transaction ID: AD3AA0C0B33504CFA82C

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 ▼ 1527.43

Date of Receipt 11 / 10 / 2010

Transaction ID: A0A4DC75B94E7447E89C

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 ▼ 566.20

Date of Receipt 10 / 20 / 2010

Transaction ID: A786F85B3834C4CDB9E8

Amount of Each Receipt this Period 25.89

SUBTOTAL of Receipts This Page (optional) ► 158.71

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 23 / 66
(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)
Danielle Higdon

Mailing Address 377 Hutchens Rd

City State Zip Code
Martin TN 38237-5377

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 592.09

Date of Receipt
MM / DD / YYYY
11 / 04 / 2010

Transaction ID: A6037C3E5BDBE4A0E8C4

Amount of Each Receipt this Period
25.89

B.

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

Mailing Address 377 Hutchens Rd

City State Zip Code
Martin TN 38237-5377

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 617.98

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: A194FAC02A01A4D8F96A

Amount of Each Receipt this Period
25.89

C.

Full Name (Last, First, Middle Initial)
Les Hogan

Mailing Address 503 Northside Drive

City State Zip Code
Enterprise AL 36330-1132

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 326.43

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: A6F84243AAADC40C5B9A

Amount of Each Receipt this Period
36.27

SUBTOTAL of Receipts This Page (optional) ► **88.05**

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: (check only one)	PAGE 24 / 66
	<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) Les Hogan		Date of Receipt
	Mailing Address 503 Northside Drive		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Enterprise	AL	36330-1132
	FEC ID number of contributing federal political committee. C		Transaction ID: A658116558698410DAFB
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" value="36.27"/>
		<input type="text" value="362.70"/>	

B.	Full Name (Last, First, Middle Initial) Les Hogan		Date of Receipt
	Mailing Address 503 Northside Drive		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Enterprise	AL	36330-1132
	FEC ID number of contributing federal political committee. C		Transaction ID: A5EBD50924F144825A72
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" value="36.27"/>
		<input type="text" value="398.97"/>	

C.	Full Name (Last, First, Middle Initial) Janice L. Horton		Date of Receipt
	Mailing Address 4527 Se Hwy 70		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Arcadia	FL	34266
	FEC ID number of contributing federal political committee. C		Transaction ID: A9985FFCDBD9164F8CB4F
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" value="30.41"/>
		<input type="text" value="628.49"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="102.95"/>
TOTAL 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 25 / 66
(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)
Janice L. Horton

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266

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

Name of Employer: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 658.90

Date of Receipt: 10 / 29 / 2010
Transaction ID: AAC2F0792280F47FD9C3

Amount of Each Receipt this Period: 30.41

B.

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266

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

Name of Employer: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 689.31

Date of Receipt: 11 / 10 / 2010
Transaction ID: AD0479C4016064FFAA0A

Amount of Each Receipt this Period: 30.41

C.

Full Name (Last, First, Middle Initial)
William D. Houghton

Mailing Address 440 Tinnan Avenue

City Franklin State TN Zip Code 37067-2671

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

Name of Employer: Diversicare Management Services
Occupation: VP of IT Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: AF551C2885DA74D10902

Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ► **253.12**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 66
	<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) William D. Houghton	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 440 Tinnan Avenue	Transaction ID: AC6D66BAEABC34A268B2
	City State Zip Code Franklin TN 37067-2671	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP of IT Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30

B.	Full Name (Last, First, Middle Initial) William D. Houghton	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 440 Tinnan Avenue	Transaction ID: A0E5019B6EF0847D8ACE
	City State Zip Code Franklin TN 37067-2671	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP of IT Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.60

C.	Full Name (Last, First, Middle Initial) Robin Jones	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 4674 Riverbend Road	Transaction ID: A85AB49233ADF4E9C907
	City State Zip Code Trussville AL 35173-3506	Amount of Each Receipt this Period 62.38
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: AI & Tn Rvp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1285.88

SUBTOTAL of Receipts This Page (optional)	446.98
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:	PAGE 27 / 66
	(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)
 Robin Jones
 Mailing Address 4674 Riverbend Road
 City Trussville State AL Zip Code 35173-3506
 Date of Receipt: 10 / 29 / 2010
Transaction ID: AB7049460EE6D4FEE9C9
 Amount of Each Receipt this Period: 62.38
 FEC ID number of contributing federal political committee: C
 Name of Employer: Diversicare Management Services
 Occupation: AI & Tn Rvp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 1348.26

B. Full Name (Last, First, Middle Initial)
 Robin Jones
 Mailing Address 4674 Riverbend Road
 City Trussville State AL Zip Code 35173-3506
 Date of Receipt: 11 / 10 / 2010
Transaction ID: A5F9402A2A9D64500917
 Amount of Each Receipt this Period: 62.38
 FEC ID number of contributing federal political committee: C
 Name of Employer: Diversicare Management Services
 Occupation: AI & Tn Rvp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 1410.64

C. Full Name (Last, First, Middle Initial)
 Rory L. Jones
 Mailing Address 1515 Henderson Road
 City Malvern State AR Zip Code 72104-7950
 Date of Receipt: 10 / 15 / 2010
Transaction ID: A49A05CA681CE4A85B87
 Amount of Each Receipt this Period: 14.84
 FEC ID number of contributing federal political committee: C
 Name of Employer: Diversicare Management Services
 Occupation: Arkansas Maintinence
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 272.64

SUBTOTAL of Receipts This Page (optional) **139.60**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 66
(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)
Rory L. Jones

Mailing Address 1515 Henderson Road

City Malvern State AR Zip Code 72104-7950

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

Name of Employer Diversicare Management Services
Occupation Arkansas Maintenance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.48

Date of Receipt 10 / 29 / 2010
Transaction ID: A8C53E90B7964492FB01

Amount of Each Receipt this Period 14.84

B.

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

Mailing Address 1515 Henderson Road

City Malvern State AR Zip Code 72104-7950

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

Name of Employer Diversicare Management Services
Occupation Arkansas Maintenance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 302.32

Date of Receipt 11 / 10 / 2010
Transaction ID: A7E7274D2B3F940FBB81

Amount of Each Receipt this Period 14.84

C.

Full Name (Last, First, Middle Initial)
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 Diversicare Leasing Corporation
Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.21

Date of Receipt 10 / 15 / 2010
Transaction ID: A300FB0C1A87247CF959

Amount of Each Receipt this Period 32.69

SUBTOTAL of Receipts This Page (optional) ► 62.37

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 29 / 66
(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)
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 Diversicare Leasing Corporation Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 326.90

Date of Receipt 10 / 29 / 2010
Transaction ID: A58B6F356E341411FA3F

Amount of Each Receipt this Period 32.69

B.

Full Name (Last, First, Middle Initial)
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 Diversicare Leasing Corporation Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 359.59

Date of Receipt 11 / 10 / 2010
Transaction ID: A22DD510C84D347E593B

Amount of Each Receipt this Period 32.69

C.

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

Mailing Address 10880 Gallia Pike

City Wheelersburg State OH Zip Code 45694

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 ▼ 815.41

Date of Receipt 10 / 20 / 2010
Transaction ID: ABDBC44F73EC8455B981

Amount of Each Receipt this Period 37.64

SUBTOTAL of Receipts This Page (optional) ► **103.02**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 66
	<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) Randi M. Kiphen		Date of Receipt
	Mailing Address 10880 Gallia Pike		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wheelersburg	OH	45694
	FEC ID number of contributing federal political committee. C		Transaction ID: A9B925A66242D4F659D9
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="853.05"/>	<input type="text" value="37.64"/>

B.	Full Name (Last, First, Middle Initial) Randi M. Kiphen		Date of Receipt
	Mailing Address 10880 Gallia Pike		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wheelersburg	OH	45694
	FEC ID number of contributing federal political committee. C		Transaction ID: A07F2AB76F0934881AA7
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="890.69"/>	<input type="text" value="37.64"/>

C.	Full Name (Last, First, Middle Initial) Steven F. Levato		Date of Receipt
	Mailing Address 306 Cliftwood Loop		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hot Springs	AR	71901
	FEC ID number of contributing federal political committee. C		Transaction ID: A9B315083C15B477A806
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="774.85"/>	<input type="text" value="35.86"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="111.14"/>
TOTAL 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 31 / 66
	<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 11 / 04 / 2010
	Mailing Address 306 Cliftwood Loop	Transaction ID: A753448F564114200A03
	City State Zip Code Hot Springs AR 71901	Amount of Each Receipt this Period 35.86
	FEC ID number of contributing federal political committee. C	
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 ▼ 810.71	

B.	Full Name (Last, First, Middle Initial) Steven F. Levato	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 306 Cliftwood Loop	Transaction ID: AFAB2B35153224206843
	City State Zip Code Hot Springs AR 71901	Amount of Each Receipt this Period 35.86
	FEC ID number of contributing federal political committee. C	
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 ▼ 846.57	

C.	Full Name (Last, First, Middle Initial) Lorey S. Lowe	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address P O Box 1813	Transaction ID: AA0D50A7C2D694FF2AF0
	City State Zip Code Olive Hill KY 41164-1813	Amount of Each Receipt this Period 35.14
	FEC ID number of contributing federal political committee. C	
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 ▼ 734.83	

SUBTOTAL of Receipts This Page (optional)	106.86
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 32 / 66
	<input checked="" 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)
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 ▼
769.97

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: A26AFA120F8CE4293807

Amount of Each Receipt this Period
35.14

B.

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 ▼
805.11

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: AFCEB268A27C64D2A8D0

Amount of Each Receipt this Period
35.14

C.

Full Name (Last, First, Middle Initial)
Jo L. Lutz

Mailing Address 609 Muirfield Road

City State Zip Code
Keller TX 76248-8283

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

Name of Employer Occupation
Diversicare Management Services Texas Marketing Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1118.40

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: A0F9172CE3D734F36B08

Amount of Each Receipt this Period
31.38

SUBTOTAL of Receipts This Page (optional) ► **101.66**

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 33 / 66

(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)

Jo L. Lutz

Mailing Address 609 Muirfield Road

City State Zip Code
Keller TX 76248-8283

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

Name of Employer Occupation
Diversicare Management Services Texas Marketing Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1149.78

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: ABFC0F7C0689246F2993

Amount of Each Receipt this Period
31.38

B.

Full Name (Last, First, Middle Initial)

Jo L. Lutz

Mailing Address 609 Muirfield Road

City State Zip Code
Keller TX 76248-8283

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

Name of Employer Occupation
Diversicare Management Services Texas Marketing Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1181.16

Date of Receipt

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

Transaction ID: A23A99113BFD54438B43

Amount of Each Receipt this Period
31.38

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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1211.49

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: A2B5929B9635C4A6BB18

Amount of Each Receipt this Period
57.69

SUBTOTAL of Receipts This Page (optional)

120.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 66
(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)
Jimmie D. Manning

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069

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

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1269.18

Date of Receipt 10 / 29 / 2010
Transaction ID: A998A3EB61D6E41FB895

Amount of Each Receipt this Period 57.69

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

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069

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

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1326.87

Date of Receipt 11 / 10 / 2010
Transaction ID: A8EB6A321871241F8B39

Amount of Each Receipt this Period 57.69

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

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

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

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1195.32

Date of Receipt 10 / 15 / 2010
Transaction ID: AFA22E6504C774FF5BF1

Amount of Each Receipt this Period 56.92

SUBTOTAL of Receipts This Page (optional) ► **172.30**

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 35 / 66
	<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

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

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

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1252.24

Date of Receipt 10 / 29 / 2010

Transaction ID: AD903962D3F724A52AE6

Amount of Each Receipt this Period 56.92

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

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

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

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1309.16

Date of Receipt 11 / 10 / 2010

Transaction ID: A3E549EC235144FB886F

Amount of Each Receipt this Period 56.92

C. Full Name (Last, First, Middle Initial)
 Robbie Martini

Mailing Address 2095 Jane Lane

City Gadsden State AL Zip Code 35907-7228

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 ▼ 320.94

Date of Receipt 10 / 15 / 2010

Transaction ID: A71AF0C303D1A4A4EBB2

Amount of Each Receipt this Period 35.66

SUBTOTAL of Receipts This Page (optional) ► 149.50

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 36 / 66
	<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) Robbie Martini		Date of Receipt
	Mailing Address 2095 Jane Lane		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Gadsden	AL	35907-7228
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Transaction ID: ACD9E4762BDEE4EDBB9F
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="356.60"/>	
		Amount of Each Receipt this Period	<input type="text" value="35.66"/>

B.	Full Name (Last, First, Middle Initial) Robbie Martini		Date of Receipt
	Mailing Address 2095 Jane Lane		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Gadsden	AL	35907-7228
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Transaction ID: A6EFC841B9344D1483D
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="392.26"/>	
		Amount of Each Receipt this Period	<input type="text" value="35.66"/>

C.	Full Name (Last, First, Middle Initial) Christina McClung		Date of Receipt
	Mailing Address Po Box 476		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mammoth Spring	AR	72554-0476
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Leasing Corp		Occupation Nursing Admin Don-exempt	Transaction ID: A5F0BA4E9BECC4340990
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="224.77"/>	
		Amount of Each Receipt this Period	<input type="text" value="10.40"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="81.72"/>
TOTAL 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 37 / 66
(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)
Christina McClung

Mailing Address Po Box 476

City Mammoth Spring State AR Zip Code 72554-0476

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 ▼ 235.17

Date of Receipt 11 / 04 / 2010
Transaction ID: A4B55EC58302449DD98C

Amount of Each Receipt this Period 10.40

B.

Full Name (Last, First, Middle Initial)
Christina McClung

Mailing Address Po Box 476

City Mammoth Spring State AR Zip Code 72554-0476

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 ▼ 245.57

Date of Receipt 11 / 18 / 2010
Transaction ID: AAC29E4491CF04EC496A

Amount of Each Receipt this Period 10.40

C.

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

Mailing Address 3728 State Route 3

City Catlettsburg State KY Zip Code 41129

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

Name of Employer Diversicare Management Services Occupation Kentucky Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1286.40

Date of Receipt 10 / 15 / 2010
Transaction ID: A2B6565E0E6B44E1D9D4

Amount of Each Receipt this Period 62.40

SUBTOTAL of Receipts This Page (optional) ► **83.20**

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 38 / 66
(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)
Wanda C. Meade
 Mailing Address 3728 State Route 3
 City Catlettsburg State KY Zip Code 41129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Kentucky Rvp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1348.80
 Date of Receipt 10 / 29 / 2010
Transaction ID: A9EF7E84B2F514CD1AEC
 Amount of Each Receipt this Period 62.40

B. Full Name (Last, First, Middle Initial)
Wanda C. Meade
 Mailing Address 3728 State Route 3
 City Catlettsburg State KY Zip Code 41129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Management Services Occupation Kentucky Rvp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1411.20
 Date of Receipt 11 / 10 / 2010
Transaction ID: A3F134C8B9E3D4363B68
 Amount of Each Receipt this Period 62.40

C. Full Name (Last, First, Middle Initial)
Jeffery A. Merry
 Mailing Address 1152 Rock Creek Dr
 City Garland State TX Zip Code 75040-6941
 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 ▼ 755.12
 Date of Receipt 10 / 15 / 2010
Transaction ID: A66FFB6CA77D94963AB6
 Amount of Each Receipt this Period 36.13

SUBTOTAL of Receipts This Page (optional) ► 160.93
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 39 / 66
	<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) Jeffery A. Merry	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1152 Rock Creek Dr	Transaction ID: ACA8817C2944F4790A18
	City State Zip Code Garland TX 75040-6941	Amount of Each Receipt this Period 36.13
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Leasing Corporation	Occupation Nursing Admin Don-exempt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 791.25	

B.	Full Name (Last, First, Middle Initial) Jeffery A. Merry	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1152 Rock Creek Dr	Transaction ID: A97F8A2D9547E4DCAAC3
	City State Zip Code Garland TX 75040-6941	Amount of Each Receipt this Period 36.13
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Leasing Corporation	Occupation Nursing Admin Don-exempt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 827.38	

C.	Full Name (Last, First, Middle Initial) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 421 Big Timber Drive	Transaction ID: AF0C3CC73C08C4502B57
	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 ▼ 486.90	

SUBTOTAL of Receipts This Page (optional)	▶	97.47
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 40 / 66
	<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) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 421 Big Timber Drive	Transaction ID: AFA2A970937BA4F2EB69
	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 ▼ 512.11	

B.	Full Name (Last, First, Middle Initial) Kelli K. Montelongo	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 421 Big Timber Drive	Transaction ID: AC4CD6C1BF5AC47BE801
	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 ▼ 537.32	

C.	Full Name (Last, First, Middle Initial) Nita M. Morris	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address P O Box 275	Transaction ID: A19B286C91EC041EA88C
	City State Zip Code Norman AR 71960	Amount of Each Receipt this Period 34.50
	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 ▼ 713.96	

SUBTOTAL of Receipts This Page (optional)	▶	84.92
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 41 / 66
	<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) Nita M. Morris		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address P O Box 275		Transaction ID: AF3B31E01818E4058BAA
City Norman	State Zip Code AR 71960	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.50
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 ▼ 748.46	

B.

Full Name (Last, First, Middle Initial) Nita M. Morris		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address P O Box 275		Transaction ID: A8D73A40894124BB7A45
City Norman	State Zip Code AR 71960	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.50
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 ▼ 782.96	

C.

Full Name (Last, First, Middle Initial) Brenda K. Mosbey		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 1045 Rayburn Street Apt 102		Transaction ID: AD921BF88163048FEBD4
City Olive Hill	State Zip Code KY 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 ▼ 544.06	

SUBTOTAL of Receipts This Page (optional)	▶	93.84
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 42 / 66
	<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)
 Brenda K. Mosbey

Mailing Address 1045 Rayburn Street
 Apt 102

City State Zip Code
 Olive Hill KY 41164-6438

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

Name of Employer Occupation
 Diversicare Leasing Corp NursAdmin Asst DON-Exempt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 568.90

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 4 / 2 0 1 0

Transaction ID: AC1C1B5E511644DD3813

Amount of Each Receipt this Period
 24.84

B.

Full Name (Last, First, Middle Initial)
 Brenda K. Mosbey

Mailing Address 1045 Rayburn Street
 Apt 102

City State Zip Code
 Olive Hill KY 41164-6438

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

Name of Employer Occupation
 Diversicare Leasing Corp NursAdmin Asst DON-Exempt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 593.74

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 1 0

Transaction ID: A71CF73C7F6FF4B469E3

Amount of Each Receipt this Period
 24.84

C.

Full Name (Last, First, Middle Initial)
 Treieva Oakley

Mailing Address 901 Camellia Road

City State Zip Code
 Oneonta AL 35121

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 ▼ 579.18

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 1 0

Transaction ID: A0718DA916B2A4313930

Amount of Each Receipt this Period
 27.58

SUBTOTAL of Receipts This Page (optional) ► 77.26

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 43 / 66
(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)
Treieva Oakley

Mailing Address 901 Camellia Road

City Oneonta State AL Zip Code 35121

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

Name of Employer Diversicare Management Services Occupation DMS Training Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 606.76

Date of Receipt 10 / 29 / 2010
Transaction ID: A769C85FD12C44694B1C

Amount of Each Receipt this Period 27.58

B.

Full Name (Last, First, Middle Initial)
Treieva Oakley

Mailing Address 901 Camellia Road

City Oneonta State AL Zip Code 35121

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

Name of Employer Diversicare Management Services Occupation DMS Training Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 634.34

Date of Receipt 11 / 10 / 2010
Transaction ID: AE1841B9581BA46EDB52

Amount of Each Receipt this Period 27.58

C.

Full Name (Last, First, Middle Initial)
Amenda M. Palacio

Mailing Address 300 Highland Ridge Dr.

City Wylie State TX Zip Code 75098

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

Name of Employer Diversicare Management Services Occupation Texas Case Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 15 / 2010
Transaction ID: A467A0B30B82C4C65BA5

Amount of Each Receipt this Period 26.00

SUBTOTAL of Receipts This Page (optional) ► **81.16**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 66
(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)
Amenda M. Palacio

Mailing Address 300 Highland Ridge Dr.

City State Zip Code
Wylie TX 75098

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

Name of Employer Occupation
Diversicare Management Services Texas Case Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: A04338AD45E9844A19C1

Amount of Each Receipt this Period
26.00

B.

Full Name (Last, First, Middle Initial)
Amenda M. Palacio

Mailing Address 300 Highland Ridge Dr.

City State Zip Code
Wylie TX 75098

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

Name of Employer Occupation
Diversicare Management Services Texas Case Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: ACA09F3D40862499290F

Amount of Each Receipt this Period
26.00

C.

Full Name (Last, First, Middle Initial)
Diane K. Patterson

Mailing Address 310 Welchwood

City State Zip Code
Clarksville TN 37040-6739

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 ▼ 308.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: AB15E8A24EDC94882AA9

Amount of Each Receipt this Period
14.20

SUBTOTAL of Receipts This Page (optional) ► 66.20

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 45 / 66
	<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)
Diane K. Patterson

Mailing Address 310 Welchwood

City State Zip Code
Clarksville TN 37040-6739

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 ▼ 323.11

Date of Receipt
MM / DD / YYYY
11 / 04 / 2010

Transaction ID: AC4A841A000E1408F84B

Amount of Each Receipt this Period
14.35

B.

Full Name (Last, First, Middle Initial)
Diane K. Patterson

Mailing Address 310 Welchwood

City State Zip Code
Clarksville TN 37040-6739

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 ▼ 337.46

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: A1FC764D785D24F00856

Amount of Each Receipt this Period
14.35

C.

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

Mailing Address 6500 Walden Run Circle #611

City State Zip Code
Huntsville AL 35806

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 ▼ 227.97

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: AC803CE0F00D54D018D2

Amount of Each Receipt this Period
25.33

SUBTOTAL of Receipts This Page (optional) ► **54.03**

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 46 / 66
	<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)
 Lorri Pugh

Mailing Address 6500 Walden Run Circle #611

City State Zip Code
 Huntsville AL 35806

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 ▼
 253.30

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 1 0

Transaction ID: A3A64E7A4C0EA400A9E2

Amount of Each Receipt this Period
 25.33

B.

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

Mailing Address 6500 Walden Run Circle #611

City State Zip Code
 Huntsville AL 35806

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 ▼
 278.63

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 1 0

Transaction ID: A13103B1F0E7A469BB80

Amount of Each Receipt this Period
 25.33

C.

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

Mailing Address 7147 Riverfront Drive

City State Zip Code
 Nashville TN 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 ▼
 946.26

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 1 0

Transaction ID: AA8ABC5C5E1474E609E2

Amount of Each Receipt this Period
 45.06

SUBTOTAL of Receipts This Page (optional) ► **95.72**

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 47 / 66
(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)
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 ▼ 991.32

Date of Receipt 10 / 29 / 2010
Transaction ID: A2D3E7EAF9734524BA3

Amount of Each Receipt this Period 45.06

B.

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 ▼ 1036.38

Date of Receipt 11 / 10 / 2010
Transaction ID: ACD0BCC5AE8B04F4F990

Amount of Each Receipt this Period 45.06

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 ▼ 4038.30

Date of Receipt 10 / 15 / 2010
Transaction ID: A5195B63A4FE54F1E908

Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional) ► **282.42**

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: (check only one)	PAGE 48 / 66		
	<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

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

A. 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 ▼ 4230.60

Date of Receipt 10 / 29 / 2010

Transaction ID: AECDB017881D04705BA0

Amount of Each Receipt this Period 192.30

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 ▼ 4422.90

Date of Receipt 11 / 10 / 2010

Transaction ID: AA7B7D43404844B7C8CB

Amount of Each Receipt this Period 192.30

C. 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 ▼ 637.41

Date of Receipt 10 / 15 / 2010

Transaction ID: A47B5AE744594418890E

Amount of Each Receipt this Period 30.51

SUBTOTAL of Receipts This Page (optional) ► 415.11

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 49 / 66
	<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) Larry Roberson		Date of Receipt
	Mailing Address 805 Merritt Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Lockhart	TX	78644
	FEC ID number of contributing federal political committee. C		Transaction ID: AC3E2904E8765488F92D
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 ▼ 667.92	<input type="text"/> 30.51

B.	Full Name (Last, First, Middle Initial) Larry Roberson		Date of Receipt
	Mailing Address 805 Merritt Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Lockhart	TX	78644
	FEC ID number of contributing federal political committee. C		Transaction ID: A3AF6542FEF8E4D7C946
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 ▼ 698.43	<input type="text"/> 30.51

C.	Full Name (Last, First, Middle Initial) Jessica M. Robison		Date of Receipt
	Mailing Address P O Box 991		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Cabot	AR	72023-0991
	FEC ID number of contributing federal political committee. C		Transaction ID: A5EE4030AA8A94B5FB13
Name of Employer Diversicare Management Services		Occupation Arkansas MDS Specialist	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 ▼ 278.39	<input type="text"/> 13.33

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 74.35
TOTAL 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 50 / 66
	<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)
Jessica M. Robison

Mailing Address P O Box 991

City Cabot State AR Zip Code 72023-0991

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

Name of Employer Diversicare Management Services Occupation Arkansas MDS Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.72

Date of Receipt: 10 / 29 / 2010

Transaction ID: AF8AFE392894C491AAD6

Amount of Each Receipt this Period: 13.33

B.

Full Name (Last, First, Middle Initial)
Jessica M. Robison

Mailing Address P O Box 991

City Cabot State AR Zip Code 72023-0991

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

Name of Employer Diversicare Management Services Occupation Arkansas MDS Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.05

Date of Receipt: 11 / 10 / 2010

Transaction ID: AC9F135AA62FC405A974

Amount of Each Receipt this Period: 13.33

C.

Full Name (Last, First, Middle Initial)
Susan E. Shires

Mailing Address 108 Clearlake Drive East

City Nashville State TN Zip Code 37217

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

Name of Employer Diversicare Management Services Occupation Director of Payroll & Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 359.55

Date of Receipt: 10 / 15 / 2010

Transaction ID: A3B76B5DD46054B0ABBD

Amount of Each Receipt this Period: 36.27

SUBTOTAL of Receipts This Page (optional) ► **62.93**

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 51 / 66
(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)
 Susan E. Shires
 Mailing Address 108 Clearlake Drive East
 City State Zip Code
 Nashville TN 37217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services Director of Payroll & Tax
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 395.82

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 1 0
Transaction ID: A874B1E4298454A5EA93
 Amount of Each Receipt this Period
 36.27

B. Full Name (Last, First, Middle Initial)
 Susan E. Shires
 Mailing Address 108 Clearlake Drive East
 City State Zip Code
 Nashville TN 37217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services Director of Payroll & Tax
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 432.09

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 1 0
Transaction ID: AB3770799EB3149F4A98
 Amount of Each Receipt this Period
 36.27

C. Full Name (Last, First, Middle Initial)
 Kenneth K. Smith
 Mailing Address 4909 Walnut Hills Drive
 City State Zip Code
 Louisville KY 40299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services Regional Hr Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 904.89

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 1 0
Transaction ID: A82FC3B3AE2E544798A4
 Amount of Each Receipt this Period
 43.50

SUBTOTAL of Receipts This Page (optional) ► **116.04**

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 52 / 66
	<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) Kenneth K. Smith		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 4909 Walnut Hills Drive		Transaction ID: A94BECA83BA294AE7B11		
	City Louisville	State KY	Zip Code 40299	Amount of Each Receipt this Period 43.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation Regional Hr Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 948.39			

B.	Full Name (Last, First, Middle Initial) Kenneth K. Smith		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 4909 Walnut Hills Drive		Transaction ID: A5DF01712F73145CDAB0		
	City Louisville	State KY	Zip Code 40299	Amount of Each Receipt this Period 43.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation Regional Hr Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 991.89			

C.	Full Name (Last, First, Middle Initial) Gary K. Snyder		Date of Receipt MM / DD / YYYY 10 / 20 / 2010		
	Mailing Address PO Box 30		Transaction ID: AFD60E450E9564929B05		
	City Martin	State TN	Zip Code 38237-0030	Amount of Each Receipt this Period 31.05	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 678.60			

SUBTOTAL of Receipts This Page (optional)	▶	118.05
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 53 / 66
(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)
Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

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 ▼ 709.65

Date of Receipt
MM / DD / YYYY
11 / 04 / 2010

Transaction ID: A1DF35FF235FC47B9B12

Amount of Each Receipt this Period
31.05

B.

Full Name (Last, First, Middle Initial)
Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

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 ▼ 740.70

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: AE33CE3B65B6A4A4E93F

Amount of Each Receipt this Period
31.05

C.

Full Name (Last, First, Middle Initial)
Howard K. Stone

Mailing Address 3055 Smith Springs Road

City State Zip Code
Antioch TN 37013

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

Name of Employer Occupation
Diversicare Management Services Director, Clinical Servic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 423.10

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: A9831DCF0E2A547AE83B

Amount of Each Receipt this Period
42.31

SUBTOTAL of Receipts This Page (optional) ► **104.41**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 66
	<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)
 Howard K. Stone

Mailing Address 3055 Smith Springs Road

City Antioch State TN Zip Code 37013

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

Name of Employer: Diversicare Management Services
 Occupation: Director, Clinical Servic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.41

Date of Receipt: 10 / 29 / 2010
Transaction ID: ACECAB16E57D74809ABF
 Amount of Each Receipt this Period: 42.31

B. Full Name (Last, First, Middle Initial)
 Howard K. Stone

Mailing Address 3055 Smith Springs Road

City Antioch State TN Zip Code 37013

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

Name of Employer: Diversicare Management Services
 Occupation: Director, Clinical Servic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.72

Date of Receipt: 11 / 10 / 2010
Transaction ID: AF9D70A8AB58E436A8AC
 Amount of Each Receipt this Period: 42.31

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

Mailing Address 2469 AR 115

City Smithville State AR Zip Code 72466

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 646.82

Date of Receipt: 10 / 15 / 2010
Transaction ID: A19FD9482C9294FD3A48
 Amount of Each Receipt this Period: 31.02

SUBTOTAL of Receipts This Page (optional) ► 115.64

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 55 / 66
	<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		Date of Receipt
	Mailing Address 2469 AR 115		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Smithville	AR	72466
	FEC ID number of contributing federal political committee. C		Transaction ID: AC4B75B5D1F4541A5B86
Name of Employer Diversicare Management Services		Occupation Arkansas Cqi 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" value="677.84"/>	<input type="text" value="31.02"/>

B.	Full Name (Last, First, Middle Initial) Kathie Sullivan		Date of Receipt
	Mailing Address 2469 AR 115		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Smithville	AR	72466
	FEC ID number of contributing federal political committee. C		Transaction ID: A8463D2E56B8542E2860
Name of Employer Diversicare Management Services		Occupation Arkansas Cqi 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" value="709.17"/>	<input type="text" value="31.33"/>

C.	Full Name (Last, First, Middle Initial) Perry W. Tidwell		Date of Receipt
	Mailing Address PO Box 117 123 Green Street		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Delaplaine	AR	72425
	FEC ID number of contributing federal political committee. C		Transaction ID: A9CDA7865AD7C464F8F3
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" value="284.66"/>	<input type="text" value="31.70"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="94.05"/>
TOTAL 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 56 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Perry W. Tidwell		Date of Receipt
	Mailing Address PO Box 117 123 Green Street		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Delaplaine	State AR	Zip Code 72425
	FEC ID number of contributing federal political committee. C		Transaction ID: A5073F1900BD24D09A74
	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 ▼ <input type="text" value="316.36"/>
			Amount of Each Receipt this Period <input type="text" value="31.70"/>

B.	Full Name (Last, First, Middle Initial) Perry W. Tidwell		Date of Receipt
	Mailing Address PO Box 117 123 Green Street		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Delaplaine	State AR	Zip Code 72425
	FEC ID number of contributing federal political committee. C		Transaction ID: A3F064905A6814ADD947
	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 ▼ <input type="text" value="348.06"/>
			Amount of Each Receipt this Period <input type="text" value="31.70"/>

C.	Full Name (Last, First, Middle Initial) E Kim Tirronen		Date of Receipt
	Mailing Address 16701 Richloam Lane		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Spring Hill	State FL	Zip Code 34610
	FEC ID number of contributing federal political committee. C		Transaction ID: ABE7873D4CCF94B3B978
	Name of Employer Advocat		Occupation Rai Director
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="821.73"/>
			Amount of Each Receipt this Period <input type="text" value="39.98"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="103.38"/>
TOTAL 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 57 / 66
	<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) E Kim Tirronen	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 16701 Richloam Lane	Transaction ID: A748172D0C39A47F0915
	City State Zip Code Spring Hill FL 34610	Amount of Each Receipt this Period 39.98
	FEC ID number of contributing federal political committee. C	
Name of Employer Advocat	Occupation Rai Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 861.71	

B.	Full Name (Last, First, Middle Initial) E Kim Tirronen	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 16701 Richloam Lane	Transaction ID: A527B587237A8463A8C2
	City State Zip Code Spring Hill FL 34610	Amount of Each Receipt this Period 39.98
	FEC ID number of contributing federal political committee. C	
Name of Employer Advocat	Occupation Rai Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 901.69	

C.	Full Name (Last, First, Middle Initial) James C. Tow	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 5934 Spruce Forest Drive	Transaction ID: A45E2B8AFA0F044F7B1C
	City State Zip Code Houston TX 77092-2344	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation Texas Marketing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	104.96
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 58 / 66
	<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

A. Full Name (Last, First, Middle Initial)
James C. Tow

Mailing Address 5934 Spruce Forest Drive

City Houston State TX Zip Code 77092-2344

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: AAE165A46639347CE93B
 Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
James C. Tow

Mailing Address 5934 Spruce Forest Drive

City Houston State TX Zip Code 77092-2344

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 10 / 2010
Transaction ID: AA3EFE1190FCF43578D0
 Amount of Each Receipt this Period: 25.00

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

Mailing Address 28219 Madelin Manor Lane

City Spring State TX Zip Code 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 ▼ 928.53

Date of Receipt: 10 / 15 / 2010
Transaction ID: A0CD6913A20DF4DD4836
 Amount of Each Receipt this Period: 44.63

SUBTOTAL of Receipts This Page (optional) ► 94.63

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 59 / 66
(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)
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 ▼
973.61

Date of Receipt
MM / DD / YYYY
10 / 29 / 2010

Transaction ID: ABAC85AB73EF2462E809

Amount of Each Receipt this Period
45.08

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 ▼
1018.69

Date of Receipt
MM / DD / YYYY
11 / 10 / 2010

Transaction ID: A1059988D582D472E80F

Amount of Each Receipt this Period
45.08

C.

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

Mailing Address 16 Buttercup Coved

City State Zip Code
Cabot AR 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 ▼
565.32

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: A65D2F963FF904C98BB3

Amount of Each Receipt this Period
26.92

SUBTOTAL of Receipts This Page (optional) ► **117.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

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 ▼ 592.24

Date of Receipt 10 / 29 / 2010

Transaction ID: AB505864E20AA4103970

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 ▼ 619.16

Date of Receipt 11 / 10 / 2010

Transaction ID: A79701B9166F74FC58AF

Amount of Each Receipt this Period 26.92

C. Full Name (Last, First, Middle Initial)
Roger J. Walls

Mailing Address 811 Nance Ford Road, SW

City Hartselle State AL Zip Code 35640-3707

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

Name of Employer Diversicare Management Services Occupation AI Reboc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 372.62

Date of Receipt 10 / 15 / 2010

Transaction ID: A7F74010DA3454335960

Amount of Each Receipt this Period 28.97

SUBTOTAL of Receipts This Page (optional) ► 82.81

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 61 / 66
(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)
Roger J. Walls

Mailing Address 811 Nance Ford Road, SW

City State Zip Code
Hartselle AL 35640-3707

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

Name of Employer Occupation
Diversicare Management Services AI Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
401.59

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: ACA8B87F2532C41A387A

Amount of Each Receipt this Period
28.97

B.

Full Name (Last, First, Middle Initial)
Roger J. Walls

Mailing Address 811 Nance Ford Road, SW

City State Zip Code
Hartselle AL 35640-3707

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

Name of Employer Occupation
Diversicare Management Services AI Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.56

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: AEBD22951731C40EE96F

Amount of Each Receipt this Period
28.97

C.

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

Mailing Address 3118 Eagle Ridge Way

City State Zip Code
Houston TX 77084-5500

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
323.82

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: AD4893CEE7C9E40A9A69

Amount of Each Receipt this Period
36.26

SUBTOTAL of Receipts This Page (optional) ► **94.20**

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 62 / 66
(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)
Ken Watson

Mailing Address 3118 Eagle Ridge Way

City Houston State TX Zip Code 77084-5500

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

Name of Employer: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.08

Date of Receipt: 10 / 29 / 2010
Transaction ID: A977C78AA80CD45D99F5
 Amount of Each Receipt this Period: 36.26

B.

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

Mailing Address 3118 Eagle Ridge Way

City Houston State TX Zip Code 77084-5500

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

Name of Employer: Diversicare Leasing Corporation
Occupation: Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.34

Date of Receipt: 11 / 10 / 2010
Transaction ID: AA708FBF1D3754DA29AD
 Amount of Each Receipt this Period: 36.26

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 ▼ 1145.55

Date of Receipt: 10 / 15 / 2010
Transaction ID: ABFD3688BBA68463394F
 Amount of Each Receipt this Period: 54.55

SUBTOTAL of Receipts This Page (optional) ► **127.07**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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

A.

Full Name (Last, First, Middle Initial) Matthew J. Weishaar		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 376 Sandcastle Road		Transaction ID: AEA18C475631D4934BE6
City Franklin	State Zip Code TN 37069-7186	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.55
Name of Employer Diversicare Management Services	Occupation VP Finance & Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.10	

B.

Full Name (Last, First, Middle Initial) Matthew J. Weishaar		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 376 Sandcastle Road		Transaction ID: A9923363899C74779B7F
City Franklin	State Zip Code TN 37069-7186	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.55
Name of Employer Diversicare Management Services	Occupation VP Finance & Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1254.65	

C.

Full Name (Last, First, Middle Initial) Chyra D. Worthington		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 1723 Royal Oaks		Transaction ID: A6C62D20C0A7F452B8EF
City Malvern	State Zip Code AR 72104	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.72
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 ▼ 641.03	

SUBTOTAL of Receipts This Page (optional)	138.82
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 66
(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 ▼ 670.75

Date of Receipt 11 / 04 / 2010
Transaction ID: AC6C331D6724C45C8B4D

Amount of Each Receipt this Period 29.72

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 ▼ 700.47

Date of Receipt 11 / 18 / 2010
Transaction ID: A81061C4A03C645468C5

Amount of Each Receipt this Period 29.72

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 ▼ 741.24

Date of Receipt 10 / 20 / 2010
Transaction ID: AAD565D5889854FE4A87

Amount of Each Receipt this Period 34.61

SUBTOTAL of Receipts This Page (optional) ► 94.05

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 65 / 66
(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)
Samuel R. Wright II

Mailing Address 7863 Hwy 828

City State Zip Code
Louisa KY 41230-5525

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 ▼
775.85

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: ACEAC7D80AC914FDC864

Amount of Each Receipt this Period
34.61

B.

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

Mailing Address 7863 Hwy 828

City State Zip Code
Louisa KY 41230-5525

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 ▼
810.46

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: AE01D1B8F8C8244EEB1B

Amount of Each Receipt this Period
34.61

SUBTOTAL of Receipts This Page (optional) ► **69.22**

TOTAL This Period (last page this line number only) ► **7418.12**

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 66 / 66

<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>A. Full Name (Last, First, Middle Initial) National Republican Congressional Cmte</p> <p>Mailing Address 320 First Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement PAC to PPC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: Other2010</p>	<p>Transaction ID: B42F384A2873D44A9BD3</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) STEVE FINCHER FOR CONGRESS</p> <p>Mailing Address PO BOX 11153</p> <p>City JACKSON State TN Zip Code 38308</p> <p>Purpose of Disbursement TN US House</p> <p>Candidate Name Steve Fincher</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District: 08</p>	<p>Transaction ID: BC0486AB2EA10436AA1E</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE</p> <p>Mailing Address 2720 JORDAN ROAD</p> <p>City OREFIELD State PA Zip Code 18069</p> <p>Purpose of Disbursement PA US Senate</p> <p>Candidate Name Patrick Joseph Toomey</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District:</p>	<p>Transaction ID: B2446E75D5EA6437A937</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4000.00"/>