

# 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 07 2006 in the State of TN

5. Covering Period 10 19 2006 through 11 27 2006

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 Will Council

Signature of Treasurer Electronically Filed by Will Council Date 12 06 2006

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

**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	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	6									
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">8167.02</td></tr></table>	8167.02										
8167.02												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">4373.77</td></tr></table>	4373.77	<table border="1" style="width: 100%;"><tr><td align="right">50127.85</td></tr></table>	50127.85								
4373.77												
50127.85												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">12540.79</td></tr></table>	12540.79	<table border="1" style="width: 100%;"><tr><td align="right">50127.85</td></tr></table>	50127.85								
12540.79												
50127.85												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">6500.00</td></tr></table>	6500.00	<table border="1" style="width: 100%;"><tr><td align="right">44087.06</td></tr></table>	44087.06								
6500.00												
44087.06												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">6040.79</td></tr></table>	6040.79	<table border="1" style="width: 100%;"><tr><td align="right">6040.79</td></tr></table>	6040.79								
6040.79												
6040.79												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Advocat Inc. Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	3931.69	44115.06
(i) Itemized (use Schedule A) .....	442.08	5225.73
(ii) Unitemized .....	4373.77	49340.79
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	4373.77	49340.79
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	387.06
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	400.00
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)) .....	4373.77	50127.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4373.77	50127.85

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	387.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	387.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	6500.00	42200.00
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	1500.00
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))..	6500.00	44087.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6500.00	44087.06

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	4373.77	49340.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4373.77	49340.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	387.06
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	387.06
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 23
	<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

Full Name (Last, First, Middle Initial) <b>A. Benita Adkins</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address Rt 557		<b>Transaction ID: 61205.C766</b>	
City State Zip Code Sandy Hook KY 41171	Amount of Each Receipt this Period 79.05		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Elliot Nursing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.95		
		Payroll Deduction: (26.35- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Angel Alvarez</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 1013 Doriel St		<b>Transaction ID: 61205.C770</b>	
City State Zip Code Villa Hills KY 41017-3747	Amount of Each Receipt this Period 94.62		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Wurtland		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 441.56		
		Payroll Deduction: (31.54- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. April Anderson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address PO Box 5		<b>Transaction ID: 61205.C758</b>	
City State Zip Code Paragould AR 72451-0005	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Walnut Ridge		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
		Payroll Deduction: (25.00- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	248.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<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

<b>A.</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. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61205.C776 Amount of Each Receipt this Period <table border="1"> <tr> <td>49.52</td> </tr> </table> Receipt Payroll Deduction: (24.76- /Pay Period )	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	0	6	49.52
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	1	/	2	0	0	6														
49.52																							
Name of Employer: Diversicare Leasing Corp Occupation: Dir of Nursing - Chisolm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>316.84</td> </tr> </table>		316.84																					
316.84																							

<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Carroll Mailing Address 5024 Inglewood Ct City Nashville State TN Zip Code 37216-1424 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61205.C768 Amount of Each Receipt this Period <table border="1"> <tr> <td>84.54</td> </tr> </table> Receipt Payroll Deduction: (28.18- /Pay Period )	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	5	/	2	0	0	6	84.54
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	5	/	2	0	0	6														
84.54																							
Name of Employer: Diversicare Leasing Corp Occupation: Administrator - Mayfield Rehab Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>366.34</td> </tr> </table>		366.34																					
366.34																							

<b>C.</b> Full Name (Last, First, Middle Initial) Brian Cole Mailing Address 1056 Windtree Trce City Mt Juliet State TN Zip Code 37122-1333 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61023.C721 Amount of Each Receipt this Period <table border="1"> <tr> <td>92.31</td> </tr> </table> Receipt Payroll Deduction: (30.77- /Pay Period )	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	0	/	2	0	0	6	92.31
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	0	/	2	0	0	6														
92.31																							
Name of Employer: Advocat Inc. Occupation: IT Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>430.78</td> </tr> </table>		430.78																					
430.78																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>226.37</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 23
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Maryann Cook		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 155 E Foster Ct		Transaction ID: 61023.C722	
City State Zip Code Lecanto FL 34461-8107	Amount of Each Receipt this Period 144.81		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation FL Regional VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 386.16		
		Payroll Deduction: (48.27- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Pam Diggs		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 1122 Oakmeadow		Transaction ID: 61205.C753	
City State Zip Code Paragould AR 72450	Amount of Each Receipt this Period 77.25		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Newport		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.75		
		Payroll Deduction: (25.75- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Lauralea Eason Wicker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address PO Box 621		Transaction ID: 61023.C723	
City State Zip Code Hollandale MS 38748	Amount of Each Receipt this Period 97.74		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation Rehab Director - AR Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.54		
		Payroll Deduction: (32.58- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	319.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Peggy Everman</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address PO Box 820		<b>Transaction ID: 61205.C771</b>	
City State Zip Code Grayson KY 41143-0820	Amount of Each Receipt this Period 72.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Director of Nursing - Wurtland		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00		
		Payroll Deduction: (24.00- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B. Marilyn Files</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 710 Chester St		<b>Transaction ID: 61205.C763</b>	
City State Zip Code Des Arc AR 72040-9306	Amount of Each Receipt this Period 80.34		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Des Arc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.83		
		Payroll Deduction: (26.78- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C. Samantha Gibson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address 331 Fire Field Rd		<b>Transaction ID: 61205.C774</b>	
City State Zip Code New Braunfels TX 78130-8217	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Director of Nursing - Hillcres		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.75		
		Payroll Deduction: (25.00- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	202.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Vicki Hampton		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address PO Box 123		<b>Transaction ID:</b> 61205.C757
City Delaplaine	State AR	Zip Code 72425-0123
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 67.53
Name of Employer Diversicare Leasing Corp	Occupation Director of Nursing - Walnut R	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.63	Payroll Deduction: (22.51- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B.</b> Edward Heenan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 2005 Boxwood Dr		<b>Transaction ID:</b> 61023.C724
City Franklin	State TN	Zip Code 37069-6908
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 89.49
Name of Employer Advocat Inc.	Occupation Training & Educat	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 417.62	Payroll Deduction: (29.83- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> David Hickman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 801 Brownstone Ct		<b>Transaction ID:</b> 61023.C725
City Nolensville	State TN	Zip Code 37135-9720
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 184.20
Name of Employer Advocat Inc.	Occupation VP, Human Resources	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1043.80	Payroll Deduction: (61.40- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>341.22</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Danielle Higdon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 377 Hutchens Rd		<b>Transaction ID:</b> 61205.C769	
City State Zip Code Martin TN 38237-5377	Amount of Each Receipt this Period 69.69		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Director of Nursing - Martin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.22		
		Payroll Deduction: (23.23- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Janice Horton		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address 4527 SE Highway 70		<b>Transaction ID:</b> 61205.C773	
City State Zip Code Arcadia FL 34266-7787	Amount of Each Receipt this Period 55.12		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Hardee Manor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.68		
		Payroll Deduction: (27.56- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> Randi Kiphen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 10880 Gallia Pike Rd		<b>Transaction ID:</b> 61205.C772	
City State Zip Code Wheelersburg OH 45694-8443	Amount of Each Receipt this Period 98.88		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Best Care Nurs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 428.48		
		Payroll Deduction: (32.96- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	223.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 23
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Levato Mailing Address 306 Cliffwood Loop City State Zip Code Hot Springs Natl P AR 71913-8735 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> 61205.C764 Amount of Each Receipt this Period 90.87 Receipt Payroll Deduction: (30.29- /Pay Period )
Name of Employer Occupation Diversicare Leasing Corp Administrator - Garland Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 411.10		

<b>B.</b> Full Name (Last, First, Middle Initial) Joshua Lowe Mailing Address 210 Vespie Rd City State Zip Code Wartburg TN 37887-4026 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> 61205.C754 Amount of Each Receipt this Period 75.60 Receipt Payroll Deduction: (25.20- /Pay Period )
Name of Employer Occupation Diversicare Leasing Corp Administrator - Laurel Manor H Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 323.72		

<b>C.</b> Full Name (Last, First, Middle Initial) Lorey Lowe Mailing Address PO Box 1813 City State Zip Code Olive Hill KY 41164 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 61023.C727 Amount of Each Receipt this Period 94.74 Receipt Payroll Deduction: (31.58- /Pay Period )
Name of Employer Occupation Advocat Inc. KY Reg Director Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 391.84		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>261.21</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 23
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Lisa Martens		Date of Receipt MM / DD / YYYY 10 / 20 / 2006
Mailing Address 1339 Buckingham Cir		Transaction ID: 61023.C729
City Franklin	State TN	Zip Code 37064-5420
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 157.89
Name of Employer Advocat Inc.	Occupation VP, Quality Management	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 894.71	Payroll Deduction: (52.63- /Pay Period )

Full Name (Last, First, Middle Initial) <b>B.</b> Wanda Meade		Date of Receipt MM / DD / YYYY 10 / 20 / 2006
Mailing Address 15939 Lone Oak Dr		Transaction ID: 61023.C730
City Catlettsburg	State KY	Zip Code 41129-9290
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 173.07
Name of Employer Diversicare Management Se- rvicce	Occupation Regional VP, KY-OH-WV	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2329.31	Payroll Deduction: (57.69- /Pay Period )

Full Name (Last, First, Middle Initial) <b>C.</b> Kelli Montelongo		Date of Receipt MM / DD / YYYY 10 / 20 / 2006
Mailing Address 11380 hartrick bluff rd		Transaction ID: 61023.C731
City Temple	State TX	Zip Code 76502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 61.05
Name of Employer Advocat Inc.	Occupation Business Office Coord - N. TX	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.20	Payroll Deduction: (20.35- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>392.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 23
	<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)  
Nita Morris

Mailing Address PO Box 275

City State Zip Code  
Norman AR 71960-0275

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

Name of Employer: Advocat Inc. Occupation: Cont. Quality Improv. Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 264.63

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61023.C732

Amount of Each Receipt this Period  
88.68

Receipt

Payroll Deduction: (29.56- /Pay Period )

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

Mailing Address PO Box 170

City State Zip Code  
Olive Hill KY 41164-0170

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

Name of Employer: Advocat Inc. Occupation: Minimum DataSets Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61023.C733

Amount of Each Receipt this Period  
62.40

Receipt

Payroll Deduction: (20.80- /Pay Period )

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

Mailing Address 901 Camellia Rd

City State Zip Code  
Oneonta AL 35121

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

Name of Employer: Advocat Inc. Occupation: Corp Training Coord

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 311.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61023.C734

Amount of Each Receipt this Period  
77.97

Receipt

Payroll Deduction: (25.99- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>229.05</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 23
	<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)  
 Robert Rice

Mailing Address 7147 Riverfront Dr

City Nashville State TN Zip Code 37221

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

Name of Employer Diversicare Management Service Occupation VP, Corporate Compliance & Ris

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 3166.56

Date of Receipt 10 / 20 / 2006

Transaction ID: 61023.C735

Amount of Each Receipt this Period 124.98

Receipt

Payroll Deduction: (41.66- /Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
 Larry Roberson

Mailing Address 805 Merritt Dr

City Lockhart State TX Zip Code 78644-3335

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

Name of Employer Diversicare Leasing Corp Occupation Administrator - Chisolm Trail

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

Date of Receipt 11 / 01 / 2006

Transaction ID: 61205.C775

Amount of Each Receipt this Period 53.84

Receipt

Payroll Deduction: (26.92- /Pay Period)

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

Mailing Address 108 Clearlake Dr E

City Nashville State TN Zip Code 37217-4604

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

Name of Employer Advocat Inc. Occupation Director, Payroll

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 445.54

Date of Receipt 10 / 20 / 2006

Transaction ID: 61023.C738

Amount of Each Receipt this Period 96.00

Receipt

Payroll Deduction: (32.00- /Pay Period)

**SUBTOTAL** of Receipts This Page (optional) ..... **274.82**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 23
	<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)  
Donald Smith

Mailing Address 3217 Nolen Ln

City Franklin State TN Zip Code 37064-6222

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

Name of Employer Advocat Inc. Occupation Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 426.72

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61023.C739

Amount of Each Receipt this Period  
92.97

Receipt

Payroll Deduction: (30.99- /Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Smith

Mailing Address 4909 Walnut Hills Dr

City Louisville State KY Zip Code 40299-1044

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

Name of Employer Advocat Inc. Occupation Reg Director, HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 532.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61023.C740

Amount of Each Receipt this Period  
114.00

Receipt

Payroll Deduction: (38.00- /Pay Period )

**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 Advocat Inc. Occupation Cont. Quality Improv. Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 389.62

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

Transaction ID: 61023.C742

Amount of Each Receipt this Period  
83.49

Receipt

Payroll Deduction: (27.83- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	290.46
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Liese Thornton		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2149 west hwy 84		Transaction ID: 61023.C743	
City State Zip Code Amity AR 71921	Amount of Each Receipt this Period 51.21		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation AR Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.91		
		Payroll Deduction: (17.07- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>B.</b> Jennifer Threatt		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 580 Link Rd		Transaction ID: 61205.C761	
City State Zip Code Dover TN 37058-5931	Amount of Each Receipt this Period 55.38		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Director of Nursing - Manor Ho		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.98		
		Payroll Deduction: (18.46- /Pay Period )	

Full Name (Last, First, Middle Initial) <b>C.</b> E Kim Tirronen		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 16701 Richloam Ln		Transaction ID: 61023.C744	
City State Zip Code Spring Hill FL 34610-1657	Amount of Each Receipt this Period 107.10		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation Resident Assesment Instru. Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.32		
		Payroll Deduction: (35.70- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	213.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 23
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Kimberly Toney		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 139 Lock Ln		<b>Transaction ID:</b> 61023.C745	
City Alum Creek	State WV	Zip Code 25003-9066	Amount of Each Receipt this Period 88.26
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Advocat Inc.	Occupation Administrator - Boone Nursing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.57		
		Payroll Deduction: (29.42- /Pay Period )	

<b>B.</b> Full Name (Last, First, Middle Initial) Roger Walls		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address PO Box 572		<b>Transaction ID:</b> 61023.C748	
City Falkville	State AL	Zip Code 35622	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Advocat Inc.	Occupation Business Office Coord - AL Reg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.25		
		Payroll Deduction: (25.00- /Pay Period )	

<b>C.</b> Full Name (Last, First, Middle Initial) Terena Walton		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 21 Cottonwood Ln		<b>Transaction ID:</b> 61023.C749	
City Dyersburg	State TN	Zip Code 38024-6548	Amount of Each Receipt this Period 126.93
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Advocat Inc.	Occupation VP, Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 719.27		
		Payroll Deduction: (42.31- /Pay Period )	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	290.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 23
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Matthew Weishaar Mailing Address 408 Stable Dr City State Zip Code Franklin TN 37069-4167 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> 61023.C750 Amount of Each Receipt this Period 151.29 Receipt Payroll Deduction: (50.43- /Pay Period )
Name of Employer: Advocat Inc. Occupation: VP Fin & Controll Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 806.88		

<b>B.</b> Full Name (Last, First, Middle Initial) Charles Wheeler Mailing Address PO Box 32144 City State Zip Code Knoxville TN 37930-2144 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> 61205.C759 Amount of Each Receipt this Period 102.57 Receipt Payroll Deduction: (34.19- /Pay Period )
Name of Employer: Diversicare Leasing Corp Occupation: Administrator - Briarcliff Hea Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 444.47		

<b>C.</b> Full Name (Last, First, Middle Initial) Chyra Worthington Mailing Address 1723 Royal Oaks Dr City State Zip Code Malvern AR 72104-5752 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID:</b> 61205.C755 Amount of Each Receipt this Period 72.00 Receipt Payroll Deduction: (24.00- /Pay Period )
Name of Employer: Diversicare Leasing Corp Occupation: Administrator - Sheridan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 329.56		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>325.86</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 23	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
 Samuel Wright

Mailing Address 7863 Highway 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 Administrator - Carter Nursing

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **375.71**

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 6

**Transaction ID: 61205.C765**

Amount of Each Receipt this Period  
**92.31**

Receipt

Payroll Deduction: (30.77- /Pay Period )

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>92.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3931.69</b>

# 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Arcuri for Congress</b>		<b>Transaction ID: 61205.E67</b> Date of Disbursement 10 / 19 / 2006
Mailing Address 430 S Capitol St SE Fl 2 2nd Floor		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20003-4024	Category/ Type  NY-24-US HOUSE	
Purpose of Disbursement NY-24-US HOUSE		
Candidate Name MICHAEL ANGELO ARCURI		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Boswell for Congress</b>		<b>Transaction ID: 61205.E69</b> Date of Disbursement 10 / 19 / 2006
Mailing Address 430 S Capitol St SE Fl 2 2nd Floor		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20003-4024	Category/ Type  IA-3-US HOUSE	
Purpose of Disbursement IA-3-US HOUSE		
Candidate Name LEONARD L. BOSWELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Braley for Congress</b>		<b>Transaction ID: 61205.E68</b> Date of Disbursement 10 / 19 / 2006
Mailing Address 430 S Capitol St SE Fl 2 2nd Floor		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-4024	Category/ Type  IA-1-US HOUSE	
Purpose of Disbursement IA-1-US HOUSE		
Candidate Name BRUCE L. BRALEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Deal for Congress</b>		<b>Transaction ID:</b> 61205.E63 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address PO Box 902		Amount of Each Disbursement this Period 1500.00
City Gainesville State GA Zip Code 30503-0902	Category/ Type  GA-10-US HOUSE	
Purpose of Disbursement GA-10-US HOUSE		
Candidate Name NATHAN DEAL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Tammy Duckworth</b>		<b>Transaction ID:</b> 61205.E66 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 430 S Capitol St SE Fl 2 2nd Floor		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20003-4024	Category/ Type  IL-6-US HOUSE	
Purpose of Disbursement IL-6-US HOUSE		
Candidate Name L. TAMMY DUCKWORTH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Giffords for Congress</b>		<b>Transaction ID:</b> 61205.E65 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 430 S Capitol St SE 2nd Floor		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20003-4024	Category/ Type  AZ-8-US HOUSE	
Purpose of Disbursement AZ-8-US HOUSE		
Candidate Name GABRIELLE GIFFORDS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Phil Hare</b>		<b>Transaction ID: 61205.E64</b> Date of Disbursement 10 / 19 / 2006
Mailing Address 430 S Capitol St SE FI 2NCD 2ncd Floor		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20003-4024	Category/ Type  IL-17-US HOUSE	
Purpose of Disbursement IL-17-US HOUSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. LINCPAC</b>		<b>Transaction ID: 61205.E62</b> Date of Disbursement 10 / 26 / 2006
Mailing Address 301 4th St NE Ste 301 Suite 301		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002-5813	Category/ Type  10/26/06 EVENT	
Purpose of Disbursement 10/26/06 EVENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	6500.00