

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) X

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

5. Covering Period 01 01 2009 through 06 30 2009

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 29 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Advocat Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		7017.93
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	7017.93									
(c) Total Receipts (from Line 19)	27412.58	27412.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34430.51	34430.51								
7. Total Disbursements (from Line 31)	30000.00	30000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4430.51	4430.51								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Advocat Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	15765.03	15765.03
(ii) Unitemized	11647.55	11647.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)	27412.58	27412.58
(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)	27412.58	27412.58
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))	27412.58	27412.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27412.58	27412.58

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.....	30000.00	30000.00
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	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30000.00	30000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30000.00	30000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	27412.58	27412.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27412.58	27412.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 116
	(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

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) David T. Barker		Date of Receipt MM / DD / YYYY 02 / 20 / 2009		
	Mailing Address 4512 Austin Drive		Transaction ID: AD71BEDAC67DB46C7841		
	City North Little Rock	State AR	Zip Code 72116-7018	Amount of Each Receipt this Period 54.23	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services	Occupation Arkansas Rvp	Aggregate Year-to-Date 216.92		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) David T. Barker		Date of Receipt MM / DD / YYYY 03 / 06 / 2009		
	Mailing Address 4512 Austin Drive		Transaction ID: A72F99ABEA44E4FB69AC		
	City North Little Rock	State AR	Zip Code 72116-7018	Amount of Each Receipt this Period 54.23	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services	Occupation Arkansas Rvp	Aggregate Year-to-Date 271.15		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) David T. Barker		Date of Receipt MM / DD / YYYY 03 / 20 / 2009		
	Mailing Address 4512 Austin Drive		Transaction ID: AC4FA052CA5E24A9DA30		
	City North Little Rock	State AR	Zip Code 72116-7018	Amount of Each Receipt this Period 54.23	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services	Occupation Arkansas Rvp	Aggregate Year-to-Date 325.38		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	162.69
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 7 / 116
	<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 T. Barker	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 4512 Austin Drive	Transaction ID: A84755816F12C45C7B16
	City State Zip Code North Little Rock AR 72116-7018	Amount of Each Receipt this Period 54.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Arkansas Rvp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 379.61	

B.	Full Name (Last, First, Middle Initial) David T. Barker	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 4512 Austin Drive	Transaction ID: ADCE18B2030564B2FBA2
	City State Zip Code North Little Rock AR 72116-7018	Amount of Each Receipt this Period 54.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Arkansas Rvp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 433.84	

C.	Full Name (Last, First, Middle Initial) David T. Barker	Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 4512 Austin Drive	Transaction ID: A5B4D2FBA842947BFA71
	City State Zip Code North Little Rock AR 72116-7018	Amount of Each Receipt this Period 54.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Arkansas Rvp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 488.07	

SUBTOTAL of Receipts This Page (optional)	162.69
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 / 116
(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)
David T. Barker

Mailing Address 4512 Austin Drive

City State Zip Code
North Little Rock AR 72116-7018

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Diversicare Management Services Arkansas Rvp

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 542.30

Date of Receipt MM / DD / YYYY
05 / 29 / 2009

Transaction ID: AF1BC103638144DC1961

Amount of Each Receipt this Period 54.23

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

Mailing Address 4512 Austin Drive

City State Zip Code
North Little Rock AR 72116-7018

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Diversicare Management Services Arkansas Rvp

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 596.53

Date of Receipt MM / DD / YYYY
06 / 12 / 2009

Transaction ID: A2815CF8EF8324D9A830

Amount of Each Receipt this Period 54.23

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

Mailing Address 4512 Austin Drive

City State Zip Code
North Little Rock AR 72116-7018

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Diversicare Management Services Arkansas Rvp

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.76

Date of Receipt MM / DD / YYYY
06 / 26 / 2009

Transaction ID: AF9CB473990234168AF3

Amount of Each Receipt this Period 54.23

SUBTOTAL of Receipts This Page (optional) 162.69

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 9 / 116
(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)
Barry C. Bell

Mailing Address 6107 Co Rd 122

City Pisgah State AL Zip Code 35765-9371

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.64

Date of Receipt: 03 / 20 / 2009
Transaction ID: ABED1394A485A49729DD

Amount of Each Receipt this Period: 38.94

B.

Full Name (Last, First, Middle Initial)
Wendy Bell

Mailing Address 2615 White Moon Dr

City Harker Heights State TX Zip Code 76548-2810

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 ▼ 204.40

Date of Receipt: 04 / 02 / 2009
Transaction ID: A7366264F28954229962

Amount of Each Receipt this Period: 29.20

C.

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

Mailing Address 6107 Co Rd 122

City Pisgah State AL Zip Code 35765-9371

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.58

Date of Receipt: 04 / 03 / 2009
Transaction ID: A2CF309DC4D1F417C819

Amount of Each Receipt this Period: 38.94

SUBTOTAL of Receipts This Page (optional) ► **107.08**

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 10 / 116
(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)
Wendy Bell

Mailing Address 2615 White Moon Dr

City State Zip Code
Harker Heights TX 76548-2810

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 233.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	0	9

Transaction ID: AF7BA06DFEE02497EA78

Amount of Each Receipt this Period
29.20

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765-9371

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 311.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	9

Transaction ID: AE63AA89EA75743AE9A9

Amount of Each Receipt this Period
38.94

C. Full Name (Last, First, Middle Initial)
Wendy Bell

Mailing Address 2615 White Moon Dr

City State Zip Code
Harker Heights TX 76548-2810

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 262.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	9

Transaction ID: A5AF5C3EF0D4316924

Amount of Each Receipt this Period
29.20

SUBTOTAL of Receipts This Page (optional) ► **97.34**

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 11 / 116
	<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)
Wendy Bell

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 4 / 2 0 0 9

Mailing Address 2615 White Moon Dr

Transaction ID: A8419A5492E6A4F54814

City Harker Heights State TX Zip Code 76548-2810

Amount of Each Receipt this Period
 29.20

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 ▼ 292.00

B.

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 5 / 2 0 0 9

Mailing Address 6107 Co Rd 122

Transaction ID: A9DDB07DA9E15471D87A

City Pisgah State AL Zip Code 35765-9371

Amount of Each Receipt this Period
 38.94

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.46

C.

Full Name (Last, First, Middle Initial)
Wendy Bell

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 8 / 2 0 0 9

Mailing Address 2615 White Moon Dr

Transaction ID: A0078C32DF0754A93B11

City Harker Heights State TX Zip Code 76548-2810

Amount of Each Receipt this Period
 29.20

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 ▼ 321.20

SUBTOTAL of Receipts This Page (optional) ► **97.34**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 116
(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)
Barry C. Bell

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765-9371

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 389.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	9

Transaction ID: A6B615E007CDC42DEA7F

Amount of Each Receipt this Period
38.94

B. Full Name (Last, First, Middle Initial)
Wendy Bell

Mailing Address 2615 White Moon Dr

City State Zip Code
Harker Heights TX 76548-2810

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	9

Transaction ID: A69AA601060884011AD2

Amount of Each Receipt this Period
29.20

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

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765-9371

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 429.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	0	9

Transaction ID: A22934F8C271042FF900

Amount of Each Receipt this Period
40.50

SUBTOTAL of Receipts This Page (optional) ► **108.64**

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

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

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

FOR LINE NUMBER: PAGE 13 / 116
(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)
Barry C. Bell

Mailing Address 6107 Co Rd 122

City State Zip Code
Pisgah AL 35765-9371

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 470.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	9

Transaction ID: A9D1F79709EFC4A33A3A

Amount of Each Receipt this Period
40.50

B. Full Name (Last, First, Middle Initial)
Wendy Bell

Mailing Address 2615 White Moon Dr

City State Zip Code
Harker Heights TX 76548-2810

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 379.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	9

Transaction ID: AF1D097AB6C5D41488A1

Amount of Each Receipt this Period
29.20

C. Full Name (Last, First, Middle Initial)
Adkins Benita

Mailing Address P.O. Box 112

City State Zip Code
Sandy Hook KY 41171-0112

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	9

Transaction ID: A7D22D4AF92CC497A924

Amount of Each Receipt this Period
28.50

SUBTOTAL of Receipts This Page (optional) ► 98.20

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 116
(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

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)
Adkins Benita

Mailing Address P.O. Box 112

City State Zip Code
Sandy Hook KY 41171-0112

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 256.50

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: A9F870B0D65E54D5A9FF

Amount of Each Receipt this Period
28.50

B.

Full Name (Last, First, Middle Initial)
Bobbie Bice

Mailing Address 1310 Dove Ln

City State Zip Code
Lockhart TX 78644-2459

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 ▼ 202.52

Date of Receipt
MM / DD / YYYY
04 / 02 / 2009

Transaction ID: AD4DDE59208F34128A15

Amount of Each Receipt this Period
29.42

C.

Full Name (Last, First, Middle Initial)
Bobbie Bice

Mailing Address 1310 Dove Ln

City State Zip Code
Lockhart TX 78644-2459

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 ▼ 231.37

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: ACFBFFE142BDF456981E

Amount of Each Receipt this Period
28.85

SUBTOTAL of Receipts This Page (optional) ► **86.77**

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 / 116
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Bobbie Bice

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.79

Date of Receipt: 04 / 23 / 2009
Transaction ID: A40977CE47D494C5A9E1
 Amount of Each Receipt this Period: 29.42

B.

Full Name (Last, First, Middle Initial)
Bobbie Bice

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.21

Date of Receipt: 05 / 14 / 2009
Transaction ID: A34B634C0BAF64747874
 Amount of Each Receipt this Period: 29.42

C.

Full Name (Last, First, Middle Initial)
Bobbie Bice

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 319.63

Date of Receipt: 05 / 28 / 2009
Transaction ID: A922C9D12148548DE852
 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: PAGE 16 / 116
(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)
Bobbie Bice

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 349.05

Date of Receipt: 06 / 11 / 2009
Transaction ID: AA1470D25AA0E4780B62
Amount of Each Receipt this Period: 29.42

B.

Full Name (Last, First, Middle Initial)
Bobbie Bice

Mailing Address 1310 Dove Ln

City Lockhart State TX Zip Code 78644-2459

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.47

Date of Receipt: 06 / 26 / 2009
Transaction ID: ACCABDD94D86F4D73AD5
Amount of Each Receipt this Period: 29.42

C.

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

Mailing Address 4919 Darlington Drive

City Nashville State TN Zip Code 37211-5106

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 ▼ 207.70

Date of Receipt: 03 / 06 / 2009
Transaction ID: AEECB0BE005404517A59
Amount of Each Receipt this Period: 41.54

SUBTOTAL of Receipts This Page (optional) ► 100.38

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: (check only one)	PAGE 17 / 116
	<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) Michael P. Bonner		Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 4919 Darlington Drive		Transaction ID: AD4295DDA3191463AB96
	City Nashville	State TN	Zip Code 37211-5106
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.54
	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 ▼ 249.24	

B.	Full Name (Last, First, Middle Initial) Michael P. Bonner		Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 4919 Darlington Drive		Transaction ID: A5D02D9B6EDB74253ADA
	City Nashville	State TN	Zip Code 37211-5106
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.54
	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 ▼ 290.78	

C.	Full Name (Last, First, Middle Initial) Michael P. Bonner		Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 4919 Darlington Drive		Transaction ID: A1526DC17736E4348896
	City Nashville	State TN	Zip Code 37211-5106
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.54
	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 ▼ 332.32	

SUBTOTAL of Receipts This Page (optional)	124.62
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 / 116
(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)
Michael P. Bonner

Mailing Address 4919 Darlington Drive

City Nashville State TN Zip Code 37211-5106

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 ▼ 373.86

Date of Receipt 05 / 15 / 2009
Transaction ID: AC3FE6BB665374B43994
Amount of Each Receipt this Period 41.54

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

Mailing Address 4919 Darlington Drive

City Nashville State TN Zip Code 37211-5106

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 ▼ 415.40

Date of Receipt 05 / 29 / 2009
Transaction ID: A9F4E03FEEF2A4B5D8F1
Amount of Each Receipt this Period 41.54

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

Mailing Address 4919 Darlington Drive

City Nashville State TN Zip Code 37211-5106

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 ▼ 461.55

Date of Receipt 06 / 12 / 2009
Transaction ID: A0672FA7FB3BB4DB2898
Amount of Each Receipt this Period 46.15

SUBTOTAL of Receipts This Page (optional) ► 129.23

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 116
	<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 06 / 26 / 2009
	Mailing Address 4919 Darlington Drive	Transaction ID: AD1B6085C36B64EFAAFC
	City State Zip Code Nashville TN 37211-5106	Amount of Each Receipt this Period 46.15
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Management Services VP Financial Reporting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.70	

B.	Full Name (Last, First, Middle Initial) Elizabeth A. Carroll	Date of Receipt MM / DD / YYYY 04 / 09 / 2009
	Mailing Address 3540 Calais Circle	Transaction ID: A79162F0D2F624FB48DE
	City State Zip Code Antioch TN 37013-5518	Amount of Each Receipt this Period 30.19
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Leasing Corp Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.33	

C.	Full Name (Last, First, Middle Initial) Elizabeth A. Carroll	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address 3540 Calais Circle	Transaction ID: A7E96F8CE813B4F86BE1
	City State Zip Code Antioch TN 37013-5518	Amount of Each Receipt this Period 30.19
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Diversicare Leasing Corp Admin Administrator-exemp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.52	

SUBTOTAL of Receipts This Page (optional)	106.53
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 / 116
(check only one)

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

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

A.

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

Mailing Address 3540 Calais Circle

City State Zip Code
Antioch TN 37013-5518

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 271.71

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: AF0099EB578164CE9986

Amount of Each Receipt this Period
30.19

B.

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

Mailing Address 3540 Calais Circle

City State Zip Code
Antioch TN 37013-5518

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 303.10

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: A75A135851ACF4227B66

Amount of Each Receipt this Period
31.39

C.

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

Mailing Address 3540 Calais Circle

City State Zip Code
Antioch TN 37013-5518

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 334.49

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: A594883DD07C64A52819

Amount of Each Receipt this Period
31.39

SUBTOTAL of Receipts This Page (optional) ► **92.97**

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 / 116
(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)
 Elizabeth A. Carroll
 Mailing Address 3540 Calais Circle
 City State Zip Code
 Antioch TN 37013-5518
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2009
Transaction ID: AA94D3BC83A18489BAF6
 Amount of Each Receipt this Period
 31.39
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.88

B. Full Name (Last, First, Middle Initial)
 Maryann M. Cook
 Mailing Address 155 E Foster Court
 City State Zip Code
 Lecanto FL 34461-8107
 Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2009
Transaction ID: A7118342254394645A61
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Se- Florida Rvp
 rvices
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

C. Full Name (Last, First, Middle Initial)
 Maryann M. Cook
 Mailing Address 155 E Foster Court
 City State Zip Code
 Lecanto FL 34461-8107
 Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2009
Transaction ID: AE79C74A464C4473E82E
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Se- Florida Rvp
 rvices
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

SUBTOTAL of Receipts This Page (optional) ► 81.39
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 22 / 116
(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)
Maryann M. Cook

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2009
Transaction ID: A7422B77D78B74586B1F
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Maryann M. Cook

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 12 / 2009
Transaction ID: A6DCFA0ACF0A748D19B0
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Maryann M. Cook

Mailing Address 155 E Foster Court

City Lecanto State FL Zip Code 34461-8107

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

Name of Employer Diversicare Management Services Occupation Florida Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 26 / 2009
Transaction ID: A6BA7CB1977D340D48FE
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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 23 / 116
(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 R. Council III

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer: Diversicare Management Services
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt
MM / DD / YYYY
01 / 23 / 2009

Transaction ID: A920AE53FCCA6461E96D

Amount of Each Receipt this Period
192.30

B.

Full Name (Last, First, Middle Initial)
William R. Council III

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer: Diversicare Management Services
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: A92326E5F8DCC493BA90

Amount of Each Receipt this Period
192.30

C.

Full Name (Last, First, Middle Initial)
William R. Council III

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer: Diversicare Management Services
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: A25E63D13A30A4CB7961

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ▶ **576.90**

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 / 116

(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 R. Council III

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer Occupation
Diversicare Management Services CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 961.50

Date of Receipt

M M / D D / Y Y Y Y
03 / 06 / 2009

Transaction ID: A641E46AA83574E1988D

Amount of Each Receipt this Period
192.30

B.

Full Name (Last, First, Middle Initial)
William R. Council III

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer Occupation
Diversicare Management Services CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1153.80

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2009

Transaction ID: A10D0A95CD6714E5E813

Amount of Each Receipt this Period
192.30

C.

Full Name (Last, First, Middle Initial)
William R. Council III

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer Occupation
Diversicare Management Services CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1346.10

Date of Receipt

M M / D D / Y Y Y Y
04 / 03 / 2009

Transaction ID: A649ACAB09E974410B62

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional)

576.90

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 / 116
(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)
William R. Council III

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer Occupation
Diversicare Management Services CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1538.40

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: A94BC0D4E34B94C4D863

Amount of Each Receipt this Period
192.30

B.

Full Name (Last, First, Middle Initial)
William R. Council III

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer Occupation
Diversicare Management Services CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: ABF6E5BB0FF9747EB83E

Amount of Each Receipt this Period
192.30

C.

Full Name (Last, First, Middle Initial)
William R. Council III

Mailing Address 9533 Thoroughbred Way

City State Zip Code
Brentwood TN 37027-8922

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

Name of Employer Occupation
Diversicare Management Services CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1923.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: A8C2FB9103E16420582D

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional) ► **576.90**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 116
	<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) William R. Council III	Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address 9533 Thoroughbred Way	Transaction ID: A66EBD897F9DE408CB83
	City State Zip Code Brentwood TN 37027-8922	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2115.30	

B.	Full Name (Last, First, Middle Initial) William R. Council III	Date of Receipt MM / DD / YYYY 06 / 26 / 2009
	Mailing Address 9533 Thoroughbred Way	Transaction ID: A825BF54744834C988AA
	City State Zip Code Brentwood TN 37027-8922	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2307.60	

C.	Full Name (Last, First, Middle Initial) John E. Dugan	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 1206 Lochness Ln	Transaction ID: AED5C04109ACA494187D
	City State Zip Code Garland TX 75044-3426	Amount of Each Receipt this Period 37.31
	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 ▼ 223.86	

SUBTOTAL of Receipts This Page (optional)	▶	421.91
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 / 116
(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

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)
John E. Dugan

Mailing Address 1206 Lochness Ln

City State Zip Code
Garland TX 75044-3426

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.17

Date of Receipt
MM / DD / YYYY
04 / 02 / 2009

Transaction ID: AC838770909F84ABC829

Amount of Each Receipt this Period
37.31

B.

Full Name (Last, First, Middle Initial)
John E. Dugan

Mailing Address 1206 Lochness Ln

City State Zip Code
Garland TX 75044-3426

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 298.48

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: ACCB9B43332CB4780988

Amount of Each Receipt this Period
37.31

C.

Full Name (Last, First, Middle Initial)
John E. Dugan

Mailing Address 1206 Lochness Ln

City State Zip Code
Garland TX 75044-3426

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

Name of Employer Occupation
Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 335.79

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: A013226B9F1AB432F97D

Amount of Each Receipt this Period
37.31

SUBTOTAL of Receipts This Page (optional) ► **111.93**

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 28 / 116
(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

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)
John E. Dugan

Mailing Address 1206 Lochness Ln

City State Zip Code
Garland TX 75044-3426

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) ▼ 373.10

Date of Receipt
MM / DD / YYYY
05 / 14 / 2009

Transaction ID: A8280572E8765477693B

Amount of Each Receipt this Period
37.31

B.

Full Name (Last, First, Middle Initial)
John E. Dugan

Mailing Address 1206 Lochness Ln

City State Zip Code
Garland TX 75044-3426

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) ▼ 410.41

Date of Receipt
MM / DD / YYYY
05 / 28 / 2009

Transaction ID: AF092F94CCB7D4E6BA78

Amount of Each Receipt this Period
37.31

C.

Full Name (Last, First, Middle Initial)
John E. Dugan

Mailing Address 1206 Lochness Ln

City State Zip Code
Garland TX 75044-3426

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) ▼ 448.47

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: A92356123D4384A13ABA

Amount of Each Receipt this Period
38.06

SUBTOTAL of Receipts This Page (optional) ► **112.68**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 116
	(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) John E. Dugan		Date of Receipt MM / DD / YYYY 06 / 26 / 2009
Mailing Address 1206 Lochness Ln		Transaction ID: A98B011DB3B8C4FA7B7C
City Garland	State Zip Code TX 75044-3426	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.06
Name of Employer Diversicare Leasing Corporation	Occupation Admin Administrator-exemp	Aggregate Year-to-Date ▼ 486.53
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Deborah R. Farris		Date of Receipt MM / DD / YYYY 04 / 17 / 2009
Mailing Address 1206 Chilton		Transaction ID: ACEBB7A81BC2D454FACC
City San Antonio	State Zip Code TX 78251-2966	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Diversicare Management Services	Occupation Texas Mds Specialist	Aggregate Year-to-Date ▼ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Deborah R. Farris		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address 1206 Chilton		Transaction ID: A96952E39A24842C288A
City San Antonio	State Zip Code TX 78251-2966	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Diversicare Management Services	Occupation Texas Mds Specialist	Aggregate Year-to-Date ▼ 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	88.06
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 / 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251-2966

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 ▼ 250.00

Date of Receipt 05 / 29 / 2009

Transaction ID: A1D327B46466C4041985

Amount of Each Receipt this Period 25.00

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

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251-2966

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 ▼ 275.00

Date of Receipt 06 / 12 / 2009

Transaction ID: A452EAEAB4CE247C79EF

Amount of Each Receipt this Period 25.00

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

Mailing Address 1206 Chilton

City San Antonio State TX Zip Code 78251-2966

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 ▼ 300.00

Date of Receipt 06 / 26 / 2009

Transaction ID: AAF330458DFC9429AB04

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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 31 / 116
(check only one)

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

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

A.

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

Mailing Address 1037 Leonard Street

City State Zip Code
Camden AR 71701-2790

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.64

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: ADBEC362A70DB4169BA0

Amount of Each Receipt this Period
25.58

B.

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

Mailing Address 1037 Leonard Street

City State Zip Code
Camden AR 71701-2790

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.22

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: A5AB7FFDD370E4DFF9DE

Amount of Each Receipt this Period
25.58

C.

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

Mailing Address 1037 Leonard Street

City State Zip Code
Camden AR 71701-2790

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 257.14

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: A7EC70115415245578E9

Amount of Each Receipt this Period
26.92

SUBTOTAL of Receipts This Page (optional) ► **78.08**

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 32 / 116

(check only one)

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

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

A.

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

Mailing Address 1037 Leonard Street

City State Zip Code
Camden AR 71701-2790

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 284.06

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 9

Transaction ID: A6033F77AFE394EC9A8D

Amount of Each Receipt this Period
26.92

B.

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

Mailing Address 1037 Leonard Street

City State Zip Code
Camden AR 71701-2790

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 310.98

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: A45B0FBB8896E4647AA8

Amount of Each Receipt this Period
26.92

C.

Full Name (Last, First, Middle Initial)
Rene' Gruendl

Mailing Address 9027 Forest Lawn Drive

City State Zip Code
Brentwood TN 37027-5227

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

Name of Employer Occupation
Diversicare Management Services TN/AL Marketing Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 224.64

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: A078BA5F3E00E4C1B81A

Amount of Each Receipt this Period
24.96

SUBTOTAL of Receipts This Page (optional) ▶

78.80

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 / 116
(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)
Rene" Gruendl

Mailing Address 9027 Forest Lawn Drive

City State Zip Code
Brentwood TN 37027-5227

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

Name of Employer Occupation
Diversicare Management Services TN/AL Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	9

Transaction ID: AD49C6DD246BA47D6996

Amount of Each Receipt this Period
24.96

B. Full Name (Last, First, Middle Initial)
Rene" Gruendl

Mailing Address 9027 Forest Lawn Drive

City State Zip Code
Brentwood TN 37027-5227

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

Name of Employer Occupation
Diversicare Management Services TN/AL Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 274.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	0	9

Transaction ID: AC7898100928742C6B5B

Amount of Each Receipt this Period
24.96

C. Full Name (Last, First, Middle Initial)
Rene" Gruendl

Mailing Address 9027 Forest Lawn Drive

City State Zip Code
Brentwood TN 37027-5227

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

Name of Employer Occupation
Diversicare Management Services TN/AL Marketing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 299.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	9

Transaction ID: A279D660FB75B49D1891

Amount of Each Receipt this Period
24.96

SUBTOTAL of Receipts This Page (optional) ► **74.88**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 204.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	9

Transaction ID: AEAD4CF3A5CF14FCDA9D

Amount of Each Receipt this Period
25.58

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	9

Transaction ID: AC8D44B28E8074AAAB79

Amount of Each Receipt this Period
25.58

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 257.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	0	9

Transaction ID: A005D896060204E5984B

Amount of Each Receipt this Period
26.92

SUBTOTAL of Receipts This Page (optional) ► **78.08**

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: (check only one)	PAGE 35 / 116
	<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)
Vicki L. Hampton

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 284.06

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: AD6C82502D7534F9AB61

Amount of Each Receipt this Period
26.92

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

Mailing Address Po Box 123

City State Zip Code
Delaplaine AR 72425-0123

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.98

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: A4B84959D854B495AA15

Amount of Each Receipt this Period
26.92

C. Full Name (Last, First, Middle Initial)
Edward F. Heenan

Mailing Address 2005 Boxwood Drive

City State Zip Code
Franklin TN 37069-6908

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

Name of Employer Occupation
Diversicare Management Services Training & Education Dire

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.55

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: A2395177F59DB45049E7

Amount of Each Receipt this Period
31.65

SUBTOTAL of Receipts This Page (optional) ► 85.49

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 116
	<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)
Edward F. Heenan

Mailing Address 2005 Boxwood Drive

City Franklin State TN Zip Code 37069-6908

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

Name of Employer: Diversicare Management Services
 Occupation: Training & Education Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.20

Date of Receipt: 04 / 17 / 2009
Transaction ID: A1661B127A4184748A8A
 Amount of Each Receipt this Period: 31.65

B. Full Name (Last, First, Middle Initial)
Edward F. Heenan

Mailing Address 2005 Boxwood Drive

City Franklin State TN Zip Code 37069-6908

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

Name of Employer: Diversicare Management Services
 Occupation: Training & Education Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 284.85

Date of Receipt: 05 / 15 / 2009
Transaction ID: A728B6F36C18540B1ACC
 Amount of Each Receipt this Period: 31.65

C. Full Name (Last, First, Middle Initial)
Edward F. Heenan

Mailing Address 2005 Boxwood Drive

City Franklin State TN Zip Code 37069-6908

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

Name of Employer: Diversicare Management Services
 Occupation: Training & Education Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 316.50

Date of Receipt: 05 / 29 / 2009
Transaction ID: A627D25AC0B7C4F03BF1
 Amount of Each Receipt this Period: 31.65

SUBTOTAL of Receipts This Page (optional) ► 94.95

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 37 / 116
(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)
Edward F. Heenan

Mailing Address 2005 Boxwood Drive

City Franklin State TN Zip Code 37069-6908

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

Name of Employer: Diversicare Management Services
Occupation: Training & Education Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 349.10

Date of Receipt: 06 / 12 / 2009
Transaction ID: AD683D51671844A29BB5
 Amount of Each Receipt this Period: 32.60

B. Full Name (Last, First, Middle Initial)
Edward F. Heenan

Mailing Address 2005 Boxwood Drive

City Franklin State TN Zip Code 37069-6908

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

Name of Employer: Diversicare Management Services
Occupation: Training & Education Dire

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 381.70

Date of Receipt: 06 / 26 / 2009
Transaction ID: A8FDC226CE27B4786B9D
 Amount of Each Receipt this Period: 32.60

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 ▼ 265.64

Date of Receipt: 02 / 20 / 2009
Transaction ID: A2C6D9E7B81B0485884A
 Amount of Each Receipt this Period: 66.41

SUBTOTAL of Receipts This Page (optional) ► **131.61**

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 38 / 116
	<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) David R. Hickman	Date of Receipt MM / DD / YYYY 03 / 06 / 2009
	Mailing Address 801 Brownstone Court	Transaction ID: ABDD7EDF1CC404920899
	City State Zip Code Nolensville TN 37135-9720	Amount of Each Receipt this Period 66.41
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 332.05	

B.	Full Name (Last, First, Middle Initial) David R. Hickman	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 801 Brownstone Court	Transaction ID: AAC2D4F0DBF1A42C59C9
	City State Zip Code Nolensville TN 37135-9720	Amount of Each Receipt this Period 66.41
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 398.46	

C.	Full Name (Last, First, Middle Initial) David R. Hickman	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 801 Brownstone Court	Transaction ID: AE06CED5EC2E54136A63
	City State Zip Code Nolensville TN 37135-9720	Amount of Each Receipt this Period 66.41
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 464.87	

SUBTOTAL of Receipts This Page (optional)	▶	199.23
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 116
	<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	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 801 Brownstone Court	Transaction ID: AC6DE10C167BB47ACAED
	City State Zip Code Nolensville TN 37135-9720	Amount of Each Receipt this Period 66.41
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation VP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 531.28	

B.	Full Name (Last, First, Middle Initial) David R. Hickman	Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 801 Brownstone Court	Transaction ID: A94F30C07EE0F4D28968
	City State Zip Code Nolensville TN 37135-9720	Amount of Each Receipt this Period 66.41
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation VP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 597.69	

C.	Full Name (Last, First, Middle Initial) David R. Hickman	Date of Receipt MM / DD / YYYY 05 / 29 / 2009
	Mailing Address 801 Brownstone Court	Transaction ID: A5B65A8DB5DB349C7AC2
	City State Zip Code Nolensville TN 37135-9720	Amount of Each Receipt this Period 66.41
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation VP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.10	

SUBTOTAL of Receipts This Page (optional)	199.23
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 116

(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 State Zip Code
Nolensville TN 37135-9720

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

Name of Employer Occupation
Diversicare Management Services VP Human Resources

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 730.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	9

Transaction ID: A650D865F4A7D4DA0B6D

Amount of Each Receipt this Period

66.41

B.

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

Mailing Address 801 Brownstone Court

City State Zip Code
Nolensville TN 37135-9720

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

Name of Employer Occupation
Diversicare Management Services VP Human Resources

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 796.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	9

Transaction ID: AAC179A12B3924339BF5

Amount of Each Receipt this Period

66.41

C.

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

Mailing Address 377 Hutchens Rd

City State Zip Code
Martin TN 38237-5377

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 201.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	9

Transaction ID: AEB7A53125F644BC1896

Amount of Each Receipt this Period

25.14

SUBTOTAL of Receipts This Page (optional) ►

157.96

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 41 / 116
(check only one)

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

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

A.

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

Mailing Address 377 Hutchens Rd

City State Zip Code
Martin TN 38237-5377

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 226.26

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: A6EBC0B7D3D994E50992

Amount of Each Receipt this Period
25.14

B.

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

Mailing Address 377 Hutchens Rd

City State Zip Code
Martin TN 38237-5377

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 251.89

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: AB0F5DF8FE96C40F2A2F

Amount of Each Receipt this Period
25.63

C.

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

Mailing Address 377 Hutchens Rd

City State Zip Code
Martin TN 38237-5377

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 277.52

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: ABCAE01D39BF14180AAE

Amount of Each Receipt this Period
25.63

SUBTOTAL of Receipts This Page (optional) ► 76.40

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 / 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
 Danielle Higdon
 Mailing Address 377 Hutchens Rd
 City State Zip Code
 Martin TN 38237-5377
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 8 / 2 0 0 9
Transaction ID: AAD0678C5E0984D1A812
 Amount of Each Receipt this Period
 25.63
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Nursing Admin Don-exempt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 303.15

B. Full Name (Last, First, Middle Initial)
 Janice L. Horton
 Mailing Address 4527 Se Hwy 70
 City State Zip Code
 Arcadia FL 34266-7787
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 9
Transaction ID: A62B2E271F7944B82B86
 Amount of Each Receipt this Period
 28.66
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 227.02

C. Full Name (Last, First, Middle Initial)
 Janice L. Horton
 Mailing Address 4527 Se Hwy 70
 City State Zip Code
 Arcadia FL 34266-7787
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 3 / 2 0 0 9
Transaction ID: A78A79CF0A0F64356944
 Amount of Each Receipt this Period
 29.52
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 256.54

SUBTOTAL of Receipts This Page (optional) ► 83.81
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 116
(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 34266-7787

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 ▼ 286.06

Date of Receipt: 05 / 14 / 2009
Transaction ID: AD96BEED55C3D4117A62

Amount of Each Receipt this Period: 29.52

B.

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266-7787

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 ▼ 315.58

Date of Receipt: 05 / 28 / 2009
Transaction ID: A1139D40CD4614D87B93

Amount of Each Receipt this Period: 29.52

C.

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

Mailing Address 4527 Se Hwy 70

City Arcadia State FL Zip Code 34266-7787

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 ▼ 345.10

Date of Receipt: 06 / 11 / 2009
Transaction ID: AED1ED99C9E894528B5C

Amount of Each Receipt this Period: 29.52

SUBTOTAL of Receipts This Page (optional) ► **88.56**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 116
(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 34266-7787

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 ▼ 374.62

Date of Receipt: 06 / 26 / 2009
Transaction ID: A272C53DF4FCC4FAF867
Amount of Each Receipt this Period: 29.52

B.

Full Name (Last, First, Middle Initial)
Karen L. Johnson

Mailing Address 6437 Wexley Lane

City The Colony State TX Zip Code 75056-7121

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

Name of Employer: Diversicare Management Services
Occupation: Texas Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt: 02 / 20 / 2009
Transaction ID: A49F8F439FCA74659944
Amount of Each Receipt this Period: 57.69

C.

Full Name (Last, First, Middle Initial)
Karen L. Johnson

Mailing Address 6437 Wexley Lane

City The Colony State TX Zip Code 75056-7121

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

Name of Employer: Diversicare Management Services
Occupation: Texas Rvp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt: 03 / 06 / 2009
Transaction ID: AEF65411BF7EC45EBA2A
Amount of Each Receipt this Period: 57.69

SUBTOTAL of Receipts This Page (optional) ► **144.90**

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 / 116

(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) Karen L. Johnson	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 6437 Wexley Lane	Transaction ID: A24B228F5E8144CD4AF1
	City State Zip Code The Colony TX 75056-7121	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation Texas Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	
B.	Full Name (Last, First, Middle Initial) Karen L. Johnson	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 6437 Wexley Lane	Transaction ID: AC17EABD7C05347B5BEE
	City State Zip Code The Colony TX 75056-7121	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation Texas Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	
C.	Full Name (Last, First, Middle Initial) Karen L. Johnson	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 6437 Wexley Lane	Transaction ID: A388D4226B3A14BE6879
	City State Zip Code The Colony TX 75056-7121	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. C	
Name of Employer Diversicare Management Services	Occupation Texas Rvp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

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 46 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Karen L. Johnson
 Mailing Address 6437 Wexley Lane
 City State Zip Code
The Colony TX 75056-7121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Diversicare Management Services Texas Rvp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 519.21

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 5 / 2 0 0 9
Transaction ID: AF5A8498B65D94719B31
 Amount of Each Receipt this Period
 57.69

B. Full Name (Last, First, Middle Initial)
Karen L. Johnson
 Mailing Address 6437 Wexley Lane
 City State Zip Code
The Colony TX 75056-7121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Diversicare Management Services Texas Rvp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 576.90

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 9 / 2 0 0 9
Transaction ID: A67BF062A7615487584B
 Amount of Each Receipt this Period
 57.69

C. Full Name (Last, First, Middle Initial)
Karen L. Johnson
 Mailing Address 6437 Wexley Lane
 City State Zip Code
The Colony TX 75056-7121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Diversicare Management Services Texas Rvp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 634.59

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 2 / 2 0 0 9
Transaction ID: A032514A149424401A4B
 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 47 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 Karen L. Johnson
 Mailing Address 6437 Wexley Lane
 City State Zip Code
 The Colony TX 75056-7121
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 9
Transaction ID: A161047A9B93A421F875
 Amount of Each Receipt this Period
 57.69
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services Texas Rvp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 692.28

B. Full Name (Last, First, Middle Initial)
 Robin Jones
 Mailing Address 4674 Riverbend Road
 City State Zip Code
 Trussville AL 35173-3506
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 0 / 2 0 0 9
Transaction ID: A635FC789D5C34D7B84C
 Amount of Each Receipt this Period
 59.97
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services AI & Tn Rvp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 239.88

C. Full Name (Last, First, Middle Initial)
 Robin Jones
 Mailing Address 4674 Riverbend Road
 City State Zip Code
 Trussville AL 35173-3506
 Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 0 6 / 2 0 0 9
Transaction ID: AD241144662944C899BC
 Amount of Each Receipt this Period
 59.97
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services AI & Tn Rvp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 299.85

SUBTOTAL of Receipts This Page (optional) ► **177.63**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 116
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
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 ▼ 359.82

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: ABFC9C7AFBD3E4CA4BF9

Amount of Each Receipt this Period
59.97

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 ▼ 419.79

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: ABC99DA7E98304DB589F

Amount of Each Receipt this Period
59.97

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 ▼ 479.76

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: A32CC8503DD4F498CA91

Amount of Each Receipt this Period
59.97

SUBTOTAL of Receipts This Page (optional) ► **179.91**

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 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 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 ▼ 539.73
 Date of Receipt 05 / 15 / 2009
Transaction ID: A694B359E76DE476DA8F
 Amount of Each Receipt this Period 59.97

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 ▼ 599.70
 Date of Receipt 05 / 29 / 2009
Transaction ID: A1BB6D2E5427741CA9A7
 Amount of Each Receipt this Period 59.97

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 ▼ 659.67
 Date of Receipt 06 / 12 / 2009
Transaction ID: AA8857FF0AC2F41638C4
 Amount of Each Receipt this Period 59.97

SUBTOTAL of Receipts This Page (optional) ► 179.91
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 50 / 116
	<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)
 Robin Jones
 Mailing Address 4674 Riverbend Road
 City Trussville State AL Zip Code 35173-3506
 Date of Receipt 06 / 26 / 2009
Transaction ID: AB7228C084705462CABD
 Amount of Each Receipt this Period 59.97
 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 719.64

B. Full Name (Last, First, Middle Initial)
 Randi M. Kiphen
 Mailing Address 10880 Gallia Pike
 City Wheelersburg State OH Zip Code 45694-8443
 Date of Receipt 03 / 15 / 2009
Transaction ID: A34A50B2FB5F24A6293B
 Amount of Each Receipt this Period 36.54
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 219.24

C. Full Name (Last, First, Middle Initial)
 Randi M. Kiphen
 Mailing Address 10880 Gallia Pike
 City Wheelersburg State OH Zip Code 45694-8443
 Date of Receipt 04 / 09 / 2009
Transaction ID: A10ACE4CE35764A26B18
 Amount of Each Receipt this Period 36.54
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 255.78

SUBTOTAL of Receipts This Page (optional) **133.05**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 116
(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)
 Randi M. Kiphen
 Mailing Address 10880 Gallia Pike
 City State Zip Code
 Wheelersburg OH 45694-8443
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 3 / 2 0 0 9
Transaction ID: AC9D99785206B4BD0965
 Amount of Each Receipt this Period
 36.54
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 292.32

B. Full Name (Last, First, Middle Initial)
 Randi M. Kiphen
 Mailing Address 10880 Gallia Pike
 City State Zip Code
 Wheelersburg OH 45694-8443
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 9
Transaction ID: AC2DB55ED49F14C88BB4
 Amount of Each Receipt this Period
 36.54
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 328.86

C. Full Name (Last, First, Middle Initial)
 Randi M. Kiphen
 Mailing Address 10880 Gallia Pike
 City State Zip Code
 Wheelersburg OH 45694-8443
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 9
Transaction ID: A0AD7EC76C3EE4E459F5
 Amount of Each Receipt this Period
 36.54
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.40

SUBTOTAL of Receipts This Page (optional) ► 109.62
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 / 116
(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
							17

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

A.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694-8443

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 401.94

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: A00D342BCFD0D415CB43

Amount of Each Receipt this Period
36.54

B.

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

Mailing Address 10880 Gallia Pike

City State Zip Code
Wheelersburg OH 45694-8443

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 438.48

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: A0197353BAA9D4B7C81F

Amount of Each Receipt this Period
36.54

C.

Full Name (Last, First, Middle Initial)
Steven F. Levato

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.86

Date of Receipt
MM / DD / YYYY
03 / 15 / 2009

Transaction ID: AAB1CAD1D5A8B4774899

Amount of Each Receipt this Period
34.81

SUBTOTAL of Receipts This Page (optional) ► 107.89

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 116
(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)
Steven F. Levato

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.67

Date of Receipt
MM / DD / YYYY
04 / 09 / 2009

Transaction ID: AAC9E3720C3494EB880A

Amount of Each Receipt this Period
34.81

B.

Full Name (Last, First, Middle Initial)
Steven F. Levato

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 278.48

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: A977CA60B6F7C407986F

Amount of Each Receipt this Period
34.81

C.

Full Name (Last, First, Middle Initial)
Steven F. Levato

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 313.29

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: A1AE1E5BB4DFC43B9BC8

Amount of Each Receipt this Period
34.81

SUBTOTAL of Receipts This Page (optional) ► **104.43**

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 / 116
	(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

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)
Steven F. Levato

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 348.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	0	9

Transaction ID: A2DBFD28A451F4C07859

Amount of Each Receipt this Period

34.81

B. Full Name (Last, First, Middle Initial)
Steven F. Levato

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	9

Transaction ID: A736816CA110C4E0787A

Amount of Each Receipt this Period

34.81

C. Full Name (Last, First, Middle Initial)
Steven F. Levato

Mailing Address 306 Cliftwood Loop

City State Zip Code
Hot Springs AR 71901-8735

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 417.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	9

Transaction ID: A20C7ECE0AD214CBCB2D

Amount of Each Receipt this Period

34.81

SUBTOTAL of Receipts This Page (optional) ►

104.43

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 116
(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

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)
Sandra B. Loperfido

Mailing Address 270 Highland Avenue

City Raceland State KY Zip Code 41169-1020

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.36

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: A23D6BA4D27584E87A11

Amount of Each Receipt this Period
26.42

B.

Full Name (Last, First, Middle Initial)
Sandra B. Loperfido

Mailing Address 270 Highland Avenue

City Raceland State KY Zip Code 41169-1020

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 237.78

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: A9C92E850B4A941E7B62

Amount of Each Receipt this Period
26.42

C.

Full Name (Last, First, Middle Initial)
Sandra B. Loperfido

Mailing Address 270 Highland Avenue

City Raceland State KY Zip Code 41169-1020

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.72

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: A7A9E67410C6E4C10AD2

Amount of Each Receipt this Period
26.94

SUBTOTAL of Receipts This Page (optional) ► 79.78

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 56 / 116
(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

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)
Sandra B. Loperfido

Mailing Address 270 Highland Avenue

City Raceland State KY Zip Code 41169-1020

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.66

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 9

Transaction ID: A759B1EB4DF35415C8B9

Amount of Each Receipt this Period
 26.94

B.

Full Name (Last, First, Middle Initial)
Sandra B. Loperfido

Mailing Address 270 Highland Avenue

City Raceland State KY Zip Code 41169-1020

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.60

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 8 / 2 0 0 9

Transaction ID: A29E118F4A02949A789B

Amount of Each Receipt this Period
 26.94

C.

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

Mailing Address P O Box 1813

City Olive Hill State KY Zip Code 41164-1813

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

Name of Employer Diversicare Management Services Occupation Kentucky Cqi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.60

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 3 / 2 0 0 9

Transaction ID: A01A8B8713D734D3BBC6

Amount of Each Receipt this Period
 32.80

SUBTOTAL of Receipts This Page (optional) ► 86.68

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 57 / 116
(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

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)
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 ▼ 262.40

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: AE0727F538A8040F586C

Amount of Each Receipt this Period
32.80

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 ▼ 295.20

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: AB822ECA04598491EAB7

Amount of Each Receipt this Period
32.80

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 ▼ 328.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: A29D61B30A517497A9FF

Amount of Each Receipt this Period
32.80

SUBTOTAL of Receipts This Page (optional) ► **98.40**

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 58 / 116
(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

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)
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 ▼ 362.79

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: A3C8D90BCF702480DAC4

Amount of Each Receipt this Period
34.79

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 ▼ 397.58

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: ACE84401C056C48B0B21

Amount of Each Receipt this Period
34.79

C.

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

Mailing Address 149 Riverwood Drive

City State Zip Code
Franklin TN 37069-4181

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

Name of Employer Occupation
Diversicare Management Services VP Purchasing & Property

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: A6B2AD4D9EAB64CA19C2

Amount of Each Receipt this Period
57.69

SUBTOTAL of Receipts This Page (optional) ► **127.27**

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 59 / 116
(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 37069-4181

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 ▼ 288.45

Date of Receipt 03 / 06 / 2009

Transaction ID: A4BA5DACBA04A430D936

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 37069-4181

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 ▼ 346.14

Date of Receipt 03 / 20 / 2009

Transaction ID: A8F89164D2439477BAEC

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 37069-4181

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 ▼ 403.83

Date of Receipt 04 / 03 / 2009

Transaction ID: A11A853D27E8F428992F

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 60 / 116
(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 37069-4181

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 ▼ 461.52

Date of Receipt 04 / 17 / 2009

Transaction ID: A01F37C88B24E4E56900

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 37069-4181

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 ▼ 519.21

Date of Receipt 05 / 15 / 2009

Transaction ID: A289781682C6844E89FA

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 37069-4181

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 ▼ 576.90

Date of Receipt 05 / 29 / 2009

Transaction ID: ACCE1F6AA3A1549DC9F0

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 61 / 116
	(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) Jimmie D. Manning		Date of Receipt
	Mailing Address 149 Riverwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 12 / 2009
	City	State	Zip Code
	Franklin	TN	37069-4181
	FEC ID number of contributing federal political committee. C		Transaction ID: AC69AF7A1CFA74D08914
Name of Employer Diversicare Management Services		Occupation VP Purchasing & Property	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"/> 634.59	<input type="text"/> 57.69

B.	Full Name (Last, First, Middle Initial) Jimmie D. Manning		Date of Receipt
	Mailing Address 149 Riverwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 26 / 2009
	City	State	Zip Code
	Franklin	TN	37069-4181
	FEC ID number of contributing federal political committee. C		Transaction ID: AD111E75B018742F4837
Name of Employer Diversicare Management Services		Occupation VP Purchasing & Property	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"/> 692.28	<input type="text"/> 57.69

C.	Full Name (Last, First, Middle Initial) Lisa A. Martens		Date of Receipt
	Mailing Address 1339 Buckingham Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 20 / 2009
	City	State	Zip Code
	Franklin	TN	37064-5420
	FEC ID number of contributing federal political committee. C		Transaction ID: ABE1F29D8B1BE486CA63
Name of Employer Diversicare Management Services		Occupation VP Quality 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"/> 227.68	<input type="text"/> 56.92

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 172.30
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 62 / 116
(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)
Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

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

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 284.60

Date of Receipt 03 / 06 / 2009

Transaction ID: A00D339DD6D6D462CBFF

Amount of Each Receipt this Period 56.92

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

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

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

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 341.52

Date of Receipt 03 / 20 / 2009

Transaction ID: A940ACAAB4F7744A895A

Amount of Each Receipt this Period 56.92

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

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

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

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 398.44

Date of Receipt 04 / 03 / 2009

Transaction ID: AD3FCDA73F895458B94A

Amount of Each Receipt this Period 56.92

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 63 / 116
	(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

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)
 Lisa A. Martens

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

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

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.36

Date of Receipt 04 / 17 / 2009

Transaction ID: A7304D42B023048AF9E3

Amount of Each Receipt this Period 56.92

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

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

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

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 512.28

Date of Receipt 05 / 15 / 2009

Transaction ID: A5856CDAC7D8B4E5AAF7

Amount of Each Receipt this Period 56.92

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

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

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

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 569.20

Date of Receipt 05 / 29 / 2009

Transaction ID: AB3C8302388864F64951

Amount of Each Receipt this Period 56.92

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 64 / 116
	(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 Franklin State TN Zip Code 37064-5420

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

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 626.12

Date of Receipt 06 / 12 / 2009

Transaction ID: A417C670756714D14906

Amount of Each Receipt this Period 56.92

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

Mailing Address 1339 Buckingham Circle

City Franklin State TN Zip Code 37064-5420

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

Name of Employer Diversicare Management Services Occupation VP Quality Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 683.04

Date of Receipt 06 / 26 / 2009

Transaction ID: A47807D4350314D99974

Amount of Each Receipt this Period 56.92

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

Mailing Address 15939 Lone Oak Drive

City Catlettsburg State KY Zip Code 41129-9290

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 ▼ 240.00

Date of Receipt 02 / 20 / 2009

Transaction ID: AB301CC671F824E3BA3D

Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► 173.84

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

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

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

FOR LINE NUMBER: PAGE 65 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Wanda C. Meade
 Mailing Address 15939 Lone Oak Drive
 City State Zip Code
 Catlettsburg KY 41129-9290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Se- Kentucky Rvp
 rvices
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 6 / 2 0 0 9
Transaction ID: A0663DDE40EC9448FAA5
 Amount of Each Receipt this Period
 60.00

B. Full Name (Last, First, Middle Initial)
Wanda C. Meade
 Mailing Address 15939 Lone Oak Drive
 City State Zip Code
 Catlettsburg KY 41129-9290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Se- Kentucky Rvp
 rvices
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 0 / 2 0 0 9
Transaction ID: A31AF7B62D34345EC8ED
 Amount of Each Receipt this Period
 60.00

C. Full Name (Last, First, Middle Initial)
Wanda C. Meade
 Mailing Address 15939 Lone Oak Drive
 City State Zip Code
 Catlettsburg KY 41129-9290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Se- Kentucky Rvp
 rvices
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 3 / 2 0 0 9
Transaction ID: AF938C0DDF37C4B95BE9
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional) ► 180.00
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 66 / 116
(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			

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)
Wanda C. Meade

Mailing Address 15939 Lone Oak Drive

City State Zip Code
Catlettsburg KY 41129-9290

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 ▼
480.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: A38BBAAEF2074409C9B2

Amount of Each Receipt this Period
60.00

B.

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

Mailing Address 15939 Lone Oak Drive

City State Zip Code
Catlettsburg KY 41129-9290

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 ▼
540.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: A5E450F5BA8CF4444BB9

Amount of Each Receipt this Period
60.00

C.

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

Mailing Address 15939 Lone Oak Drive

City State Zip Code
Catlettsburg KY 41129-9290

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 ▼
600.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: A4A6304505C09445D851

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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 67 / 116

(check only one)

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

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

A.

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

Mailing Address 15939 Lone Oak Drive

City State Zip Code
Catlettsburg KY 41129-9290

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

Name of Employer Occupation
Diversicare Management Services Kentucky Rvp

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	9

Transaction ID: A171CBA430C804D9FA5A

Amount of Each Receipt this Period

60.00

B.

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

Mailing Address 15939 Lone Oak Drive

City State Zip Code
Catlettsburg KY 41129-9290

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

Name of Employer Occupation
Diversicare Management Services Kentucky Rvp

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	9

Transaction ID: AF8BAA28A497E42A8860

Amount of Each Receipt this Period

60.00

C.

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

Mailing Address 421 Big Timber Drive

City State Zip Code
Temple TX 76502-5295

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) ▼ 209.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	9

Transaction ID: A6329F98A4E0F4C0DA38

Amount of Each Receipt this Period

20.96

SUBTOTAL of Receipts This Page (optional)

140.96

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 68 / 116
(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)
Kelli K. Montelongo

Mailing Address 421 Big Timber Drive

City State Zip Code
Temple TX 76502-5295

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

Name of Employer Occupation
Diversicare Management Services Texas Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.56

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: AAFE6E2107EEC44308C0

Amount of Each Receipt this Period
20.96

B.

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

Mailing Address 421 Big Timber Drive

City State Zip Code
Temple TX 76502-5295

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

Name of Employer Occupation
Diversicare Management Services Texas Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.52

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: AB1FCFC39C7DB4AE485F

Amount of Each Receipt this Period
20.96

C.

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

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960-0275

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 ▼
201.90

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: A34DCEDF751CD4E89AA6

Amount of Each Receipt this Period
33.65

SUBTOTAL of Receipts This Page (optional) ► **75.57**

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 69 / 116
(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)
Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960-0275

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) ▼ 235.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	0	9

Transaction ID: AE03CBA1CE13B4EBD873

Amount of Each Receipt this Period
33.65

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

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960-0275

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) ▼ 269.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	9

Transaction ID: AC12DA3B6F8CA4C9EBE8

Amount of Each Receipt this Period
33.65

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

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960-0275

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) ▼ 302.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	9

Transaction ID: ADE99E4BD3C6148F9A00

Amount of Each Receipt this Period
33.65

SUBTOTAL of Receipts This Page (optional) ► **100.95**

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 70 / 116

(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 71960-0275

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) ▼ 336.50

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: A3EC9EE48E6534472961

Amount of Each Receipt this Period

33.65

B.

Full Name (Last, First, Middle Initial)

Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960-0275

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) ▼ 370.15

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: A7871BC79CA2D46BF893

Amount of Each Receipt this Period

33.65

C.

Full Name (Last, First, Middle Initial)

Nita M. Morris

Mailing Address P O Box 275

City State Zip Code
Norman AR 71960-0275

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) ▼ 403.80

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: AD0029D6A25D540B1BDC

Amount of Each Receipt this Period

33.65

SUBTOTAL of Receipts This Page (optional) ▶

100.95

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 71 / 116
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Treieva Oakley</p> <p>Mailing Address 901 Camellia Road</p> <p>City State Zip Code Oneonta AL 35121-1902</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Diversicare Management Services Occupation: DMS Training Coordinator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 214.16</p>	<p>Date of Receipt 04 / 17 / 2009</p> <p>Transaction ID: A528F933D8D174AC88B2</p> <p>Amount of Each Receipt this Period 26.77</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Treieva Oakley</p> <p>Mailing Address 901 Camellia Road</p> <p>City State Zip Code Oneonta AL 35121-1902</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Diversicare Management Services Occupation: DMS Training Coordinator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.93</p>	<p>Date of Receipt 05 / 15 / 2009</p> <p>Transaction ID: A74C7665C2B274C7DBE8</p> <p>Amount of Each Receipt this Period 26.77</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Treieva Oakley</p> <p>Mailing Address 901 Camellia Road</p> <p>City State Zip Code Oneonta AL 35121-1902</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Diversicare Management Services Occupation: DMS Training Coordinator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 267.70</p>	<p>Date of Receipt 05 / 29 / 2009</p> <p>Transaction ID: AE982D734B45D492EA76</p> <p>Amount of Each Receipt this Period 26.77</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>80.31</p>
<p>TOTAL This Period (last page this line number only)</p>	<p> </p>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 116
(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)
Treieva Oakley

Mailing Address 901 Camellia Road

City Oneonta State AL Zip Code 35121-1902

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

Name of Employer Diversicare Management Services Occupation DMS Training Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.28

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: A9115C594B51D438293A

Amount of Each Receipt this Period
27.58

B.

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

Mailing Address 901 Camellia Road

City Oneonta State AL Zip Code 35121-1902

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

Name of Employer Diversicare Management Services Occupation DMS Training Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.86

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: A587F47E27D604F92855

Amount of Each Receipt this Period
27.58

C.

Full Name (Last, First, Middle Initial)
Terena M. Raidt

Mailing Address 7233 Althorp Way #S10

City Nashville State TN Zip Code 37211-7156

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

Name of Employer Diversicare Management Services Occupation VP of Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.80

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: AADBAE8896C7B4804843

Amount of Each Receipt this Period
45.76

SUBTOTAL of Receipts This Page (optional) ► **100.92**

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 73 / 116
	(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)
Terena M. Raidt

Mailing Address 7233 Althorp Way #S10

City Nashville State TN Zip Code 37211-7156

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

Name of Employer Diversicare Management Services Occupation VP of Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 274.56

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: A9A042D50F6C94FB0A12

Amount of Each Receipt this Period
45.76

B.

Full Name (Last, First, Middle Initial)
Terena M. Raidt

Mailing Address 7233 Althorp Way #S10

City Nashville State TN Zip Code 37211-7156

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

Name of Employer Diversicare Management Services Occupation VP of Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.32

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: AC2724AF8F66547809DD

Amount of Each Receipt this Period
45.76

C.

Full Name (Last, First, Middle Initial)
Terena M. Raidt

Mailing Address 7233 Althorp Way #S10

City Nashville State TN Zip Code 37211-7156

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

Name of Employer Diversicare Management Services Occupation VP of Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 366.08

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: AA421F771FA234268943

Amount of Each Receipt this Period
45.76

SUBTOTAL of Receipts This Page (optional) ► **137.28**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 116
(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)
Terena M. Raidt

Mailing Address 7233 Althorp Way #S10

City Nashville State TN Zip Code 37211-7156

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

Name of Employer Diversicare Management Services Occupation VP of Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 411.84

Date of Receipt 05 / 15 / 2009

Transaction ID: ACAA2B77B7D7E4D4E87C

Amount of Each Receipt this Period 45.76

B.

Full Name (Last, First, Middle Initial)
Terena M. Raidt

Mailing Address 7233 Althorp Way #S10

City Nashville State TN Zip Code 37211-7156

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

Name of Employer Diversicare Management Services Occupation VP of Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 457.60

Date of Receipt 05 / 29 / 2009

Transaction ID: AF5C5A7F688CC4B24BF5

Amount of Each Receipt this Period 45.76

C.

Full Name (Last, First, Middle Initial)
Terena M. Raidt

Mailing Address 7233 Althorp Way #S10

City Nashville State TN Zip Code 37211-7156

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

Name of Employer Diversicare Management Services Occupation VP of Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 503.36

Date of Receipt 06 / 12 / 2009

Transaction ID: AE684B98AA1F54FC6B47

Amount of Each Receipt this Period 45.76

SUBTOTAL of Receipts This Page (optional) ► 137.28

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 75 / 116
	<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)
 Terena M. Raidt

Mailing Address 7233 Althorp Way #S10

City Nashville State TN Zip Code 37211-7156

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

Name of Employer Diversicare Management Services
 Occupation VP of Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 549.12

Date of Receipt 06 / 26 / 2009
Transaction ID: A1EEFE0421E044C7CA5F
 Amount of Each Receipt this Period 45.76

B.

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

Mailing Address 7147 Riverfront Drive

City Nashville State TN Zip Code 37221-6585

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

Name of Employer Diversicare Management Services
 Occupation VP of Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.30

Date of Receipt 03 / 20 / 2009
Transaction ID: A640756900E754B3C9B6
 Amount of Each Receipt this Period 45.06

C.

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

Mailing Address 7147 Riverfront Drive

City Nashville State TN Zip Code 37221-6585

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

Name of Employer Diversicare Management Services
 Occupation VP of Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.36

Date of Receipt 04 / 03 / 2009
Transaction ID: A4EEBCE5B041846FEB82
 Amount of Each Receipt this Period 45.06

SUBTOTAL of Receipts This Page (optional) ► **135.88**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert Rice	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 7147 Riverfront Drive	Transaction ID: A67552ED5C0C0481D81D
	City Nashville State TN Zip Code 37221-6585	Amount of Each Receipt this Period 45.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP of Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.42	

B.	Full Name (Last, First, Middle Initial) Robert Rice	Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 7147 Riverfront Drive	Transaction ID: ADCFEC4F5385047D5991
	City Nashville State TN Zip Code 37221-6585	Amount of Each Receipt this Period 45.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP of Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.48	

C.	Full Name (Last, First, Middle Initial) Robert Rice	Date of Receipt MM / DD / YYYY 05 / 29 / 2009
	Mailing Address 7147 Riverfront Drive	Transaction ID: A77FF76057F90446EAEB
	City Nashville State TN Zip Code 37221-6585	Amount of Each Receipt this Period 45.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: VP of Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.54	

SUBTOTAL of Receipts This Page (optional)	135.18
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 77 / 116

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Robert Rice		Date of Receipt
	Mailing Address 7147 Riverfront Drive		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Nashville	TN	37221-6585
	FEC ID number of contributing federal political committee. C		Transaction ID: AC386D0F9796144C7817
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="450.60"/>	<input type="text" value="45.06"/>

B.	Full Name (Last, First, Middle Initial) Robert Rice		Date of Receipt
	Mailing Address 7147 Riverfront Drive		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Nashville	TN	37221-6585
	FEC ID number of contributing federal political committee. C		Transaction ID: AAF6BD1914F54436887A
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="495.66"/>	<input type="text" value="45.06"/>

C.	Full Name (Last, First, Middle Initial) Louis G. Riddle		Date of Receipt
	Mailing Address 1203 Signature Court		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Franklin	TN	37064-9663
	FEC ID number of contributing federal political committee. C		Transaction ID: AFBD4854AC2C6468A83E
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="384.60"/>	<input type="text" value="192.30"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="282.42"/>
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 78 / 116
	(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

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)
 Louis G. Riddle

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

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

Name of Employer Diversicare Management Services Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt 02 / 06 / 2009

Transaction ID: A55D0CC4D56564CB9AEF

Amount of Each Receipt this Period 192.30

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

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

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

Name of Employer Diversicare Management Services Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 20 / 2009

Transaction ID: ABEF0390BBF784DF9B79

Amount of Each Receipt this Period 192.30

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

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

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

Name of Employer Diversicare Management Services Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt 03 / 06 / 2009

Transaction ID: A824F02B93F7046BE89C

Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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 79 / 116
(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)
Louis G. Riddle

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

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

Name of Employer Diversicare Management Services Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 20 / 2009
Transaction ID: A12353741CDA64578BA9

Amount of Each Receipt this Period 192.30

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

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

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

Name of Employer Diversicare Management Services Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 04 / 03 / 2009
Transaction ID: AC1174390BE6E466A842

Amount of Each Receipt this Period 192.30

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

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

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

Name of Employer Diversicare Management Services Occupation CFO,EVP, Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 17 / 2009
Transaction ID: A3BAA77DA3E5C4877890

Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional) ► 576.90

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 80 / 116
	(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)
 Louis G. Riddle

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

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

Name of Employer Diversicare Management Services
 Occupation CFO,EVP, Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 05 / 15 / 2009
Transaction ID: AFD2D36856A7B4252B6C
 Amount of Each Receipt this Period 192.30

B.

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

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

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

Name of Employer Diversicare Management Services
 Occupation CFO,EVP, Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 29 / 2009
Transaction ID: A864EFF852BDF4C8F8E0
 Amount of Each Receipt this Period 192.30

C.

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

Mailing Address 1203 Signature Court

City Franklin State TN Zip Code 37064-9663

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

Name of Employer Diversicare Management Services
 Occupation CFO,EVP, Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 06 / 12 / 2009
Transaction ID: A0EF4E7B340B94463BC4
 Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional) ► **576.90**

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 81 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 Louis G. Riddle
 Mailing Address 1203 Signature Court
 City State Zip Code
 Franklin TN 37064-9663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Management Services CFO,EVP, Secretary
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2307.60
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 6 / 2 0 0 9
Transaction ID: ADA21B929E24447F2BB8
 Amount of Each Receipt this Period
 192.30

B. Full Name (Last, First, Middle Initial)
 Larry Roberson
 Mailing Address 805 Merritt Drive
 City State Zip Code
 Lockhart TX 78644-3335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 207.34
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 2 / 2 0 0 9
Transaction ID: A586A890DD63A46AF924
 Amount of Each Receipt this Period
 29.62

C. Full Name (Last, First, Middle Initial)
 Larry Roberson
 Mailing Address 805 Merritt Drive
 City State Zip Code
 Lockhart TX 78644-3335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exemp
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 236.96
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 0 9
Transaction ID: A0FC3CAF7FE1740FE845
 Amount of Each Receipt this Period
 29.62

SUBTOTAL of Receipts This Page (optional) ► 251.54
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 116
(check only one)

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

A.

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

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

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 ▼ 266.58

Date of Receipt: 04 / 23 / 2009
Transaction ID: A262E49D5359043AEA01
Amount of Each Receipt this Period: 29.62

B.

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

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

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 ▼ 296.20

Date of Receipt: 05 / 14 / 2009
Transaction ID: AEB73EC4FC85A40C6B0C
Amount of Each Receipt this Period: 29.62

C.

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

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

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 ▼ 325.82

Date of Receipt: 05 / 28 / 2009
Transaction ID: AF37B866D6E84435CA85
Amount of Each Receipt this Period: 29.62

SUBTOTAL of Receipts This Page (optional) ► 88.86

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 116
(check only one)

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

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

A.

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

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

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 ▼ 356.03

Date of Receipt: 06 / 11 / 2009
Transaction ID: A61D9063F152D4AFD828
Amount of Each Receipt this Period: 30.21

B.

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

Mailing Address 805 Merritt Drive

City Lockhart State TX Zip Code 78644-3335

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 ▼ 386.24

Date of Receipt: 06 / 26 / 2009
Transaction ID: ACC0E73FEF9464494BE5
Amount of Each Receipt this Period: 30.21

C.

Full Name (Last, First, Middle Initial)
Marlies B. Sarrett

Mailing Address 3450 East Lake Drive

City Land O Lakes State FL Zip Code 34639-4641

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

Name of Employer: Diversicare Management Services
Occupation: Florida Cqi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 223.44

Date of Receipt: 04 / 03 / 2009
Transaction ID: AC2988726BDF24508970
Amount of Each Receipt this Period: 31.92

SUBTOTAL of Receipts This Page (optional) ► **92.34**

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 84 / 116
(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)
Marlies B. Sarrett

Mailing Address 3450 East Lake Drive

City Land O Lakes State FL Zip Code 34639-4641

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

Name of Employer Diversicare Management Services Occupation Florida Cqi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.36

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 7 / 2 0 0 9

Transaction ID: A72182B3311364687A62

Amount of Each Receipt this Period 31.92

B.

Full Name (Last, First, Middle Initial)
Marlies B. Sarrett

Mailing Address 3450 East Lake Drive

City Land O Lakes State FL Zip Code 34639-4641

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

Name of Employer Diversicare Management Services Occupation Florida Cqi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.28

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 5 / 2 0 0 9

Transaction ID: A72CE930CDFC449D9830

Amount of Each Receipt this Period 31.92

C.

Full Name (Last, First, Middle Initial)
Marlies B. Sarrett

Mailing Address 3450 East Lake Drive

City Land O Lakes State FL Zip Code 34639-4641

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

Name of Employer Diversicare Management Services Occupation Florida Cqi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 319.20

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 9 / 2 0 0 9

Transaction ID: AB88519C2B38B4D1DB0D

Amount of Each Receipt this Period 31.92

SUBTOTAL of Receipts This Page (optional) ► 95.76

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: (check only one)	PAGE 85 / 116
	<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) Marlies B. Sarrett		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 3450 East Lake Drive		Transaction ID: A3DB7F501BF6246DA8C2		
	City Land O Lakes	State FL	Zip Code 34639-4641	Amount of Each Receipt this Period 33.04	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services	Occupation Florida Cqi	Aggregate Year-to-Date 352.24		

B.	Full Name (Last, First, Middle Initial) Marlies B. Sarrett		Date of Receipt MM / DD / YYYY 06 / 26 / 2009		
	Mailing Address 3450 East Lake Drive		Transaction ID: AFF9DEE4B9A08432F9B3		
	City Land O Lakes	State FL	Zip Code 34639-4641	Amount of Each Receipt this Period 33.04	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services	Occupation Florida Cqi	Aggregate Year-to-Date 385.28		

C.	Full Name (Last, First, Middle Initial) Kenneth K. Smith		Date of Receipt MM / DD / YYYY 03 / 06 / 2009		
	Mailing Address 4909 Walnut Hills Drive		Transaction ID: AD1E25A449A4A4730A14		
	City Louisville	State KY	Zip Code 40299-1044	Amount of Each Receipt this Period 41.20	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Diversicare Management Services	Occupation Regional Hr Director	Aggregate Year-to-Date 206.00		

SUBTOTAL of Receipts This Page (optional)	▶	107.28
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 86 / 116
	<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	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 4909 Walnut Hills Drive	Transaction ID: AA48628B4774E4935AFD
	City State Zip Code Louisville KY 40299-1044	Amount of Each Receipt this Period 41.20
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Regional Hr Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 247.20	

B.	Full Name (Last, First, Middle Initial) Kenneth K. Smith	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 4909 Walnut Hills Drive	Transaction ID: A18436C06E21F46538F7
	City State Zip Code Louisville KY 40299-1044	Amount of Each Receipt this Period 41.20
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Regional Hr Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 288.40	

C.	Full Name (Last, First, Middle Initial) Kenneth K. Smith	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 4909 Walnut Hills Drive	Transaction ID: A7924923750E24601AA9
	City State Zip Code Louisville KY 40299-1044	Amount of Each Receipt this Period 41.20
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diversicare Management Services Occupation: Regional Hr Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 329.60	

SUBTOTAL of Receipts This Page (optional)	123.60
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 87 / 116
(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

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)
Kenneth K. Smith

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299-1044

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 ▼
370.80

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: AFE787B5037534AEA9BC

Amount of Each Receipt this Period
41.20

B.

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

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299-1044

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 ▼
412.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: A1E2109EB32E040B982E

Amount of Each Receipt this Period
41.20

C.

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

Mailing Address 4909 Walnut Hills Drive

City State Zip Code
Louisville KY 40299-1044

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 ▼
454.64

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: AAFFA3A1D25AF4E3285A

Amount of Each Receipt this Period
42.64

SUBTOTAL of Receipts This Page (optional) ► **125.04**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 116
	<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 40299-1044

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 ▼
 497.28

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 6 / 2 0 0 9

Transaction ID: AE7D581EE60344C639A4

Amount of Each Receipt this Period
 42.64

B.

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

Mailing Address PO Box 30

City State Zip Code
 Martin TN 38237-0030

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

Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.98

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 9 / 2 0 0 9

Transaction ID: A3D53C2470DF94881937

Amount of Each Receipt this Period
 30.14

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 Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 241.12

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 3 / 2 0 0 9

Transaction ID: AA02573F026DF44B4AC1

Amount of Each Receipt this Period
 30.14

SUBTOTAL of Receipts This Page (optional) ► **102.92**

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 89 / 116
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 271.26

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: A3585225E389F46F0B38

Amount of Each Receipt this Period
30.14

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

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 302.01

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: AFB5CE50A84564F80A07

Amount of Each Receipt this Period
30.75

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 Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 332.76

Date of Receipt
MM / DD / YYYY
06 / 04 / 2009

Transaction ID: A52C9A6E81C44463DBED

Amount of Each Receipt this Period
30.75

SUBTOTAL of Receipts This Page (optional) ► 91.64

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 / 116
	(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)
Gary K. Snyder

Mailing Address PO Box 30

City State Zip Code
Martin TN 38237-0030

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
363.51

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: A9E4040C4609848659A1

Amount of Each Receipt this Period
30.75

B.

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

Mailing Address 2469 AR 115

City State Zip Code
Smithville AR 72466

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

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.71

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: A18650E8896F0429FA45

Amount of Each Receipt this Period
29.53

C.

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

Mailing Address 2469 AR 115

City State Zip Code
Smithville AR 72466

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

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.24

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: A87A6BEB822CE43C699C

Amount of Each Receipt this Period
29.53

SUBTOTAL of Receipts This Page (optional) ► **89.81**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 116
(check only one)

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

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

A.

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

Mailing Address 2469 AR 115

City State Zip Code
Smithville AR 72466

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.77

Date of Receipt: 05 / 15 / 2009
Transaction ID: A34874AD770E84397901
Amount of Each Receipt this Period: 29.53

B.

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

Mailing Address 2469 AR 115

City State Zip Code
Smithville AR 72466

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.30

Date of Receipt: 05 / 29 / 2009
Transaction ID: A7F6958DED8BD4AD783A
Amount of Each Receipt this Period: 29.53

C.

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

Mailing Address 2469 AR 115

City State Zip Code
Smithville AR 72466

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.86

Date of Receipt: 06 / 12 / 2009
Transaction ID: AC4C9D9846173486D9BE
Amount of Each Receipt this Period: 30.56

SUBTOTAL of Receipts This Page (optional) ► **89.62**

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 92 / 116
(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			

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)
Kathie Sullivan

Mailing Address 2469 AR 115

City State Zip Code
Smithville AR 72466

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

Name of Employer Occupation
Diversicare Management Services Arkansas Cqi Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 356.42

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: AD1EDE4E814E240479A9

Amount of Each Receipt this Period
30.56

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

Mailing Address 16701 Richloam Lane

City State Zip Code
Spring Hill FL 34610-1657

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 ▼ 221.70

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: A248E18609F5843A8B04

Amount of Each Receipt this Period
36.95

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

Mailing Address 16701 Richloam Lane

City State Zip Code
Spring Hill FL 34610-1657

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 ▼ 258.65

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: AB757092BB7EE480EB8B

Amount of Each Receipt this Period
36.95

SUBTOTAL of Receipts This Page (optional) ► **104.46**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 116
(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

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)
E Kim Tirronen

Mailing Address 16701 Richloam Lane

City State Zip Code
Spring Hill FL 34610-1657

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 ▼ 295.60

Date of Receipt: 04 / 17 / 2009
Transaction ID: A28619A61438F4A37B82
Amount of Each Receipt this Period: 36.95

B.

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

Mailing Address 16701 Richloam Lane

City State Zip Code
Spring Hill FL 34610-1657

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 ▼ 332.55

Date of Receipt: 05 / 15 / 2009
Transaction ID: A66AE1F6BDF944D709CD
Amount of Each Receipt this Period: 36.95

C.

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

Mailing Address 16701 Richloam Lane

City State Zip Code
Spring Hill FL 34610-1657

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 ▼ 369.50

Date of Receipt: 05 / 29 / 2009
Transaction ID: ABD3F9DDC917D4571A97
Amount of Each Receipt this Period: 36.95

SUBTOTAL of Receipts This Page (optional) ► 110.85

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 94 / 116
(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 34610-1657
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 ▼ 407.93
Date of Receipt 06 / 12 / 2009
Transaction ID: A01B8A51DDAEE4FA9A2A
Amount of Each Receipt this Period 38.43

B. Full Name (Last, First, Middle Initial)
E Kim Tirronen
Mailing Address 16701 Richloam Lane
City Spring Hill State FL Zip Code 34610-1657
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 ▼ 446.36
Date of Receipt 06 / 26 / 2009
Transaction ID: A82104C36784F4F1F83C
Amount of Each Receipt this Period 38.43

C. Full Name (Last, First, Middle Initial)
Mark Tschudy
Mailing Address 28219 Madelin Manor Lane
City Spring State TX Zip Code 77386-3087
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Leasing Corporation Occupation Admin Administrator-exemp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.35
Date of Receipt 03 / 05 / 2009
Transaction ID: A4BDABA7708EA4D989BB
Amount of Each Receipt this Period 42.07

SUBTOTAL of Receipts This Page (optional) ► 118.93
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 95 / 116
(check only one)

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

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

A.

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

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
Spring TX 77386-3087

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.42

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: A12AABD17E48E4CF791F

Amount of Each Receipt this Period
42.07

B.

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

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
Spring TX 77386-3087

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.18

Date of Receipt
MM / DD / YYYY
04 / 02 / 2009

Transaction ID: AEB62BF2877AE4FA0A66

Amount of Each Receipt this Period
43.76

C.

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

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
Spring TX 77386-3087

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

Name of Employer
Diversicare Leasing Corporation

Occupation
Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
338.25

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: A48B6C5F5F55C48E69D5

Amount of Each Receipt this Period
42.07

SUBTOTAL of Receipts This Page (optional) ► **127.90**

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 96 / 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark Tschudy	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address 28219 Madelin Manor Lane	Transaction ID: ADA5D41FCB99644C39F9
	City State Zip Code Spring TX 77386-3087	Amount of Each Receipt this Period 43.76
	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 ▼ 382.01	

B.	Full Name (Last, First, Middle Initial) Mark Tschudy	Date of Receipt MM / DD / YYYY 05 / 14 / 2009
	Mailing Address 28219 Madelin Manor Lane	Transaction ID: A75A0E3C3813D4B45987
	City State Zip Code Spring TX 77386-3087	Amount of Each Receipt this Period 43.76
	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 ▼ 425.77	

C.	Full Name (Last, First, Middle Initial) Mark Tschudy	Date of Receipt MM / DD / YYYY 05 / 28 / 2009
	Mailing Address 28219 Madelin Manor Lane	Transaction ID: A2C16E56E30384D24AC8
	City State Zip Code Spring TX 77386-3087	Amount of Each Receipt this Period 43.76
	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 ▼ 469.53	

SUBTOTAL of Receipts This Page (optional)	131.28
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 97 / 116
	<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)
 Mark Tschudy

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
 Spring TX 77386-3087

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

Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 513.29

Date of Receipt
 MM / DD / YYYY
 06 / 11 / 2009

Transaction ID: A51ED142B1DE74D61AAD

Amount of Each Receipt this Period
 43.76

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

Mailing Address 28219 Madelin Manor Lane

City State Zip Code
 Spring TX 77386-3087

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

Name of Employer Occupation
 Diversicare Leasing Corporation Admin Administrator-exemp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 557.05

Date of Receipt
 MM / DD / YYYY
 06 / 26 / 2009

Transaction ID: AC0A0F0511E23411D892

Amount of Each Receipt this Period
 43.76

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

Mailing Address 16 Buttercup Coved

City State Zip Code
 Cabot AR 72023

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

Name of Employer Occupation
 Diversicare Management Services Director, AR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.36

Date of Receipt
 MM / DD / YYYY
 04 / 17 / 2009

Transaction ID: ABAEB88105EAA44CFACC

Amount of Each Receipt this Period
 26.92

SUBTOTAL of Receipts This Page (optional) ► **114.44**

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 98 / 116
(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)
Molly K. Walker

Mailing Address 16 Buttercup Coved

City Cabot State AR Zip Code 72023

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

Name of Employer Diversicare Management Services Occupation Director, AR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 242.28

Date of Receipt 05 / 15 / 2009
Transaction ID: A36B31A8834984C89BFB
Amount of Each Receipt this Period 26.92

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

Mailing Address 16 Buttercup Coved

City Cabot State AR Zip Code 72023

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

Name of Employer Diversicare Management Services Occupation Director, AR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.20

Date of Receipt 05 / 29 / 2009
Transaction ID: AA1C76494AD534AD0B04
Amount of Each Receipt this Period 26.92

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

Mailing Address 16 Buttercup Coved

City Cabot State AR Zip Code 72023

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

Name of Employer Diversicare Management Services Occupation Director, AR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 296.12

Date of Receipt 06 / 12 / 2009
Transaction ID: AC22927010DE84C37913
Amount of Each Receipt this Period 26.92

SUBTOTAL of Receipts This Page (optional) ► 80.76

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 116
(check only one)

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

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

A.

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

Mailing Address 16 Buttercup Coved

City Cabot State AR Zip Code 72023

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

Name of Employer Diversicare Management Services Occupation Director, AR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.04

Date of Receipt 06 / 26 / 2009

Transaction ID: AC117B4FD8EC6489983D

Amount of Each Receipt this Period 26.92

B.

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

Mailing Address 2209 Bel Aire Drive SW

City Hartselle State AL Zip Code 35640-3844

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

Name of Employer Diversicare Management Services Occupation AI Reboc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.48

Date of Receipt 04 / 17 / 2009

Transaction ID: A2A80D1F325034ABA895

Amount of Each Receipt this Period 27.31

C.

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

Mailing Address 2209 Bel Aire Drive SW

City Hartselle State AL Zip Code 35640-3844

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

Name of Employer Diversicare Management Services Occupation AI Reboc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.79

Date of Receipt 05 / 15 / 2009

Transaction ID: AD000A2E7902B4304B84

Amount of Each Receipt this Period 27.31

SUBTOTAL of Receipts This Page (optional) ► **81.54**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 116
(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

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)
Roger J. Walls

Mailing Address 2209 Bel Aire Drive SW

City State Zip Code
Hartselle AL 35640-3844

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

Name of Employer: Diversicare Management Services
Occupation: AI Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.10

Date of Receipt: 05 / 29 / 2009
Transaction ID: A279007EBA3D34701A67
Amount of Each Receipt this Period: 27.31

B.

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

Mailing Address 2209 Bel Aire Drive SW

City State Zip Code
Hartselle AL 35640-3844

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

Name of Employer: Diversicare Management Services
Occupation: AI Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
301.50

Date of Receipt: 06 / 12 / 2009
Transaction ID: A27DF948DE9DA466287E
Amount of Each Receipt this Period: 28.40

C.

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

Mailing Address 2209 Bel Aire Drive SW

City State Zip Code
Hartselle AL 35640-3844

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

Name of Employer: Diversicare Management Services
Occupation: AI Reboc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
329.90

Date of Receipt: 06 / 26 / 2009
Transaction ID: A427C0225223543B68AF
Amount of Each Receipt this Period: 28.40

SUBTOTAL of Receipts This Page (optional) ► **84.11**

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

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

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

FOR LINE NUMBER: PAGE 101 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 218.20

Date of Receipt 02 / 20 / 2009

Transaction ID: A6D64CCC4C8374E0AAAE

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 ▼ 272.75

Date of Receipt 03 / 06 / 2009

Transaction ID: A1CD8D2CF3629445DA2C

Amount of Each Receipt this Period 54.55

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

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

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

Name of Employer Diversicare Management Services Occupation VP Finance & Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.30

Date of Receipt 03 / 20 / 2009

Transaction ID: AD529A9AA1F6A47C382F

Amount of Each Receipt this Period 54.55

SUBTOTAL of Receipts This Page (optional) ► 163.65

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: PAGE 102 / 116
(check only one)

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

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

A.

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

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 381.85

Date of Receipt: 04 / 03 / 2009
Transaction ID: A7C8C993398E04B6A8EC

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 ▼ 436.40

Date of Receipt: 04 / 17 / 2009
Transaction ID: ABCD63F1314DF4F33BAC

Amount of Each Receipt this Period: 54.55

C.

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

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.95

Date of Receipt: 05 / 15 / 2009
Transaction ID: A04FB1FD1CBCB4C22A3F

Amount of Each Receipt this Period: 54.55

SUBTOTAL of Receipts This Page (optional) ► **163.65**

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: PAGE 103 / 116
(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)
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 ▼ 545.50

Date of Receipt 05 / 29 / 2009
Transaction ID: AB4039F767CFD4120825
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 ▼ 600.05

Date of Receipt 06 / 12 / 2009
Transaction ID: AFAAECE7E9F1441E29BE
Amount of Each Receipt this Period 54.55

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

Mailing Address 376 Sandcastle Road

City Franklin State TN Zip Code 37069-7186

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

Name of Employer Diversicare Management Services Occupation VP Finance & Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 654.60

Date of Receipt 06 / 26 / 2009
Transaction ID: A0B2AA8D191C948E6A40
Amount of Each Receipt this Period 54.55

SUBTOTAL of Receipts This Page (optional) ► **163.65**

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: PAGE 104 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Charles W. Wheeler
Mailing Address P O Box 201682
City Austin State TX Zip Code 78720-1682
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Management Services Occupation Texas Executive Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.55
Date of Receipt 03 / 06 / 2009
Transaction ID: A3E640F909A1842B0AEA
Amount of Each Receipt this Period 42.31

B. Full Name (Last, First, Middle Initial)
Charles W. Wheeler
Mailing Address P O Box 201682
City Austin State TX Zip Code 78720-1682
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Management Services Occupation Texas Executive Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 253.86
Date of Receipt 03 / 20 / 2009
Transaction ID: A1DC5583C377949EA962
Amount of Each Receipt this Period 42.31

C. Full Name (Last, First, Middle Initial)
Charles W. Wheeler
Mailing Address P O Box 201682
City Austin State TX Zip Code 78720-1682
FEC ID number of contributing federal political committee. **C**
Name of Employer Diversicare Management Services Occupation Texas Executive Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 296.17
Date of Receipt 04 / 03 / 2009
Transaction ID: A3FD89310B3A24A6CA11
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 105 / 116
(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)
Charles W. Wheeler

Mailing Address P O Box 201682

City State Zip Code
Austin TX 78720-1682

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

Name of Employer Occupation
Diversicare Management Services Texas Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
338.48

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: A50E5082344CE4F1EAD2

Amount of Each Receipt this Period
42.31

B.

Full Name (Last, First, Middle Initial)
Charles W. Wheeler

Mailing Address P O Box 201682

City State Zip Code
Austin TX 78720-1682

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

Name of Employer Occupation
Diversicare Management Services Texas Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.79

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: AE48C934DEAC849FDA87

Amount of Each Receipt this Period
42.31

C.

Full Name (Last, First, Middle Initial)
Charles W. Wheeler

Mailing Address P O Box 201682

City State Zip Code
Austin TX 78720-1682

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

Name of Employer Occupation
Diversicare Management Services Texas Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.10

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: AAC7A2C49B7D04A5989C

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 106 / 116
(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)
Charles W. Wheeler

Mailing Address P O Box 201682

City State Zip Code
Austin TX 78720-1682

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

Name of Employer Occupation
Diversicare Management Services Texas Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 467.10

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 9

Transaction ID: A6B6EC9D7C3EA49B09FE

Amount of Each Receipt this Period
44.00

B.

Full Name (Last, First, Middle Initial)
Charles W. Wheeler

Mailing Address P O Box 201682

City State Zip Code
Austin TX 78720-1682

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

Name of Employer Occupation
Diversicare Management Services Texas Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 511.10

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 9

Transaction ID: A7467D255F0E64D74836

Amount of Each Receipt this Period
44.00

C.

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

Mailing Address 1723 Royal Oaks

City State Zip Code
Malvern AR 72104-5752

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

Name of Employer Occupation
Diversicare Leasing Corp Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 223.04

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 3 / 2 0 0 9

Transaction ID: A7241AE43064E42B2AEA

Amount of Each Receipt this Period
27.88

SUBTOTAL of Receipts This Page (optional) ► **115.88**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 116
(check only one)

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

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

A.

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

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104-5752

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.92

Date of Receipt 05 / 01 / 2009

Transaction ID: A4FEC7EFD54444616919

Amount of Each Receipt this Period 27.88

B.

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

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104-5752

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 279.77

Date of Receipt 05 / 21 / 2009

Transaction ID: A7B48C2F04EDA40D19D3

Amount of Each Receipt this Period 28.85

C.

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

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104-5752

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 308.62

Date of Receipt 06 / 04 / 2009

Transaction ID: A4E79732B37274EBC929

Amount of Each Receipt this Period 28.85

SUBTOTAL of Receipts This Page (optional) ► 85.58

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 108 / 116
(check only one)

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

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

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

Mailing Address 1723 Royal Oaks

City Malvern State AR Zip Code 72104-5752

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 337.47

Date of Receipt 06 / 18 / 2009
Transaction ID: A605C1B7F564D4CA58C6
Amount of Each Receipt this Period 28.85

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

Mailing Address 7863 Hwy 828

City Louisa State KY Zip Code 41230-5525

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt 04 / 09 / 2009
Transaction ID: A40D8E654E0244891BDC
Amount of Each Receipt this Period 32.00

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

Mailing Address 7863 Hwy 828

City Louisa State KY Zip Code 41230-5525

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

Name of Employer Diversicare Leasing Corp Occupation Admin Administrator-exemp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt 04 / 23 / 2009
Transaction ID: A3CA6C758A04C44C7BC7
Amount of Each Receipt this Period 32.00

SUBTOTAL of Receipts This Page (optional) ► 92.85

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 109 / 116
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

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

Mailing Address 7863 Hwy 828

City State Zip Code
 Louisa KY 41230-5525

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

Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 288.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 1 / 2 0 0 9

Transaction ID: AAFBF12116A4749B2B44

Amount of Each Receipt this Period
 32.00

B.

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

Mailing Address 7863 Hwy 828

City State Zip Code
 Louisa KY 41230-5525

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

Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 321.27

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 1 / 2 0 0 9

Transaction ID: A4EBD0C7DE1764F5DBDE

Amount of Each Receipt this Period
 33.27

C.

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

Mailing Address 7863 Hwy 828

City State Zip Code
 Louisa KY 41230-5525

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

Name of Employer Occupation
 Diversicare Leasing Corp Admin Administrator-exemp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 354.54

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 9

Transaction ID: A8346B79AE2484AD18DC

Amount of Each Receipt this Period
 33.27

SUBTOTAL of Receipts This Page (optional) ► 98.54

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 116
(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)
Samuel R. Wright II

Mailing Address 7863 Hwy 828

City	State	Zip Code
Louisa	KY	41230-5525

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

Name of Employer Diversicare Leasing Corp	Occupation Admin Administrator-exemp
--	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">387.81</div>
---	---

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	9

Transaction ID: A5E8DE0E4E0D24676974

Amount of Each Receipt this Period

33.27

SUBTOTAL of Receipts This Page (optional)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">33.27</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">15765.03</div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 111 / 116

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

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) Bennet for Colorado <hr/> Mailing Address 426 C. Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 5/27/09 Event; CO US Senate <hr/> Candidate Name Sen. Michael F. Bennet <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B972AFD6861C24BF4933 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Cmte <hr/> Mailing Address 6380 Wilshire Blvd.; Ste 1612 <hr/> City Los Angeles State CA Zip Code 90048 <hr/> Purpose of Disbursement 6/30/09 Event; CA US House <hr/> Candidate Name Rep. Henry Waxman <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B585CBA06691B4CB59CA Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DCCC <hr/> Mailing Address 420 South Capitol Street, SE, FLR <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 6/13-14 Event; PAC to PPC <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2009	Transaction ID: B45B439F9BDD04C4BBE0 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2009

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013-0214</p> <p>Purpose of Disbursement 6/23/09 Event; ND At Large US House</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B707E0F0ED7434CB2883</p> <p>Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln</p> <p>Mailing Address PO BOX 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement 2010 Primary; AR US Senate</p> <p>Candidate Name Sen. Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5A9660B72AE6443DA61</p> <p>Date of Disbursement 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln</p> <p>Mailing Address PO BOX 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement 4/27/09 Event; AR US Senate</p> <p>Candidate Name Sen. Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B646A46625F4A43D8925</p> <p>Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Glenn Nye</p> <p>Mailing Address PO Box 68444</p> <p>City Virginia Beach State VA Zip Code 23471</p> <p>Purpose of Disbursement 6/2/09 Event; VA-02 US House</p> <p>Candidate Name Rep. Glenn Nye</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 02</p>	<p>Transaction ID: B16B873CFBC494DFD98E</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Harry Teague for Congress</p> <p>Mailing Address P.O. Box 5153</p> <p>City Hobbs State NM Zip Code 88241</p> <p>Purpose of Disbursement 6/2/09 Event; NM-02 US House</p> <p>Candidate Name Rep. Harry Teague</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NM District: 02</p>	<p>Transaction ID: B2AB8AA65BB8A408681E</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Hatch Election Committee</p> <p>Mailing Address PO Box 1480</p> <p>City Washington State DC Zip Code 20013-1480</p> <p>Purpose of Disbursement 3/31/09 Event; UT US Senate</p> <p>Candidate Name Sen. Orrin G. Hatch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District:</p>	<p>Transaction ID: B256586AF55634F56983</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hoyer for Congress		Transaction ID: BC4638B218A5A4774A6C	
	Mailing Address 4201 Northview Drive; Ste 307		Date of Disbursement 05 / 13 / 2009	
	City Bowie	State MD	Zip Code 20716	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 5/19/09 Event; MD-05 US House		Category/ Type	
Candidate Name Rep. Steny H. Hoyer				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD District: 05				
B.	Full Name (Last, First, Middle Initial) Kendrick Meek for Florida		Transaction ID: B027400641F40416EA77	
	Mailing Address 111 NW 183rd. Street; Ste 325		Date of Disbursement 06 / 26 / 2009	
	City Miami	State FL	Zip Code 33169	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement 6/29/09 Event; FL US House		Category/ Type	
Candidate Name Rep. Kendrick B. Meek				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 17				
C.	Full Name (Last, First, Middle Initial) Kissell for Congress		Transaction ID: B3C4B90AAACE1940588F7	
	Mailing Address PO Box 1530		Date of Disbursement 06 / 01 / 2009	
	City Busci	State NC	Zip Code 27209	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 6/2/09 Event; NC-08 US House		Category/ Type	
Candidate Name Rep. Larry Kissell				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 08				

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) National Republican Congressional Cmte</p> <p>Mailing Address 320 First Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 6/8/09 Event; PAC to PPC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2009</p>	<p>Transaction ID: B5819339D2D0C4A949C6</p> <p>Date of Disbursement 06 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) National Republican Senatorial Cmte</p> <p>Mailing Address 425 2nd St NE</p> <p>City Washington State DC Zip Code 20002-4914</p> <p>Purpose of Disbursement 6/9/09 Event; PAC to PPC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2009</p>	<p>Transaction ID: B19E84E571FA447A5B26</p> <p>Date of Disbursement 06 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Parker Griffith for Congress</p> <p>Mailing Address PO Box 2916</p> <p>City Huntsville State AL Zip Code 35084</p> <p>Purpose of Disbursement 6/2/09 Event; AL-05 US House</p> <p>Candidate Name Rep. Parker Griffith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B133848CB6A3B44D1BA1</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Peters for Congress</p> <p>Mailing Address PO Box 226</p> <p>City Bloomfield Hills State MI Zip Code 48303</p> <p>Purpose of Disbursement 6/2/09 Event; MI-09 US House</p> <p>Candidate Name Rep. Gary Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 09</p>	<p>Transaction ID: B73A262A82E644E29AD2</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Stabenow for U.S. Senate</p> <p>Mailing Address PO Box 4945</p> <p>City East Lansing State MI Zip Code 48826-4945</p> <p>Purpose of Disbursement 5/26/09 Event; MI US Senate</p> <p>Candidate Name Sen. Debbie Stabenow</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District:</p>	<p>Transaction ID: BB1E83098E9FB41F9B09</p> <p>Date of Disbursement 05 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Wyden for Senate</p> <p>Mailing Address 7036 N. Wall Avenue</p> <p>City Portland State OR Zip Code 97203</p> <p>Purpose of Disbursement 4/7/09 Event; OR US Senate</p> <p>Candidate Name Sen. Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District:</p>	<p>Transaction ID: B3642FE03114442269DA</p> <p>Date of Disbursement 04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	3000.00