

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 _____ in the State of _____

5. Covering Period 01 01 2007 through 06 30 2007

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 07 30 2007

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Advocat Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">9934.21</td></tr></table>	9934.21
Y	Y	Y	Y									
2	0	0	7									
9934.21												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">9934.21</td></tr></table>	9934.21										
9934.21												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">30530.50</td></tr></table>	30530.50	<table border="1" style="width: 100%;"><tr><td align="right">30530.50</td></tr></table>	30530.50								
30530.50												
30530.50												
(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">40464.71</td></tr></table>	40464.71	<table border="1" style="width: 100%;"><tr><td align="right">40464.71</td></tr></table>	40464.71								
40464.71												
40464.71												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">28307.69</td></tr></table>	28307.69	<table border="1" style="width: 100%;"><tr><td align="right">28307.69</td></tr></table>	28307.69								
28307.69												
28307.69												
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">12157.02</td></tr></table>	12157.02	<table border="1" style="width: 100%;"><tr><td align="right">12157.02</td></tr></table>	12157.02								
12157.02												
12157.02												
9. Debts and Obligations owed TO 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 BY 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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	27716.63	27716.63
(i) Itemized (use Schedule A)	2813.87	2813.87
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30530.50	30530.50
(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)	30530.50	30530.50
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))	30530.50	30530.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30530.50	30530.50

DETAILED SUMMARY PAGE

of Disbursements

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.....	28250.00	28250.00
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	57.69	57.69
(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))	57.69	57.69
29. Other Disbursements.....	0.00	0.00
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))..	28307.69	28307.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	28307.69	28307.69

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)	30530.50	30530.50
34. Total Contribution Refunds (from Line 28(d))	57.69	57.69
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30472.81	30472.81
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 32
	<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)
Benita Adkins

Mailing Address Rt 557

City State Zip Code
Sandy Hook KY 41171

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

Name of Employer Occupation
Diversicare Leasing Corp Administrator - Elliot Nursing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 316.20

Date of Receipt
01 / 17 / 2007

Transaction ID: 70310.C1083

Amount of Each Receipt this Period
316.20

Receipt

Payroll Deduction: (26.35- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Angel Alvarez

Mailing Address 1013 Doriel St

City State Zip Code
Villa Hills KY 41017-3747

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

Name of Employer Occupation
Diversicare Leasing Corp Administrator - Wurtland

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.40

Date of Receipt
01 / 17 / 2007

Transaction ID: 70310.C1087

Amount of Each Receipt this Period
315.40

Receipt

Payroll Deduction: (31.54- /Pay Period)

C. Full Name (Last, First, Middle Initial)
David Barker

Mailing Address 12 Lakeview Ln

City State Zip Code
Cabot AR 72023-9117

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

Name of Employer Occupation
Diversicare Management Service Regional VP, AR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 654.94

Date of Receipt
01 / 12 / 2007

Transaction ID: 70310.C1113

Amount of Each Receipt this Period
654.94

Receipt

Payroll Deduction: (50.38- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	1286.54
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 7 / 32
	<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) A. April Bateman		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 3948 Highway 358		Transaction ID: 70310.C1074
City Paragould	State AR	Zip Code 72450-9690
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Walnut Ridge	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Barry Bell		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 6107 Co Rd 122		Transaction ID: 70310.C1114
City Pisgah	State AL	Zip Code 35765
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 463.45
Name of Employer Diversicare Management Se- rvice	Occupation Executive Director, AL & TN	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.45	Payroll Deduction: (35.65- /Pay Period)

Full Name (Last, First, Middle Initial) C. Bobbie Bice		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 1310 Dove Ln		Transaction ID: 70310.C1067
City Lockhart	State TX	Zip Code 78644-2459
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 321.88
Name of Employer Diversicare Leasing Corp	Occupation Dir of Nursing - Chisolm	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.88	Payroll Deduction: (24.76- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	1035.33
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 8 / 32
	<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) A. Elizabeth Carroll		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7		
Mailing Address 5024 Inglewood Ct		Transaction ID: 70310.C1085		
City State Zip Code Nashville TN 37216-1424	Amount of Each Receipt this Period 309.98		Receipt Payroll Deduction: (28.18- /Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
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 ▼ 309.98			

Full Name (Last, First, Middle Initial) B. Tavye Carter		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7		
Mailing Address 7509 Old Nashville Hwy		Transaction ID: 70310.C1115		
City State Zip Code Murfressbor TN 37129	Amount of Each Receipt this Period 531.83		Receipt Payroll Deduction: (40.91- /Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Advocat	Occupation Information Requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 531.83			

Full Name (Last, First, Middle Initial) C. Brian Cole		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7		
Mailing Address 1056 Windtree Trce		Transaction ID: 70310.C1116		
City State Zip Code Mt Juliet TN 37122-1333	Amount of Each Receipt this Period 338.47		Receipt Payroll Deduction: (30.77- /Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
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 ▼ 338.47			

SUBTOTAL of Receipts This Page (optional) ▶	1180.28
TOTAL 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 9 / 32
	<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) A. Maryann Cook		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 155 E Foster Ct		Transaction ID: 70310.C1117	
City State Zip Code Lecanto FL 34461-8107		Amount of Each Receipt this Period 627.51	
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 ▼ 627.51	
		Payroll Deduction: (48.27- /Pay Period)	

Full Name (Last, First, Middle Initial) B. William Council III		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 5161 Ravens Glen		Transaction ID: 70310.C1118	
City State Zip Code Nashville TN 37211		Amount of Each Receipt this Period 2307.72	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Advocat Inc.		Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2307.72	
		Payroll Deduction: (192.3- 1/Pay Period)	

Full Name (Last, First, Middle Initial) C. Pam Diggs		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 1122 Oakmeadow		Transaction ID: 70310.C1070	
City State Zip Code Paragould AR 72450		Amount of Each Receipt this Period 309.00	
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 ▼ 309.00	
		Payroll Deduction: (25.75- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	3244.23
TOTAL 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 10 / 32
	<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) A. Peggy Everman		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address PO Box 820		Transaction ID: 70310.C1088	
City State Zip Code Grayson KY 41143-0820		Amount of Each Receipt this Period 288.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Diversicare Leasing Corp Director of Nursing - Wurtland		Payroll Deduction: (24.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 288.00	

Full Name (Last, First, Middle Initial) B. Marilyn Files		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 710 Chester St		Transaction ID: 70310.C1079	
City State Zip Code Des Arc AR 72040-9306		Amount of Each Receipt this Period 321.36	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Diversicare Leasing Corp Administrator - Des Arc		Payroll Deduction: (26.78- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 321.36	

Full Name (Last, First, Middle Initial) C. Samantha Gibson		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 7	
Mailing Address 331 Fire Field Rd		Transaction ID: 70310.C1066	
City State Zip Code New Braunfels TX 78130-8217		Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Diversicare Leasing Corp Director of Nursing - Hillcres		Payroll Deduction: (25.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) ▶	934.36
TOTAL 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 11 / 32
	<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) A. Vicki Hampton		Date of Receipt MM / DD / YYYY 01 / 17 / 2007
Mailing Address PO Box 123		Transaction ID: 70310.C1075
City State Zip Code Delaplaine AR 72425-0123	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 270.12
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 ▼ 270.12	Payroll Deduction: (22.51- /Pay Period)

Full Name (Last, First, Middle Initial) B. Edward Heenan		Date of Receipt MM / DD / YYYY 01 / 12 / 2007
Mailing Address 2005 Boxwood Dr		Transaction ID: 70310.C1119
City State Zip Code Franklin TN 37069-6908	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 387.79
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 ▼ 387.79	Payroll Deduction: (29.83- /Pay Period)

Full Name (Last, First, Middle Initial) C. David Hickman		Date of Receipt MM / DD / YYYY 01 / 12 / 2007
Mailing Address 801 Brownstone Ct		Transaction ID: 70310.C1120
City State Zip Code Nolensville TN 37135-9720	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 798.20
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 ▼ 798.20	Payroll Deduction: (61.40- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	1456.11
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 12 / 32
	<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)
 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 Director of Nursing - Martin

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 278.76

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 7

Transaction ID: 70310.C1086

Amount of Each Receipt this Period
 278.76

Receipt

Payroll Deduction: (23.23- /Pay Period)

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

Mailing Address 4527 SE Highway 70

City State Zip Code
 Arcadia FL 34266-7787

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

Name of Employer Occupation
 Diversicare Leasing Corp Administrator - Hardee Manor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 358.28

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 1 0 / 2 0 0 7

Transaction ID: 70310.C1065

Amount of Each Receipt this Period
 358.28

Receipt

Payroll Deduction: (27.56- /Pay Period)

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

Mailing Address 4674 Riverbend Rd

City State Zip Code
 Trussville AL 35173-3506

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

Name of Employer Occupation
 Diversicare Management Service Regional VP, AL & TN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 749.97

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 1 2 / 2 0 0 7

Transaction ID: 70310.C1121

Amount of Each Receipt this Period
 749.97

Receipt

Payroll Deduction: (57.69- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ► 1387.01

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 13 / 32
	<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) A. Randi Kiphen		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 10880 Gallia Pike Rd		Transaction ID: 70310.C1089	
City State Zip Code Wheelersburg OH 45694-8443	Amount of Each Receipt this Period 395.52		
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 ▼ 395.52		
		Payroll Deduction: (32.96- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Steve Levato		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 306 Cliffwood Loop		Transaction ID: 70310.C1081	
City State Zip Code Hot Springs Natl P AR 71913-8735	Amount of Each Receipt this Period 333.19		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Garland		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.19		
		Payroll Deduction: (30.29- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Lorey Lowe		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address PO Box 1813		Transaction ID: 70310.C1124	
City State Zip Code Olive Hill KY 41164	Amount of Each Receipt this Period 378.96		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation KY Reg Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.96		
		Payroll Deduction: (31.58- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	1107.67
TOTAL 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 14 / 32
	<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) A. Jimmie Manning		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 149 Riverwood Dr		Transaction ID: 70310.C1126	
City State Zip Code Franklin TN 37069-4181	Amount of Each Receipt this Period 652.21		Receipt Payroll Deduction: (50.17- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Diversicare Management Service	Occupation VP, Purchasing & Property Mana		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 652.21		

Full Name (Last, First, Middle Initial) B. Lisa Martens		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 1339 Buckingham Cir		Transaction ID: 70310.C1127	
City State Zip Code Franklin TN 37064-5420	Amount of Each Receipt this Period 684.19		Receipt Payroll Deduction: (52.63- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Advocat Inc.	Occupation VP, Quality Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.19		

Full Name (Last, First, Middle Initial) C. Wanda Meade		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 15939 Lone Oak Dr		Transaction ID: 70310.C1128	
City State Zip Code Catlettsburg KY 41129-9290	Amount of Each Receipt this Period 749.97		Receipt Payroll Deduction: (57.69- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Diversicare Management Service	Occupation Regional VP, KY-OH-WV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97		

SUBTOTAL of Receipts This Page (optional) ▶	2086.37
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 15 / 32
	<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) Kelli Montelongo Mailing Address 11380 hartrick bluff rd City State Zip Code Temple TX 76502 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7 Transaction ID: 70310.C1129 Amount of Each Receipt this Period 244.20 Receipt Payroll Deduction: (20.35- /Pay Period)
Name of Employer: Advocat Inc. Occupation: Business Office Coord - N. TX Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 244.20		

B. Full Name (Last, First, Middle Initial) Daniel Montgomery Mailing Address 202 Tyne Dr City State Zip Code Franklin TN 37064-0748 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7 Transaction ID: 70416.C1462 Amount of Each Receipt this Period 2000.00 Receipt
Name of Employer: Diversicare Management Service Occupation: VP and CIO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		

C. 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		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7 Transaction ID: 70310.C1130 Amount of Each Receipt this Period 354.72 Receipt Payroll Deduction: (29.56- /Pay Period)
Name of Employer: Advocat Inc. Occupation: Cont. Quality Improv. Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 354.72		

SUBTOTAL of Receipts This Page (optional)	2598.92
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 / 32
	<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)
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 ▼ 249.60

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 7

Transaction ID: 70310.C1131

Amount of Each Receipt this Period
249.60

Receipt

Payroll Deduction: (20.80- /Pay Period)

B. 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 ▼ 51.98

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 7

Transaction ID: 70310.C1169

Amount of Each Receipt this Period
51.98

Receipt

Payroll Deduction: (51.98- /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 ▼ 337.87

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70310.C1236

Amount of Each Receipt this Period
285.89

Receipt

Payroll Deduction: (25.99- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	587.47
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 17 / 32
	<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 Dr

City State Zip Code
Nashville TN 37221

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 541.58

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 7

Transaction ID: 70310.C1132

Amount of Each Receipt this Period
541.58

Receipt

Payroll Deduction: (41.66- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Glynn Riddle

Mailing Address 1203 Signature Ct

City State Zip Code
Franklin TN 37064-9663

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

Name of Employer Occupation
Advocat Inc. Executive VP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 7

Transaction ID: 70310.C1134

Amount of Each Receipt this Period
307.70

Receipt

Payroll Deduction: (153.8- 5/Pay Period)

C. Full Name (Last, First, Middle Initial)
Glynn Riddle

Mailing Address 1203 Signature Ct

City State Zip Code
Franklin TN 37064-9663

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

Name of Employer Occupation
Advocat Inc. Executive VP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.93

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70310.C1240

Amount of Each Receipt this Period
269.23

Receipt

Payroll Deduction: (269.2- 3/Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	1118.51
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 18 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Glynn Riddle		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 1203 Signature Ct		Transaction ID: 70320.C1302	
City State Zip Code Franklin TN 37064-9663	Amount of Each Receipt this Period 1730.79		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation Executive VP & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.72		
		Payroll Deduction: (192.3-1/Pay Period)	

Full Name (Last, First, Middle Initial) B. Larry Roberson		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7	
Mailing Address 805 Merritt Dr		Transaction ID: 70310.C1068	
City State Zip Code Lockhart TX 78644-3335	Amount of Each Receipt this Period 323.04		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Chisolm Trail		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.04		
		Payroll Deduction: (26.92-/Pay Period)	

Full Name (Last, First, Middle Initial) C. Larry Roberson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 805 Merritt Dr		Transaction ID: 70725.C1884	
City State Zip Code Lockhart TX 78644-3335	Amount of Each Receipt this Period 27.73		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Diversicare Leasing Corp	Occupation Administrator - Chisolm Trail		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.77		
		Payroll Deduction: (27.73-/Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	2081.56
TOTAL 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 19 / 32
	<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		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 3217 Nolen Ln		Transaction ID: 70310.C1137	
City State Zip Code Franklin TN 37064-6222	Amount of Each Receipt this Period 340.89		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation Programmer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.89		
		Payroll Deduction: (30.99- /Pay Period)	

B. Full Name (Last, First, Middle Initial) Kenneth Smith		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 4909 Walnut Hills Dr		Transaction ID: 70310.C1138	
City State Zip Code Louisville KY 40299-1044	Amount of Each Receipt this Period 494.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation Reg Director, HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00		
		Payroll Deduction: (38.00- /Pay Period)	

C. Full Name (Last, First, Middle Initial) Anna Sorrell		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 3519 Wolf Creek Rd		Transaction ID: 70310.C1139	
City State Zip Code Huntington WV 25704-9175	Amount of Each Receipt this Period 396.11		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation Business Office Coord - KY Reg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.11		
		Payroll Deduction: (30.47- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	1231.00
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 20 / 32
	<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) A. Kathie Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 2469 AR 115		Transaction ID: 70310.C1140	
City State Zip Code Smithville AR 72466	Amount of Each Receipt this Period 361.79		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Advocat Inc.	Occupation Cont. Quality Improv. Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.79		
		Payroll Deduction: (27.83- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Liese Thornton		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 2149 west hwy 84		Transaction ID: 70310.C1141	
City State Zip Code Amity AR 71921	Amount of Each Receipt this Period 221.91		
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) C. E Kim Tirronen		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 16701 Richloam Ln		Transaction ID: 70310.C1142	
City State Zip Code Spring Hill FL 34610-1657	Amount of Each Receipt this Period 464.10		
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 ▼ 464.10		
		Payroll Deduction: (35.70- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	1047.80
TOTAL 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 21 / 32
	<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) A. Kimberly Toney		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 139 Lock Ln		Transaction ID: 70310.C1078	
City State Zip Code Alum Creek WV 25003-9066	Amount of Each Receipt this Period 353.04		
FEC ID number of contributing federal political committee. C	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 ▼ 353.04		
		Payroll Deduction: (29.42- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Raymond Tyler		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 1400 Vintage Cir		Transaction ID: 70310.C1144	
City State Zip Code Franklin TN 37064-9697	Amount of Each Receipt this Period 2500.03		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Advocat Inc.	Occupation Executive VP & COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03		
		Payroll Deduction: (192.3- 1/Pay Period)	

Full Name (Last, First, Middle Initial) C. Roger Walls		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address PO Box 572		Transaction ID: 70310.C1146	
City State Zip Code Falkville AL 35622	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	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 ▼ 300.00		
		Payroll Deduction: (25.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	3153.07
TOTAL 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 22 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Terena Walton		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 21 Cottonwood Ln		Transaction ID: 70310.C1147	
City Dyersburg	State TN	Zip Code 38024-6548	Amount of Each Receipt this Period 507.72
FEC ID number of contributing federal political committee. C		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 ▼ 507.72		
		Payroll Deduction: (42.31- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Matthew Weishaar		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 408 Stable Dr		Transaction ID: 70310.C1148	
City Franklin	State TN	Zip Code 37069-4167	Amount of Each Receipt this Period 605.16
FEC ID number of contributing federal political committee. C		Receipt	
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 ▼ 605.16		
		Payroll Deduction: (50.43- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Charles Wheeler		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address PO Box 32144		Transaction ID: 70310.C1076	
City Knoxville	State TN	Zip Code 37930-2144	Amount of Each Receipt this Period 410.28
FEC ID number of contributing federal political committee. C		Receipt	
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 ▼ 410.28		
		Payroll Deduction: (34.19- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	1523.16
TOTAL 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:	PAGE 23 / 32
	(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 Worthington

Mailing Address 1723 Royal Oaks Dr

City Malvern State AR Zip Code 72104-5752

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

Name of Employer Diversicare Leasing Corp Occupation Administrator - Sheridan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 01 / 17 / 2007

Transaction ID: 70310.C1072

Amount of Each Receipt this Period
 288.00

Receipt

Payroll Deduction: (24.00- /Pay Period)

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

Mailing Address 7863 Highway 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 Administrator - Carter Nursing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 369.24

Date of Receipt
 01 / 17 / 2007

Transaction ID: 70310.C1082

Amount of Each Receipt this Period
 369.24

Receipt

Payroll Deduction: (30.77- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	657.24
TOTAL This Period (last page this line number only)	▶	27716.63

**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) A. AMERIPAC		Transaction ID: 70621.E83 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 499 S Capitol St SW		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003-4047	PAC TO HOYER LDR PAC	
Purpose of Disbursement PAC TO HOYER LDR PAC		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. Friends of Max Baucus		Transaction ID: 70621.E79 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 818 Connecticut Avenue NW Ste. 110		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20006-	04/25/07 EVENT; MT-US SEN- ATE	
Purpose of Disbursement 04/25/07 EVENT; MT-US SENATE		Category/ Type
Candidate Name MAX BAUCUS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Max Baucus		Transaction ID: 70621.E78 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 818 Connecticut Avenue NW Ste. 110		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20006-	04/25/07 EVENT; MT-US SEN- ATE	
Purpose of Disbursement 04/25/07 EVENT; MT-US SENATE		Category/ Type
Candidate Name MAX BAUCUS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL 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) A. Friends of Roy Blunt		Transaction ID: 70416.E76 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20003-1107	Category/ Type	
Purpose of Disbursement 03-20-07 EVENT; MO-07 US HOUSE		
Candidate Name ROY BLUNT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	03-20-07 EVENT; MO-07 US HOUSE

Full Name (Last, First, Middle Initial) B. Dave Camp for Congress		Transaction ID: 70416.E72 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 2501 Wisconsin Ave NW		Amount of Each Disbursement this Period 750.00
City Washington State DC Zip Code 20007-4542	Category/ Type	
Purpose of Disbursement 4-19-07 EVENT; MI-4 US HOUSE		
Candidate Name DAVID LEE CAMP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	4-19-07 EVENT; MI-4 US HO- USE

Full Name (Last, First, Middle Initial) C. Friends of Jim Clyburn		Transaction ID: 70416.E77 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 499 S Capitol St SW Ste 412		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20003-4009	Category/ Type	
Purpose of Disbursement 03-31-07 EVENT; SC-06 US HOUSE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	03-31-07 EVENT; SC-06 US HOUSE

SUBTOTAL of Disbursements This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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) A. Norm Coleman		Transaction ID: 70621.E89 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 7300 Hudson Blvd. Suite 270A		Amount of Each Disbursement this Period 1500.00
City Saint Paul State MN Zip Code 55128-	Category/ Type	
Purpose of Disbursement 06/12/07 EVENT; MN US SENATE		
Candidate Name NORM COLEMAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	06/12/07 EVENT; MN US SEN- ATE

Full Name (Last, First, Middle Initial) B. Friends of Dick Durbin		Transaction ID: 70416.E75 Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2007
Mailing Address 200 E Jefferson St		Amount of Each Disbursement this Period 1000.00
City Falls Church State VA Zip Code 22046-3531	Category/ Type	
Purpose of Disbursement 4-24-07 EVENT; IL-US SENATE		
Candidate Name RICHARD J DURBIN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	4-24-07 EVENT; IL-US SENA- TE

Full Name (Last, First, Middle Initial) C. ERIC PAC		Transaction ID: 70621.E84 Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2007
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 750.00
City Washington State DC Zip Code 20003-1107	Category/ Type	
Purpose of Disbursement PAC TO CANTOR LDR PAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	PAC TO CANTOR LDR PAC

SUBTOTAL of Disbursements This Page (optional) ▶	3250.00
TOTAL 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) A. Anna Eshoo for Congress		Transaction ID: 70416.E73 Date of Disbursement 04 / 30 / 2007	
Mailing Address PO Box 636		Amount of Each Disbursement this Period 1000.00	
City Annandale State VA Zip Code 22003-0636	Purpose of Disbursement 4-30-07 EVENT; CA-14 US HOUSE	Category/ Type	4-30-07 EVENT; CA-14 US HOUSE
Candidate Name ANNA ESHOO	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14			

Full Name (Last, First, Middle Initial) B. John Lewis for Congress		Transaction ID: 70621.E81 Date of Disbursement 05 / 30 / 2007	
Mailing Address PO Box 2323		Amount of Each Disbursement this Period 1500.00	
City Atlanta State GA Zip Code 30301-2323	Purpose of Disbursement GA-05 US HOUSE	Category/ Type	GA-05 US HOUSE
Candidate Name JOHN LEWIS	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05			

Full Name (Last, First, Middle Initial) C. Jim McCrery		Transaction ID: 70621.E88 Date of Disbursement 06 / 11 / 2007	
Mailing Address 1226 31st. Street, NW		Amount of Each Disbursement this Period 1500.00	
City Washington State DC Zip Code 20007-	Purpose of Disbursement 06/18/2 Event; LA -04 US House	Category/ Type 007	06/18/2 EVENT; LA -04 US HOUSE
Candidate Name JAMES OTIS III MCCRERY	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Other		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL 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) A. Earl Pomeroy for Congress		Transaction ID: 70621.E82 Date of Disbursement 05 / 21 / 2007
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00 ND-US HOUSE
City Washington State DC Zip Code 20013-0214	<input type="text"/>	
Purpose of Disbursement ND-US HOUSE Candidate Name EARL RALPH POMEROY	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Porter for Congress		Transaction ID: 70416.E74 Date of Disbursement 04 / 24 / 2007
Mailing Address PO Box 26087		Amount of Each Disbursement this Period 750.00 4-24-07 EVENT; NV-03 US HOUSE
City Las Vegas State NV Zip Code 89126-	<input type="text"/>	
Purpose of Disbursement 4-24-07 EVENT; NV-03 US HOUSE Candidate Name JON SR PORTER	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rangel for Congress		Transaction ID: 70621.E85 Date of Disbursement 05 / 29 / 2007
Mailing Address PO Box 577		Amount of Each Disbursement this Period 2500.00 NY-05 US HOUSE
City New York State NY Zip Code 10027-0577	<input type="text"/>	
Purpose of Disbursement NY-05 US HOUSE Candidate Name CHARLES B RANGEL	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4250.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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 29 / 32

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

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

Full Name (Last, First, Middle Initial) A. Pat Roberts for Senate		Transaction ID: 70621.E80 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 228 S Washington St Ste B20		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314-5402	Category/ Type 05/23/07 EVENT; KS-US SEN- ATE	
Purpose of Disbursement 05/23/07 EVENT; KS-US SENATE		
Candidate Name PAT ROBERTS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Jay Rockefeller		Transaction ID: 70725.E91 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 1909		Amount of Each Disbursement this Period 500.00
City Charleston State WV Zip Code 25327-	Category/ Type 06/28/2 EVENT; WV US SEN- ATE	
Purpose of Disbursement 06/28/2 Event; WV US Senate		
Candidate Name JOHN DAVISON IV ROCKEFELLER		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ryan for Congress		Transaction ID: 70725.E90 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 1919		Amount of Each Disbursement this Period 1000.00
City Janesville State WI Zip Code 53547-	Category/ Type 06/26/2 EVENT; WI-01 US HOUSE	
Purpose of Disbursement 06/26/2 Event; WI-01 US House		
Candidate Name PAUL D RYAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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 30 / 32

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

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

Full Name (Last, First, Middle Initial) A. Salazar for Senate		Transaction ID: 70621.E87 Date of Disbursement 06 / 12 / 2007	
Mailing Address 422 C St NE		Amount of Each Disbursement this Period 1500.00	
City Washington State DC Zip Code 20002-5818	Purpose of Disbursement 06/12/07 EVENT; CO US SENATE	Category/ Type	
Candidate Name KEN SALAZAR	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: CO District: 00		
		06/12/07 EVENT; CO US SEN- ATE	

Full Name (Last, First, Middle Initial) B. Stabenow for U.S. Senate		Transaction ID: 70310.E70 Date of Disbursement 02 / 22 / 2007	
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 1500.00	
City East Lansing State MI Zip Code 48826-4945	Purpose of Disbursement 2/22/07 EVENT; MI US SENATE	Category/ Type	
Candidate Name DEBBIE STABENOW	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MI District: 00		
		2/22/07 EVENT; MI US SENA- TE	

Full Name (Last, First, Middle Initial) C. Team Sununu		Transaction ID: 70725.E92 Date of Disbursement 06 / 20 / 2007	
Mailing Address PO Box 500		Amount of Each Disbursement this Period 1000.00	
City Rye State NH Zip Code 03870-	Purpose of Disbursement 06/23/2 Event; NH US Senate	Category/ Type 007	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		
		06/23/2 EVENT; NH US SEN- ATE	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL 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)
A. Van Hollen for Congress

Transaction ID: 70621.E86

Date of Disbursement

Mailing Address 10605 Concord St Ste 202

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	7

City Kensington State MD Zip Code 20895-2526

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
06/13/07 EVENT; MD-08 US HOUSE

Category/
Type

Candidate Name
CHRIS VAN HOLLEN

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MD District: 08

06/13/07 EVENT; MD-08 US HOUSE

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

28250.00

Image# 27990410353

Form/Schedule: **F3XN**

Transaction ID: **C00421735**
