

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Advocat Inc. Political Action Committee

ADDRESS (number and street) 1621 Galleria Blvd
 Check if different than previously reported. (ACC)
Brentwood TN 37027

2. **FEC IDENTIFICATION NUMBER** C00421735
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William R. Council III

Signature of Treasurer Electronically Filed by William R. Council III Date 01 19 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Advocat Inc. Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		4772.71
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	4292.09									
(c) Total Receipts (from Line 19)	7061.68	64581.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11353.77	69353.77								
7. Total Disbursements (from Line 31)	0.00	58000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11353.77	11353.77								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Advocat Inc. Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6853.55	50144.43
(ii) Unitemized	208.13	14436.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7061.68	64581.06
(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)	7061.68	64581.06
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))	7061.68	64581.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7061.68	64581.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	57000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	58000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	58000.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7061.68	64581.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7061.68	64581.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Barry C. Bell		Date of Receipt
	Mailing Address 926 Garrett St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rainsville	AL	35986
	FEC ID number of contributing federal political committee. C		Transaction ID: A7FFDBEB808824F27B4D
Name of Employer Diversicare Management Services		Occupation AL/TN Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.50
		<input type="text"/> 972.00	

B.	Full Name (Last, First, Middle Initial) Barry C. Bell		Date of Receipt
	Mailing Address 926 Garrett St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rainsville	AL	35986
	FEC ID number of contributing federal political committee. C		Transaction ID: A983641FE378C4720825
Name of Employer Diversicare Management Services		Occupation AL/TN Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.50
		<input type="text"/> 1012.50	

C.	Full Name (Last, First, Middle Initial) Barry C. Bell		Date of Receipt
	Mailing Address 926 Garrett St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rainsville	AL	35986
	FEC ID number of contributing federal political committee. C		Transaction ID: A1CEBDBBB88D74EF5983
Name of Employer Diversicare Management Services		Occupation AL/TN Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.50
		<input type="text"/> 1053.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 121.50
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Bobbie Bice		Date of Receipt	
	Mailing Address 1310 Dove Ln		M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: A95184B7BFD5043C4A20
	Lockhart	TX	78644-2459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		29.72	
Name of Employer Diversicare Leasing Corporation		Occupation Nursing Admin Don-exempt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 709.98		

B.	Full Name (Last, First, Middle Initial) Bobbie Bice		Date of Receipt	
	Mailing Address 1310 Dove Ln		M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: A3B3E832D70184FE6816
	Lockhart	TX	78644-2459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		29.72	
Name of Employer Diversicare Leasing Corporation		Occupation Nursing Admin Don-exempt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 739.70		

C.	Full Name (Last, First, Middle Initial) Bobbie Bice		Date of Receipt	
	Mailing Address 1310 Dove Ln		M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: AD37355163A2646059FD
	Lockhart	TX	78644-2459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		29.72	
Name of Employer Diversicare Leasing Corporation		Occupation Nursing Admin Don-exempt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 769.42		

SUBTOTAL of Receipts This Page (optional)	▶	89.16
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 58
(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)
Belinda C. Boggess

Mailing Address PO Box 462

City State Zip Code
Erin TN 37061-0462

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Diversicare Leasing Corporation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
313.80

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: AD18EFACE2CBE4C5F925

Amount of Each Receipt this Period
26.15

B.

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

Mailing Address PO Box 462

City State Zip Code
Erin TN 37061-0462

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Diversicare Leasing Corporation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
339.95

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: A9AA1E123A2AC48A9AFF

Amount of Each Receipt this Period
26.15

C.

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

Mailing Address 1013 Steeplechase Drive

City State Zip Code
Brentwood TN 37027-7449

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

Name of Employer
Diversicare Management Services

Occupation
VP Financial Reporting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1157.65

Date of Receipt
MM / DD / YYYY
11 / 26 / 2010

Transaction ID: AB37592456F584B71A3F

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **102.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael P. Bonner	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 1013 Steeplechase Drive	Transaction ID: AEAFFE013DE9D34CFB924
	City State Zip Code Brentwood TN 37027-7449	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP Financial Reporting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1207.65	

B.	Full Name (Last, First, Middle Initial) Michael P. Bonner	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 1013 Steeplechase Drive	Transaction ID: A738D602D3AF740A6AFE
	City State Zip Code Brentwood TN 37027-7449	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP Financial Reporting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1257.65	

C.	Full Name (Last, First, Middle Initial) Judy A. Collins	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 118 Harness Lane	Transaction ID: ACD613A1FB2DE40EA964
	City State Zip Code Georgetown TX 78633	Amount of Each Receipt this Period 37.09
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Texas CQI Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 479.21	

SUBTOTAL of Receipts This Page (optional)	137.09
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Judy A. Collins		Date of Receipt
	Mailing Address 118 Harness Lane		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Georgetown	TX	78633
	FEC ID number of contributing federal political committee. C		Transaction ID: A87F5832E4E7A457685A
Name of Employer Diversicare Management Services		Occupation Texas CQI Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="37.09"/>
		<input type="text" value="516.30"/>	

B.	Full Name (Last, First, Middle Initial) Judy A. Collins		Date of Receipt
	Mailing Address 118 Harness Lane		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Georgetown	TX	78633
	FEC ID number of contributing federal political committee. C		Transaction ID: A2715DE0673484487997
Name of Employer Diversicare Management Services		Occupation Texas CQI Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="37.09"/>
		<input type="text" value="553.39"/>	

C.	Full Name (Last, First, Middle Initial) Beverly Cox		Date of Receipt
	Mailing Address 1017 Riverchase Road		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Huntsville	AL	35803-2327
	FEC ID number of contributing federal political committee. C		Transaction ID: A45392D757A8C4A93B0F
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="28.97"/>
		<input type="text" value="347.06"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="103.15"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 58
	<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) Beverly Cox		Date of Receipt
	Mailing Address 1017 Riverchase Road		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Huntsville	AL	35803-2327
	FEC ID number of contributing federal political committee. C		Transaction ID: A95E34687C6564068A92
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="376.03"/>	<input type="text" value="28.97"/>

B.	Full Name (Last, First, Middle Initial) Beverly Cox		Date of Receipt
	Mailing Address 1017 Riverchase Road		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Huntsville	AL	35803-2327
	FEC ID number of contributing federal political committee. C		Transaction ID: ACCE3818483F7454DA98
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="405.00"/>	<input type="text" value="28.97"/>

C.	Full Name (Last, First, Middle Initial) Kathi B. Duke		Date of Receipt
	Mailing Address 35 Barlow Road		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Equality	AL	36026
	FEC ID number of contributing federal political committee. C		Transaction ID: A8BAD793DEB344573A4E
Name of Employer Diversicare Management Services		Occupation Alabama CQI Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="487.11"/>	<input type="text" value="37.47"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="95.41"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 58
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 35 Barlow Road

City State Zip Code
Equality AL 36026

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
524.58

Date of Receipt: 12 / 10 / 2010
Transaction ID: A91D31A6DB2064290ACD
Amount of Each Receipt this Period: 37.47

B.

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

Mailing Address 35 Barlow Road

City State Zip Code
Equality AL 36026

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
562.05

Date of Receipt: 12 / 23 / 2010
Transaction ID: A49C8457365F54864AC8
Amount of Each Receipt this Period: 37.47

C.

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

Mailing Address 1206 Chilton

City State Zip Code
San Antonio TX 78251

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.64

Date of Receipt: 11 / 26 / 2010
Transaction ID: AD028222C1B45437DA78
Amount of Each Receipt this Period: 25.76

SUBTOTAL of Receipts This Page (optional) ► **100.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

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

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251

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

Name of Employer Diversicare Management Services
 Occupation Texas Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 636.40

Date of Receipt 12 / 10 / 2010
Transaction ID: A9B32BDA61D7E4336A23
 Amount of Each Receipt this Period 25.76

B.

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

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251

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

Name of Employer Diversicare Management Services
 Occupation Texas Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 662.16

Date of Receipt 12 / 23 / 2010
Transaction ID: ADFA50C4026E84F0D9F3
 Amount of Each Receipt this Period 25.76

C.

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

Mailing Address 25059 Us Hwy 80

City Opelika State AL Zip Code 36804

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

Name of Employer Diversicare Management Services
 Occupation AI Mds Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 487.10

Date of Receipt 11 / 26 / 2010
Transaction ID: A0541B98FE40240958A5
 Amount of Each Receipt this Period 25.76

SUBTOTAL of Receipts This Page (optional) ► 77.28

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
 Anne M. Freeman
 Mailing Address 25059 Us Hwy 80
 City State Zip Code
 Opelika AL 36804
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 0 / 2 0 1 0
Transaction ID: A26CEABBB87EB430BB2C
 Amount of Each Receipt this Period
 25.76
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services AI Mds Specialist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 512.86

B. Full Name (Last, First, Middle Initial)
 Anne M. Freeman
 Mailing Address 25059 Us Hwy 80
 City State Zip Code
 Opelika AL 36804
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 3 / 2 0 1 0
Transaction ID: A9E1ED2933B684EDB9DC
 Amount of Each Receipt this Period
 25.76
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services AI Mds Specialist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 538.62

C. Full Name (Last, First, Middle Initial)
 Danielle P. Galey
 Mailing Address 377 Hutchens Rd
 City State Zip Code
 Martin TN 38237-5377
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 6 / 2 0 1 0
Transaction ID: A173D86BA9AC048BCAB4
 Amount of Each Receipt this Period
 25.89
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Diversicare Leasing Corporation
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 643.87

SUBTOTAL of Receipts This Page (optional) ► 77.41
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 58
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 P. Galely

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 Diversicare Leasing Corporation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
669.76

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: A2A55C699872A4BB1A64

Amount of Each Receipt this Period
25.89

B.

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

Mailing Address 9480 Ashford Place

City State Zip Code
Brentwood TN 37027-8717

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

Name of Employer Occupation
Diversicare Management Services Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt
MM / DD / YYYY
11 / 26 / 2010

Transaction ID: AC4CDF5C64443434EAC6

Amount of Each Receipt this Period
115.38

C.

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

Mailing Address 9480 Ashford Place

City State Zip Code
Brentwood TN 37027-8717

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

Name of Employer Occupation
Diversicare Management Services Chief Operations Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1846.08

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: A8516C361B3AD4264982

Amount of Each Receipt this Period
115.38

SUBTOTAL of Receipts This Page (optional) ► **256.65**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 9480 Ashford Place

City State Zip Code
 Brentwood TN 37027-8717

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

Name of Employer Occupation
 Diversicare Management Services Chief Operations Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.46

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 3 / 2 0 1 0

Transaction ID: A5D2C0003A7FA40C48B6

Amount of Each Receipt this Period
 115.38

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

Mailing Address 554 Stevenson Rd

City State Zip Code
 Gurdon AR 71743-8847

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

Name of Employer Occupation
 Diversicare Leasing Corporation Diversicare Leasing Corporation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.40

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

Transaction ID: A3627B731120A4E049A4

Amount of Each Receipt this Period
 31.70

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

Mailing Address 554 Stevenson Rd

City State Zip Code
 Gurdon AR 71743-8847

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

Name of Employer Occupation
 Diversicare Leasing Corporation Diversicare Leasing Corporation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 412.10

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 1 0

Transaction ID: AFDF43DECBD504CEABD8

Amount of Each Receipt this Period
 31.70

SUBTOTAL of Receipts This Page (optional) ► **178.78**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 58
(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)
Joyce D. Griffith

Mailing Address PO Box 62

City Grayson State KY Zip Code 41143-0062

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

Name of Employer: Diversicare Management Services
Occupation: Kentucky Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 11 / 26 / 2010
Transaction ID: A2ACA6F39E0904D0AB22
Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Joyce D. Griffith

Mailing Address PO Box 62

City Grayson State KY Zip Code 41143-0062

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

Name of Employer: Diversicare Management Services
Occupation: Kentucky Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: A183630D955F84F209B1
Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
Joyce D. Griffith

Mailing Address PO Box 62

City Grayson State KY Zip Code 41143-0062

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

Name of Employer: Diversicare Management Services
Occupation: Kentucky Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 12 / 23 / 2010
Transaction ID: A0DFF806F8C0E43B085C
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 58
(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)
Inga F. Handley

Mailing Address 6151 Us Highway 278 E

City Gadsden State AL Zip Code 35903-7001

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

Name of Employer: Diversicare Leasing Corporation
Occupation: Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.59

Date of Receipt: 11 / 26 / 2010
Transaction ID: A7EB8B49EBF1146F48C9
 Amount of Each Receipt this Period: 29.42

B. Full Name (Last, First, Middle Initial)
Inga F. Handley

Mailing Address 6151 Us Highway 278 E

City Gadsden State AL Zip Code 35903-7001

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

Name of Employer: Diversicare Leasing Corporation
Occupation: Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 381.01

Date of Receipt: 12 / 10 / 2010
Transaction ID: A79D15110638D4D39B2C
 Amount of Each Receipt this Period: 29.42

C. Full Name (Last, First, Middle Initial)
Inga F. Handley

Mailing Address 6151 Us Highway 278 E

City Gadsden State AL Zip Code 35903-7001

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

Name of Employer: Diversicare Leasing Corporation
Occupation: Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.43

Date of Receipt: 12 / 23 / 2010
Transaction ID: A1B7FC37FBF094A2F849
 Amount of Each Receipt this Period: 29.42

SUBTOTAL of Receipts This Page (optional) ► 88.26

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Jennie J. Hassan		Date of Receipt MM / DD / YYYY 12 / 16 / 2010
Mailing Address 1037 Leonard Street		Transaction ID: A2480B73CF0A0497D909
City Camden	State AR	Zip Code 71701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.31
Name of Employer Diversicare Leasing Corp	Occupation Diversicare Leasing Corporation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 790.46	

B.

Full Name (Last, First, Middle Initial) Jennie J. Hassan		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address 1037 Leonard Street		Transaction ID: A86EE0528A69941EDB2D
City Camden	State AR	Zip Code 71701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.31
Name of Employer Diversicare Leasing Corp	Occupation Diversicare Leasing Corporation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.77	

C.

Full Name (Last, First, Middle Initial) Angela S. Hepler		Date of Receipt MM / DD / YYYY 11 / 26 / 2010
Mailing Address 3903 S E Military Dr		Transaction ID: A532B5F5358B64376A47
City San Antonio	State TX	Zip Code 78223-4085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.38
Name of Employer Diversicare Leasing Corporation	Occupation Nursing Admin Don-exempt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 484.56	

SUBTOTAL of Receipts This Page (optional)	▶	111.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 58
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Advocat Inc. Political Action Committee

A.

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

Mailing Address 3903 S E Military Dr

City San Antonio State TX Zip Code 78223-4085

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

Name of Employer: Diversicare Leasing Corporation
Occupation: Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 524.94

Date of Receipt: 12 / 10 / 2010
Transaction ID: A09EE45D312B84888964
Amount of Each Receipt this Period: 40.38

B.

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

Mailing Address 3903 S E Military Dr

City San Antonio State TX Zip Code 78223-4085

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

Name of Employer: Diversicare Leasing Corporation
Occupation: Nursing Admin Don-exempt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 565.32

Date of Receipt: 12 / 23 / 2010
Transaction ID: A690CA73954B44A0A8FE
Amount of Each Receipt this Period: 40.38

C.

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

Mailing Address 801 Brownstone Court

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer: Diversicare Management Services
Occupation: VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1593.84

Date of Receipt: 11 / 26 / 2010
Transaction ID: A83D5237BD0F14C7285E
Amount of Each Receipt this Period: 66.41

SUBTOTAL of Receipts This Page (optional) ► **147.17**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 58
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

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

Mailing Address 801 Brownstone Court

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer Diversicare Management Services Occupation VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1660.25

Date of Receipt 12 / 10 / 2010

Transaction ID: A065C1653A9F04C60843

Amount of Each Receipt this Period 66.41

B.

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

Mailing Address 801 Brownstone Court

City Nolensville State TN Zip Code 37135-9720

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

Name of Employer Diversicare Management Services Occupation VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1726.66

Date of Receipt 12 / 23 / 2010

Transaction ID: A8A014FC62B8B4F2C8ED

Amount of Each Receipt this Period 66.41

C.

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

Mailing Address 503 Northside Drive

City Enterprise State AL Zip Code 36330-1132

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

Name of Employer Diversicare Leasing Corporation Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 435.24

Date of Receipt 11 / 26 / 2010

Transaction ID: ADB3BAF88F88141FA991

Amount of Each Receipt this Period 36.27

SUBTOTAL of Receipts This Page (optional) ► 169.09

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 58
(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)
Les Hogan

Mailing Address 503 Northside Drive

City State Zip Code
Enterprise AL 36330-1132

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
471.51

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: A44539C98189749F488B

Amount of Each Receipt this Period
36.27

B.

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

Mailing Address 503 Northside Drive

City State Zip Code
Enterprise AL 36330-1132

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.78

Date of Receipt
MM / DD / YYYY
12 / 23 / 2010

Transaction ID: A67572ABA0C424CF7A36

Amount of Each Receipt this Period
36.27

C.

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

Mailing Address 4527 Se Hwy 70

City State Zip Code
Arcadia FL 34266

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
719.72

Date of Receipt
MM / DD / YYYY
11 / 26 / 2010

Transaction ID: A013A02AF10654325B0A

Amount of Each Receipt this Period
30.41

SUBTOTAL of Receipts This Page (optional) ► **102.95**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 58
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.13

Date of Receipt: 12 / 10 / 2010
Transaction ID: A3D7A386FF49A40F98CC

Amount of Each Receipt this Period: 30.41

B.

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.54

Date of Receipt: 12 / 23 / 2010
Transaction ID: AB570A627C51A46BDBF6

Amount of Each Receipt this Period: 30.41

C.

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

Mailing Address 440 Tinnan Avenue

City Franklin State TN Zip Code 37067-2671

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt: 11 / 26 / 2010
Transaction ID: AB8CCE04C09304F4AB1D

Amount of Each Receipt this Period: 192.30

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 58
(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)
William D. Houghton

Mailing Address 440 Tinnan Avenue

City Franklin State TN Zip Code 37067-2671

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

Name of Employer Diversicare Management Services Occupation VP of IT Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 12 / 10 / 2010
Transaction ID: A7B2AEC7AF64E4D288E2

Amount of Each Receipt this Period 192.30

B.

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

Mailing Address 440 Tinnan Avenue

City Franklin State TN Zip Code 37067-2671

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

Name of Employer Diversicare Management Services Occupation VP of IT Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 12 / 23 / 2010
Transaction ID: AD7CDEFA649334ED5BF5

Amount of Each Receipt this Period 192.30

C.

Full Name (Last, First, Middle Initial)
Robin Jones

Mailing Address 4674 Riverbend Road

City Trussville State AL Zip Code 35173-3506

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

Name of Employer Diversicare Management Services Occupation AI & Tn Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1473.02

Date of Receipt 11 / 26 / 2010
Transaction ID: A138E1A9929144406A9A

Amount of Each Receipt this Period 62.38

SUBTOTAL of Receipts This Page (optional) ► **446.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 58
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Robin Jones

Mailing Address 4674 Riverbend Road

City Trussville State AL Zip Code 35173-3506

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

Name of Employer: Diversicare Management Services
Occupation: AI & Tn Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1535.40

Date of Receipt: 12 / 10 / 2010
Transaction ID: A269ABC2662D6420E954
Amount of Each Receipt this Period: 62.38

B.

Full Name (Last, First, Middle Initial)
Robin Jones

Mailing Address 4674 Riverbend Road

City Trussville State AL Zip Code 35173-3506

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

Name of Employer: Diversicare Management Services
Occupation: AI & Tn Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1597.78

Date of Receipt: 12 / 23 / 2010
Transaction ID: A1D87A9FF492C484A90F
Amount of Each Receipt this Period: 62.38

C.

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

Mailing Address 1515 Henderson Road

City Malvern State AR Zip Code 72104-7950

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

Name of Employer: Diversicare Management Services
Occupation: Arkansas Maintinence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 317.16

Date of Receipt: 11 / 26 / 2010
Transaction ID: A6A3A571355CD4844BCA
Amount of Each Receipt this Period: 14.84

SUBTOTAL of Receipts This Page (optional) ► **139.60**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 58
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 1515 Henderson Road

City Malvern State AR Zip Code 72104-7950

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

Name of Employer Diversicare Management Services Occupation Arkansas Maintenance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 332.00

Date of Receipt 12 / 10 / 2010
Transaction ID: A12B5C21716D14427B68
 Amount of Each Receipt this Period 14.84

B.

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

Mailing Address 1515 Henderson Road

City Malvern State AR Zip Code 72104-7950

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

Name of Employer Diversicare Management Services Occupation Arkansas Maintenance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.84

Date of Receipt 12 / 23 / 2010
Transaction ID: AD4B5FE53AAEA4017898
 Amount of Each Receipt this Period 14.84

C.

Full Name (Last, First, Middle Initial)
Thomas Killingsworth

Mailing Address 2667 Vista Del Arroyo

City San Angelo State TX Zip Code 76904-6212

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

Name of Employer Diversicare Leasing Corporation Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 392.28

Date of Receipt 11 / 26 / 2010
Transaction ID: A65E7F30C61AD4E1383E
 Amount of Each Receipt this Period 32.69

SUBTOTAL of Receipts This Page (optional) ► **62.37**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 58
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Thomas Killingsworth

Mailing Address 2667 Vista Del Arroyo

City San Angelo State TX Zip Code 76904-6212

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

Name of Employer Diversicare Leasing Corporation Occupation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 424.97

Date of Receipt 12 / 10 / 2010

Transaction ID: AD42332F1DAAC4D9CA3A

Amount of Each Receipt this Period 32.69

B.

Full Name (Last, First, Middle Initial)
Thomas Killingsworth

Mailing Address 2667 Vista Del Arroyo

City San Angelo State TX Zip Code 76904-6212

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

Name of Employer Diversicare Leasing Corporation Occupation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 457.66

Date of Receipt 12 / 23 / 2010

Transaction ID: A6D9FF5BFA6D047FAB1B

Amount of Each Receipt this Period 32.69

C.

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

Mailing Address 10880 Gallia Pike

City Wheelersburg State OH Zip Code 45694

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

Name of Employer Diversicare Leasing Corp Occupation Diversicare Leasing Corporation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 928.33

Date of Receipt 12 / 16 / 2010

Transaction ID: AC8240CC7883C4958BB5

Amount of Each Receipt this Period 37.64

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 58
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Randi M. Kiphen	Date of Receipt
	Mailing Address 10880 Gallia Pike	<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City State Zip Code Wheelersburg OH 45694	Transaction ID: AB61DC3D52BD94CE8948
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="37.64"/>
	Name of Employer Occupation Diversicare Leasing Corp Diversicare Leasing Corporation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="965.97"/>	

B.	Full Name (Last, First, Middle Initial) Steven F. Levato	Date of Receipt
	Mailing Address 306 Cliftwood Loop	<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City State Zip Code Hot Springs AR 71901	Transaction ID: A24417F958FEA40FEB9A
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="35.86"/>
	Name of Employer Occupation Diversicare Leasing Corp Diversicare Leasing Corporation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="882.43"/>	

C.	Full Name (Last, First, Middle Initial) Steven F. Levato	Date of Receipt
	Mailing Address 306 Cliftwood Loop	<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City State Zip Code Hot Springs AR 71901	Transaction ID: A9CB31A9CBBA244118EE
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="35.86"/>
	Name of Employer Occupation Diversicare Leasing Corp Diversicare Leasing Corporation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="918.29"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="109.36"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 58
(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)
Lorey S. Lowe

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Services Kentucky Cqi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.25

Date of Receipt
MM / DD / YYYY
11 / 26 / 2010

Transaction ID: A9B9F1887DAFF473EA61

Amount of Each Receipt this Period
35.14

B.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Services Kentucky Cqi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.39

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: AC1BAB444C2294BF8B7C

Amount of Each Receipt this Period
35.14

C.

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

Mailing Address P O Box 1813

City State Zip Code
Olive Hill KY 41164-1813

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

Name of Employer Occupation
Diversicare Management Services Kentucky Cqi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 910.53

Date of Receipt
MM / DD / YYYY
12 / 23 / 2010

Transaction ID: A4F3CDC1C384546E4BD2

Amount of Each Receipt this Period
35.14

SUBTOTAL of Receipts This Page (optional) ► **105.42**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jo L. Lutz		Date of Receipt MM / DD / YYYY 11 / 26 / 2010		
	Mailing Address 609 Muirfield Road		Transaction ID: A4762EFBA22F24438B63		
	City Keller	State TX	Zip Code 76248-8283	Amount of Each Receipt this Period 31.38	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services	Occupation Texas Marketing Director	Aggregate Year-to-Date 1212.54		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Jo L. Lutz		Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 609 Muirfield Road		Transaction ID: A72A73D1DE74544DF9B7		
	City Keller	State TX	Zip Code 76248-8283	Amount of Each Receipt this Period 31.38	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services	Occupation Texas Marketing Director	Aggregate Year-to-Date 1243.92		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Jo L. Lutz		Date of Receipt MM / DD / YYYY 12 / 23 / 2010		
	Mailing Address 609 Muirfield Road		Transaction ID: AF95021E013C24F88BB5		
	City Keller	State TX	Zip Code 76248-8283	Amount of Each Receipt this Period 31.38	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services	Occupation Texas Marketing Director	Aggregate Year-to-Date 1275.30		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	94.14
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 58
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069

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

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.56

Date of Receipt 11 / 26 / 2010
Transaction ID: A757B91A80AB9447D9A7

Amount of Each Receipt this Period 57.69

B.

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

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069

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

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 12 / 10 / 2010
Transaction ID: AD00D22B0D636481EAC1

Amount of Each Receipt this Period 57.69

C.

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

Mailing Address 149 Riverwood Drive

City Franklin State TN Zip Code 37069

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

Name of Employer Diversicare Management Services Occupation VP Purchasing & Property

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 23 / 2010
Transaction ID: A8799764A982E493E8BB

Amount of Each Receipt this Period 57.69

SUBTOTAL of Receipts This Page (optional) ► **173.07**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 58 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Lisa A. Martens Mailing Address 1339 Buckingham Circle City State Zip Code Franklin TN 37064-5420 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 1 0 Transaction ID: A04AE0F24D0F54D0EACA Amount of Each Receipt this Period 56.92
Name of Employer Diversicare Management Services Occupation VP Quality Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1366.08

B. Full Name (Last, First, Middle Initial) Lisa A. Martens Mailing Address 1339 Buckingham Circle City State Zip Code Franklin TN 37064-5420 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 1 0 Transaction ID: AD13DA32000D44B52A82 Amount of Each Receipt this Period 56.92
Name of Employer Diversicare Management Services Occupation VP Quality Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1423.00

C. Full Name (Last, First, Middle Initial) Lisa A. Martens Mailing Address 1339 Buckingham Circle City State Zip Code Franklin TN 37064-5420 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 1 0 Transaction ID: A6F9BA7A2E3484C2F9A4 Amount of Each Receipt this Period 56.92
Name of Employer Diversicare Management Services Occupation VP Quality Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1479.92

SUBTOTAL of Receipts This Page (optional) ▶	170.76
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 33 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robbie Martini
Mailing Address 2095 Jane Lane
City Gadsden State AL Zip Code 35907-7228
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corporation Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 427.92
Date of Receipt 11 / 26 / 2010
Transaction ID: A60ED1B955D1E47DDBB8
Amount of Each Receipt this Period 35.66

B. Full Name (Last, First, Middle Initial)
Robbie Martini
Mailing Address 2095 Jane Lane
City Gadsden State AL Zip Code 35907-7228
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corporation Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 463.58
Date of Receipt 12 / 10 / 2010
Transaction ID: ADB290D06C5FF40F1A92
Amount of Each Receipt this Period 35.66

C. Full Name (Last, First, Middle Initial)
Robbie Martini
Mailing Address 2095 Jane Lane
City Gadsden State AL Zip Code 35907-7228
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corporation Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.24
Date of Receipt 12 / 23 / 2010
Transaction ID: A7CA76B3DF15E42ECAA7
Amount of Each Receipt this Period 35.66

SUBTOTAL of Receipts This Page (optional) ► 106.98
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 58
	<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)
Christina McClung

Mailing Address Po Box 476

City Mammoth Spring State AR Zip Code 72554-0476

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

Name of Employer Diversicare Leasing Corp Occupation Diversicare Leasing Corporation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.97

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 6 / 2 0 1 0
Transaction ID: A963A13E32B584591B22
 Amount of Each Receipt this Period 10.40

B.

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

Mailing Address Po Box 476

City Mammoth Spring State AR Zip Code 72554-0476

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

Name of Employer Diversicare Leasing Corp Occupation Diversicare Leasing Corporation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.37

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 1 0
Transaction ID: AF3487198B792441B816
 Amount of Each Receipt this Period 10.40

C.

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

Mailing Address 3728 State Route 3

City Catlettsburg State KY Zip Code 41129

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

Name of Employer Diversicare Management Services Occupation Kentucky Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1473.60

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 6 / 2 0 1 0
Transaction ID: A984EA12C24A5412BBCA
 Amount of Each Receipt this Period 62.40

SUBTOTAL of Receipts This Page (optional) ► 83.20

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 58
	<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) Wanda C. Meade		Date of Receipt
	Mailing Address 3728 State Route 3		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Catlettsburg	KY	41129
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Management Services		Occupation Kentucky Rvp	Transaction ID: AFA22948D18924A758C6
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1536.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="62.40"/>

B.	Full Name (Last, First, Middle Initial) Wanda C. Meade		Date of Receipt
	Mailing Address 3728 State Route 3		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Catlettsburg	KY	41129
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Management Services		Occupation Kentucky Rvp	Transaction ID: AAE344B733AE34074878
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1598.40"/>	
		Amount of Each Receipt this Period	<input type="text" value="62.40"/>

C.	Full Name (Last, First, Middle Initial) Kelli K. Montelongo		Date of Receipt
	Mailing Address 421 Big Timber Drive		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Temple	TX	76502
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Diversicare Management Services		Occupation Texas Reboc	Transaction ID: A5F835585E4E248BFAA6
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="562.53"/>	
		Amount of Each Receipt this Period	<input type="text" value="25.21"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="150.01"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 58

(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)
Kelli K. Montelongo

Mailing Address 421 Big Timber Drive

City State Zip Code
Temple TX 76502

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

Name of Employer Occupation
Diversicare Management Services Texas Reboc

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 587.74

Date of Receipt

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

Transaction ID: A0A66C8535D4A43D9B13

Amount of Each Receipt this Period

25.21

B.

Full Name (Last, First, Middle Initial)
Kelli K. Montelongo

Mailing Address 421 Big Timber Drive

City State Zip Code
Temple TX 76502

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

Name of Employer Occupation
Diversicare Management Services Texas Reboc

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 612.95

Date of Receipt

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

Transaction ID: A230AD2F742CA48D2969

Amount of Each Receipt this Period

25.21

C.

Full Name (Last, First, Middle Initial)
Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960

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

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 817.46

Date of Receipt

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

Transaction ID: A12E742D7AF3A4F10AD6

Amount of Each Receipt this Period

34.50

SUBTOTAL of Receipts This Page (optional) ▶

84.92

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 58
(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)
Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960

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

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 851.96

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

Transaction ID: A317D4E82CA3D4FC997A

Amount of Each Receipt this Period
34.50

B.

Full Name (Last, First, Middle Initial)
Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960

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

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 886.46

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 1 0

Transaction ID: AB4A52CB9E64C415F9FD

Amount of Each Receipt this Period
34.50

C.

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

Mailing Address 901 Camellia Road

City State Zip Code
Oneonta AL 35121

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

Name of Employer Occupation
Diversicare Management Services DMS Training Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 661.92

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

Transaction ID: A8F55C39697B24CB0A0A

Amount of Each Receipt this Period
27.58

SUBTOTAL of Receipts This Page (optional) ► **96.58**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 58
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

A.

Full Name (Last, First, Middle Initial) Treieva Oakley		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 901 Camellia Road		Transaction ID: A0266855B8493405C8FA
City Oneonta	State Zip Code AL 35121	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.58
Name of Employer Diversicare Management Services	Occupation DMS Training Coordinator	Aggregate Year-to-Date ▼ 689.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Treieva Oakley		Date of Receipt MM / DD / YYYY 12 / 23 / 2010
Mailing Address 901 Camellia Road		Transaction ID: A9D1A85F62C034319808
City Oneonta	State Zip Code AL 35121	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 27.58
Name of Employer Diversicare Management Services	Occupation DMS Training Coordinator	Aggregate Year-to-Date ▼ 717.08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Amenda M. Palacio		Date of Receipt MM / DD / YYYY 11 / 26 / 2010
Mailing Address 300 Highland Ridge Dr.		Transaction ID: A4397B94A147441D7BB9
City Wylie	State Zip Code TX 75098	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.00
Name of Employer Diversicare Management Services	Occupation Texas Case Manager	Aggregate Year-to-Date ▼ 338.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	81.16
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 300 Highland Ridge Dr.

City State Zip Code
 Wylie TX 75098

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

Name of Employer: Diversicare Management Services
 Occupation: Texas Case Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 364.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: A7B0729B91DA3489CA32
 Amount of Each Receipt this Period: 26.00

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

Mailing Address 300 Highland Ridge Dr.

City State Zip Code
 Wylie TX 75098

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

Name of Employer: Diversicare Management Services
 Occupation: Texas Case Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt: 12 / 23 / 2010
Transaction ID: A4A6A5ADBAFFA4B6789D
 Amount of Each Receipt this Period: 26.00

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

Mailing Address 310 Welchwood

City State Zip Code
 Clarksville TN 37040-6739

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

Name of Employer: Diversicare Leasing Corp
 Occupation: Diversicare Leasing Corporation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 351.81

Date of Receipt: 12 / 16 / 2010
Transaction ID: A9ED7EFAD695147BBB6D
 Amount of Each Receipt this Period: 14.35

SUBTOTAL of Receipts This Page (optional) ► **66.35**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 58
(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)
Diane K. Patterson

Mailing Address 310 Welchwood

City State Zip Code
Clarksville TN 37040-6739

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

Name of Employer Occupation
Diversicare Leasing Corp Diversicare Leasing Corporation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 366.16

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: A33B152C01A484208BC5

Amount of Each Receipt this Period
14.35

B.

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

Mailing Address 6500 Walden Run Circle #611

City State Zip Code
Huntsville AL 35806

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 303.96

Date of Receipt
MM / DD / YYYY
11 / 26 / 2010

Transaction ID: A1DE42403987040568EA

Amount of Each Receipt this Period
25.33

C.

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

Mailing Address 6500 Walden Run Circle #611

City State Zip Code
Huntsville AL 35806

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 329.29

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: A08E7CF0D64EA4249B7B

Amount of Each Receipt this Period
25.33

SUBTOTAL of Receipts This Page (optional) ▶ **65.01**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 58

(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)
Lorri Pugh

Mailing Address 6500 Walden Run Circle #611

City State Zip Code
Huntsville AL 35806

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 354.62

Date of Receipt

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

Transaction ID: AB0ACA6341F3A4E1695A

Amount of Each Receipt this Period
25.33

B.

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

Mailing Address 7147 Riverfront Drive

City State Zip Code
Nashville TN 37221-6585

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

Name of Employer Occupation
Diversicare Management Services VP of Risk Management

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1081.44

Date of Receipt

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

Transaction ID: A65F7B06D2EC74D6E8B7

Amount of Each Receipt this Period
45.06

C.

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

Mailing Address 7147 Riverfront Drive

City State Zip Code
Nashville TN 37221-6585

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

Name of Employer Occupation
Diversicare Management Services VP of Risk Management

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1126.50

Date of Receipt

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

Transaction ID: A200A0F6102A94FC9AD0

Amount of Each Receipt this Period
45.06

SUBTOTAL of Receipts This Page (optional) ▶

115.45

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 58
	<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		Date of Receipt
	Mailing Address 7147 Riverfront Drive		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Nashville	TN	37221-6585
	FEC ID number of contributing federal political committee. C		Transaction ID: A876490459FEA44219C8
Name of Employer Diversicare Management Services		Occupation VP of Risk Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="45.06"/>
		<input type="text" value="1171.56"/>	

B.	Full Name (Last, First, Middle Initial) Louis G. Riddle		Date of Receipt
	Mailing Address 1203 Signature Court		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Franklin	TN	37064-9663
	FEC ID number of contributing federal political committee. C		Transaction ID: AB2DC27AF435A41BE84E
Name of Employer Diversicare Management Services		Occupation CFO,EVP, Secretary	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="192.30"/>
		<input type="text" value="4615.20"/>	

C.	Full Name (Last, First, Middle Initial) Louis G. Riddle		Date of Receipt
	Mailing Address 1203 Signature Court		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Franklin	TN	37064-9663
	FEC ID number of contributing federal political committee. C		Transaction ID: A7B1A057420BD4407A33
Name of Employer Diversicare Management Services		Occupation CFO,EVP, Secretary	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="192.30"/>
		<input type="text" value="4807.50"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="429.66"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 58
	<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) Louis G. Riddle	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 1203 Signature Court	Transaction ID: AAC1806FBA8CB448880C
	City State Zip Code Franklin TN 37064-9663	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation CFO,EVP, Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80	

B.	Full Name (Last, First, Middle Initial) Larry Roberson	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 805 Merritt Drive	Transaction ID: A05769D41577F47D3A74
	City State Zip Code Lockhart TX 78644	Amount of Each Receipt this Period 30.51
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 728.94	

C.	Full Name (Last, First, Middle Initial) Larry Roberson	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 805 Merritt Drive	Transaction ID: AD9F7A699B44D45FC843
	City State Zip Code Lockhart TX 78644	Amount of Each Receipt this Period 30.51
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 759.45	

SUBTOTAL of Receipts This Page (optional)	253.32
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Larry Roberson	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 805 Merritt Drive	Transaction ID: A329920F8E1DB457C83D
	City State Zip Code Lockhart TX 78644	Amount of Each Receipt this Period 30.51
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 789.96	

B.	Full Name (Last, First, Middle Initial) Jessica M. Robison	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address P O Box 991	Transaction ID: A7702669C41474A2A9D6
	City State Zip Code Cabot AR 72023-0991	Amount of Each Receipt this Period 13.33
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation Arkansas MDS Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.38	

C.	Full Name (Last, First, Middle Initial) Jessica M. Robison	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address P O Box 991	Transaction ID: A69A67C512C414346A06
	City State Zip Code Cabot AR 72023-0991	Amount of Each Receipt this Period 13.33
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation Arkansas MDS Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 331.71	

SUBTOTAL of Receipts This Page (optional)	57.17
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 58
(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)
Jessica M. Robison

Mailing Address P O Box 991

City Cabot State AR Zip Code 72023-0991

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

Name of Employer Diversicare Management Services Occupation Arkansas MDS Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.04

Date of Receipt: 12 / 23 / 2010
Transaction ID: A89427115BB134F58B85
Amount of Each Receipt this Period: 13.33

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

Mailing Address 108 Clearlake Drive East

City Nashville State TN Zip Code 37217

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 468.36

Date of Receipt: 11 / 26 / 2010
Transaction ID: A34CB668757ED4382B99
Amount of Each Receipt this Period: 36.27

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

Mailing Address 108 Clearlake Drive East

City Nashville State TN Zip Code 37217

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.63

Date of Receipt: 12 / 10 / 2010
Transaction ID: A2750E74E5A494F41910
Amount of Each Receipt this Period: 36.27

SUBTOTAL of Receipts This Page (optional) ► **85.87**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 58
(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)
Susan E. Shires

Mailing Address 108 Clearlake Drive East

City Nashville State TN Zip Code 37217

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.90

Date of Receipt: 12 / 23 / 2010
Transaction ID: A945E09F0948E4D9DA37
 Amount of Each Receipt this Period: 36.27

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

Mailing Address 4909 Walnut Hills Drive

City Louisville State KY Zip Code 40299

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

Name of Employer: Diversicare Management Services
Occupation: Regional Hr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.39

Date of Receipt: 11 / 26 / 2010
Transaction ID: ADEC41EE027144855937
 Amount of Each Receipt this Period: 43.50

C. Full Name (Last, First, Middle Initial)
Kenneth K. Smith

Mailing Address 4909 Walnut Hills Drive

City Louisville State KY Zip Code 40299

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

Name of Employer: Diversicare Management Services
Occupation: Regional Hr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1078.89

Date of Receipt: 12 / 10 / 2010
Transaction ID: A5318C60E281748E9B37
 Amount of Each Receipt this Period: 43.50

SUBTOTAL of Receipts This Page (optional) ► 123.27

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 58
(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)
Kenneth K. Smith

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299

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

Name of Employer Occupation
Diversicare Management Services Regional Hr Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1122.39

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 1 0

Transaction ID: A929A363AF81D457FB64

Amount of Each Receipt this Period
43.50

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

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

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

Name of Employer Occupation
Diversicare Leasing Corp Diversicare Leasing Corporation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 771.75

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

Transaction ID: A5CEC72D3674140D885B

Amount of Each Receipt this Period
31.05

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

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

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

Name of Employer Occupation
Diversicare Leasing Corp Diversicare Leasing Corporation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 802.80

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: A523165B780BC4E27ABE

Amount of Each Receipt this Period
31.05

SUBTOTAL of Receipts This Page (optional) ► **105.60**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 58
(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)
Howard K. Stone

Mailing Address 3055 Smith Springs Road

City State Zip Code
Antioch TN 37013

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.03

Date of Receipt
MM / DD / YYYY
11 / 26 / 2010

Transaction ID: A55CCDCC261D54639918

Amount of Each Receipt this Period
42.31

B.

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

Mailing Address 3055 Smith Springs Road

City State Zip Code
Antioch TN 37013

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
592.34

Date of Receipt
MM / DD / YYYY
12 / 10 / 2010

Transaction ID: AA638DF1FFE974F579CA

Amount of Each Receipt this Period
42.31

C.

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

Mailing Address 3055 Smith Springs Road

City State Zip Code
Antioch TN 37013

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
634.65

Date of Receipt
MM / DD / YYYY
12 / 23 / 2010

Transaction ID: A5078E64154864480973

Amount of Each Receipt this Period
42.31

SUBTOTAL of Receipts This Page (optional) ► **126.93**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 58
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Kathie Sullivan		Date of Receipt
	Mailing Address 2469 AR 115		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Smithville	AR	72466
	FEC ID number of contributing federal political committee. C		Transaction ID: AE8F1BDAE970C43C3985
Name of Employer Diversicare Management Services		Occupation Arkansas Cqi Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="740.50"/>	<input type="text" value="31.33"/>

B.	Full Name (Last, First, Middle Initial) Kathie Sullivan		Date of Receipt
	Mailing Address 2469 AR 115		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Smithville	AR	72466
	FEC ID number of contributing federal political committee. C		Transaction ID: A4FC318F178B54902AE2
Name of Employer Diversicare Management Services		Occupation Arkansas Cqi Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="771.83"/>	<input type="text" value="31.33"/>

C.	Full Name (Last, First, Middle Initial) Kathie Sullivan		Date of Receipt
	Mailing Address 2469 AR 115		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Smithville	AR	72466
	FEC ID number of contributing federal political committee. C		Transaction ID: A4ABE0D6C94C949ACBA9
Name of Employer Diversicare Management Services		Occupation Arkansas Cqi Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="803.16"/>	<input type="text" value="31.33"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="93.99"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 58

(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)
Perry W. Tidwell

Mailing Address PO Box 117
123 Green Street

City State Zip Code
Delaplaine AR 72425

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

Name of Employer Occupation
Diversicare Leasing Corporation
Diversicare Leasing Corporation

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
379.76

Date of Receipt

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

Transaction ID: A9935090A0AA54C70A0A

Amount of Each Receipt this Period

31.70

B.

Full Name (Last, First, Middle Initial)
Perry W. Tidwell

Mailing Address PO Box 117
123 Green Street

City State Zip Code
Delaplaine AR 72425

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

Name of Employer Occupation
Diversicare Leasing Corporation
Diversicare Leasing Corporation

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
411.46

Date of Receipt

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

Transaction ID: ADB3C26CA628B47B592D

Amount of Each Receipt this Period

31.70

C.

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

Mailing Address 16701 Richloam Lane

City State Zip Code
Spring Hill FL 34610

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

Name of Employer Occupation
Advocat
Rai Director

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
941.67

Date of Receipt

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

Transaction ID: AAF76A2691BC24E8A9B5

Amount of Each Receipt this Period

39.98

SUBTOTAL of Receipts This Page (optional)

103.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
E Kim Tirronen
Mailing Address 16701 Richloam Lane
City Spring Hill State FL Zip Code 34610
FEC ID number of contributing federal political committee. **C**
Name of Employer Advocat Occupation Rai Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 981.65
Date of Receipt 12 / 10 / 2010
Transaction ID: AFF47DE333EFA4C79B8E
Amount of Each Receipt this Period 39.98

B. Full Name (Last, First, Middle Initial)
E Kim Tirronen
Mailing Address 16701 Richloam Lane
City Spring Hill State FL Zip Code 34610
FEC ID number of contributing federal political committee. **C**
Name of Employer Advocat Occupation Rai Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1021.63
Date of Receipt 12 / 23 / 2010
Transaction ID: AE ECB7D37E9BC4B88A2E
Amount of Each Receipt this Period 39.98

C. Full Name (Last, First, Middle Initial)
James C. Tow
Mailing Address 5934 Spruce Forest Drive
City Houston State TX Zip Code 77092-2344
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Management Services Occupation Texas Marketing Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00
Date of Receipt 11 / 26 / 2010
Transaction ID: A0494EF81EC154BA8A91
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 104.96
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 58

(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) James C. Tow		Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 5934 Spruce Forest Drive		Transaction ID: A258AB0C1FE434137A64		
	City Houston	State TX	Zip Code 77092-2344	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation Texas Marketing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

B.	Full Name (Last, First, Middle Initial) James C. Tow		Date of Receipt MM / DD / YYYY 12 / 23 / 2010		
	Mailing Address 5934 Spruce Forest Drive		Transaction ID: AEC29911E135C42C89C9		
	City Houston	State TX	Zip Code 77092-2344	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services		Occupation Texas Marketing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

C.	Full Name (Last, First, Middle Initial) Mark Tschudy		Date of Receipt MM / DD / YYYY 11 / 26 / 2010		
	Mailing Address 28219 Madelin Manor Lane		Transaction ID: A81C416DD65B24B04AEE		
	City Spring	State TX	Zip Code 77386-3087	Amount of Each Receipt this Period 45.08	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1063.77			

SUBTOTAL of Receipts This Page (optional) ► 95.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
 Mark Tschudy
 Mailing Address 28219 Madelin Manor Lane
 City State Zip Code
 Spring TX 77386-3087
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 0 / 2 0 1 0
Transaction ID: ADD50412BC6014602878
 Amount of Each Receipt this Period
 45.08
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corpo- Admin Administrator-exemp
 ration
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1108.85

B. Full Name (Last, First, Middle Initial)
 Mark Tschudy
 Mailing Address 28219 Madelin Manor Lane
 City State Zip Code
 Spring TX 77386-3087
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 3 / 2 0 1 0
Transaction ID: A56EA416481A044C5954
 Amount of Each Receipt this Period
 45.08
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corpo- Admin Administrator-exemp
 ration
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1153.93

C. Full Name (Last, First, Middle Initial)
 Molly K. Walker
 Mailing Address 16 Buttercup Coved
 City State Zip Code
 Cabot AR 72023
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 6 / 2 0 1 0
Transaction ID: A80B1811336884947A8E
 Amount of Each Receipt this Period
 26.92
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Se- Director, AR
 rvices
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 646.08

SUBTOTAL of Receipts This Page (optional) ► 117.08
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Molly K. Walker		Date of Receipt
	Mailing Address 16 Buttercup Coved		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Cabot	AR	72023
	FEC ID number of contributing federal political committee. C		Transaction ID: A0B5C058526C04BE785B
Name of Employer Diversicare Management Services		Occupation Director, AR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 673.00	<input type="text"/> 26.92

B.	Full Name (Last, First, Middle Initial) Molly K. Walker		Date of Receipt
	Mailing Address 16 Buttercup Coved		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Cabot	AR	72023
	FEC ID number of contributing federal political committee. C		Transaction ID: AD8BD07B64D704E099DA
Name of Employer Diversicare Management Services		Occupation Director, AR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 699.92	<input type="text"/> 26.92

C.	Full Name (Last, First, Middle Initial) Roger J. Walls		Date of Receipt
	Mailing Address 811 Nance Ford Road, SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Hartselle	AL	35640-3707
	FEC ID number of contributing federal political committee. C		Transaction ID: ABD02B7B4D06C488CAED
Name of Employer Diversicare Management Services		Occupation AI Reboc	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 459.53	<input type="text"/> 28.97

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 82.81
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Roger J. Walls	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 811 Nance Ford Road, SW	Transaction ID: A9A017F15EA494B84995
	City State Zip Code Hartselle AL 35640-3707	Amount of Each Receipt this Period 28.97
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: AI Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 488.50	

B.	Full Name (Last, First, Middle Initial) Roger J. Walls	Date of Receipt MM / DD / YYYY 12 / 23 / 2010
	Mailing Address 811 Nance Ford Road, SW	Transaction ID: AC8F469C8CEF048A2866
	City State Zip Code Hartselle AL 35640-3707	Amount of Each Receipt this Period 28.97
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: AI Reboc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 517.47	

C.	Full Name (Last, First, Middle Initial) Ken Watson	Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 3118 Eagle Ridge Way	Transaction ID: A7F8A8F8252794167BEE
	City State Zip Code Houston TX 77084-5500	Amount of Each Receipt this Period 36.26
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Leasing Corporation Occupation: Admin Administrator-exemp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 432.60	

SUBTOTAL of Receipts This Page (optional)	▶	94.20
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ken Watson		Date of Receipt
	Mailing Address 3118 Eagle Ridge Way		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Houston	TX	77084-5500
	FEC ID number of contributing federal political committee. C		Transaction ID: A96CF3E03C52147388CA
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="36.26"/>
		<input type="text" value="468.86"/>	

B.	Full Name (Last, First, Middle Initial) Ken Watson		Date of Receipt
	Mailing Address 3118 Eagle Ridge Way		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Houston	TX	77084-5500
	FEC ID number of contributing federal political committee. C		Transaction ID: AD859CB49AA4C4829AD0
Name of Employer Diversicare Leasing Corporation		Occupation Admin Administrator-exemp	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="36.26"/>
		<input type="text" value="505.12"/>	

C.	Full Name (Last, First, Middle Initial) Matthew J. Weishaar		Date of Receipt
	Mailing Address 376 Sandcastle Road		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Franklin	TN	37069-7186
	FEC ID number of contributing federal political committee. C		Transaction ID: AD304C13B9CE54395952
Name of Employer Diversicare Management Services		Occupation VP Finance & Controller	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="54.55"/>
		<input type="text" value="1309.20"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="127.07"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
 Matthew J. Weishaar

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

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

Name of Employer: Diversicare Management Services
 Occupation: VP Finance & Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1363.75

Date of Receipt: 12 / 10 / 2010
Transaction ID: A92FDFA22C3CF485AB90
 Amount of Each Receipt this Period: 54.55

B. Full Name (Last, First, Middle Initial)
 Matthew J. Weishaar

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

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

Name of Employer: Diversicare Management Services
 Occupation: VP Finance & Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1418.30

Date of Receipt: 12 / 23 / 2010
Transaction ID: ACADD32EDCA0446E6A98
 Amount of Each Receipt this Period: 54.55

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

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104

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

Name of Employer: Diversicare Leasing Corp
 Occupation: Diversicare Leasing Corporation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.19

Date of Receipt: 12 / 16 / 2010
Transaction ID: A69F798ACD5C348E9A8B
 Amount of Each Receipt this Period: 29.72

SUBTOTAL of Receipts This Page (optional) ► **138.82**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104

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

Name of Employer Diversicare Leasing Corp Occupation Diversicare Leasing Corporation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 759.91

Date of Receipt 12 / 30 / 2010

Transaction ID: A4DBD9BAFC34B4F52952

Amount of Each Receipt this Period 29.72

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

Mailing Address 7863 Hwy 828

City Louisa State KY Zip Code 41230-5525

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

Name of Employer Diversicare Leasing Corp Occupation Diversicare Leasing Corporation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 845.07

Date of Receipt 12 / 16 / 2010

Transaction ID: ACF14BC5762CC4A23BAF

Amount of Each Receipt this Period 34.61

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

Mailing Address 7863 Hwy 828

City Louisa State KY Zip Code 41230-5525

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

Name of Employer Diversicare Leasing Corp Occupation Diversicare Leasing Corporation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 879.68

Date of Receipt 12 / 30 / 2010

Transaction ID: A65C6282A18BB4AE6A63

Amount of Each Receipt this Period 34.61

SUBTOTAL of Receipts This Page (optional) ► 98.94

TOTAL This Period (last page this line number only) ► 6853.55